



**Award in Paediatric First Aid
Assessment Strategy and Guidance**

Group Award Code: GT7Y 46

**Scottish Credit Qualification
Framework (SCQF level 6)**

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History of Changes

It is anticipated that changes will take place during the life of the qualification and this section will record these changes. This document is the latest version and incorporates the changes summarised below. Centres are advised to check the Scottish Qualification Authority (SQA) APS Navigator to confirm they are using the up-to-date qualification structure.

NOTE: Where a unit is revised and is replaced by an updated version of the original unit:

- ◆ No new centres may be approved to offer the old version of the unit
- ◆ Centres should only enter learners for the old version of the unit where learners are expected to complete it before its finish date.

Version number	Description	Date
01	New document created following FAAOF unit review of Paediatric First Aid syllabus.	August 2022

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Award Structure

Unit title	Unit code	SCQF level	SCQF credit points	SQA credit value
Emergency Paediatric First Aid	J6N2 46	6	1	0.25
Managing Paediatric Illness, Injuries and Emergencies	J6N3 46	6	2	0.5

General Information

This guidance is designed to assist first aid training providers to gain and maintain Scottish Qualifications Authority (SQA) approval to deliver, assess and internally verify the *Award in Paediatric First Aid* at Scottish Credit Qualification Framework (SCQF) level 6.

The content and standards of paediatric first aid training will be conversant with the following:

- ◆ The Assessment Principles of the First Aid Awarding Organisation Forum.
- ◆ Current guidance published by the Resuscitation Council (UK).
- ◆ Current edition of the authorised 'First Aid Manual' of the Voluntary Aid Societies (St John Ambulance, St Andrew's First Aid and British Red Cross).
- ◆ Current edition of the 'Paediatric First Aid Made Easy' manual by Nigel Barraclough.
- ◆ The Assessment Principles of the First Aid Awarding Organisation Forum.
- ◆ Other published guidelines, provided they are in line with or are supported by a responsible body of medical opinion.

Definition of Paediatric First Aid

'Paediatric First Aid is the immediate care given to an infant or child who has been injured or has become ill, prior to the arrival of qualified medical assistance'.

It is best practice in early years settings for a paediatric first aider to be available at all times, while children are present. In England and Wales, this requirement is mandatory under the 'Early Years Foundation Stage' statutory framework.

Quality Assurance of Regulated First Aid Qualifications

In order to ensure the integrity and currency of regulated First Aid qualifications, the **First Aid Awarding Organisation Forum (FAAOF)** has produced **Assessment Principles, Delivery Standards**, and **Assessment Standardisation** for regulated First Aid training. These shared **minimum** standards have been agreed by members of the FAAOF in cooperation with:

- ◆ Resuscitation Council (UK) Guidelines.
- ◆ Department for Education: *Early Years Foundation Stage Statutory Framework — updated September 2021*.
- ◆ Health and Social Care Board (NI) *Childminding and Day Care for Children Under Age 12 Minimum Standards*.
- ◆ Welsh Government: *National Minimum Standards for Regulated Childcare for Children up to the age of 12 years*.

They must be applied in addition to the generic criteria and regulations that Ofqual/SQA Accreditation/Qualification Wales/CCEA Regulation require Awarding Organisations to meet for the delivery of regulated/accredited qualifications.

The use of units J6N2 46 *Emergency Paediatric First Aid* and J6N3 46 *Managing Paediatric Illness, Injuries and Emergencies* within the *Award in Paediatric First Aid* is restricted to Awarding Organisations who meet the Terms of Reference of the First Aid Awarding Organisation Forum.

The Scottish Qualifications Authority and other Awarding Organisations constitute the membership of the FAAOF. Forum members, such as SQA and its approved centres, must comply with the most current Assessment Principles and Delivery Standards. Competence of trainers, assessors and internal verifiers will be managed through robust internal and external quality assurance systems.

The First Aid Assessment Principles, produced and managed by the FAAOF relate to the following awards:

- ◆ Emergency First Aid at Work (EFAW).
- ◆ First Aid at Work (FAW).
- ◆ Emergency Paediatric First Aid (EPFA).
- ◆ Paediatric First Aid (PFA).

The SQA has developed this Assessment Strategy and Guidance document in accordance with these standardised documents. It is designed to assist first aid training providers to gain and maintain SQA approval to deliver, assess and internally verify the *Award in Paediatric First Aid*. All SQA centres must comply with this Assessment Strategy and Guidance.

Roles and Responsibilities for this Award

The effective delivery of the *Award in Paediatric First Aid* will require, at a minimum, one trainer, one assessor and one internal verifier.

The occupational and knowledge requirements for the trainer and assessor are specified separately. However, it is accepted that the same person may perform both roles, providing the qualification and experience requirements for both roles are met.

The number of courses delivered may impact the number of trainers, assessors and internal verifiers required.

The trainer/assessor must maintain a portfolio of first aid evidence containing appropriate qualifications to their role:

- ◆ A current and valid certificate in Paediatric First Aid or First Aid at Work (or acceptable equivalent).
- ◆ Evidence of first aid training/assessment.
- ◆ Annual observation of first aid practice.
- ◆ Evidence of continuous professional development.

Trainer, Assessor, Internal Verifier, External Verifier

Individuals undertaking these roles must have occupational knowledge and competence in first aid and appropriate/associated training experience conversant with their role.

In working towards best practice for *Paediatric First Aid* delivery, the SQA strongly recommends that trainers and assessors hold a current and valid Paediatric First Aid qualification in addition to a First Aid at Work certificate and/or evidence of continuous professional development in relation to Paediatric First Aid knowledge, delivery and assessment.

Occupational knowledge and competence in Paediatric First Aid can be evidenced by a current and valid Paediatric or First Aid at Work certificate issued by a recognised Awarding Organisation **or** equivalent as accepted by the FAAOF and listed in **Appendix 1**.

In terms of SQA ensuring that a non-regulated First Aid at Work or Paediatric First Aid qualification meets the requirements of the *Award in Emergency Paediatric First Aid*, those claiming current competence in First Aid at Work or Paediatric First Aid must present a detailed mapping showing how the learning outcomes and assessment criteria of the regulated First Aid at Work/Paediatric First Aid units have been met through the non-regulated qualification. Evidence must also be provided of how the qualification was quality assured. This evidence will be checked by an SQA external verifier. A recommendation for ratification will then be made, if appropriate, to the FAAOF. The **FAAOF FAQ page** lists all currently accepted FAW equivalents for assessors and verifiers.

From 1 September 2019, a second option for trainer/assessor re-qualification has been introduced.

If a qualified trainer/assessor is current and has delivered one full First Aid at Work course within the last 3 months of sitting the assessments and has been with the Awarding Organisation for at least one year, they may go straight to assessment. As a minimum requirement they must also provide evidence of:

- ◆ a satisfactory first aid internal quality assurance observation within the last 12 months of sitting the assessments.
- ◆ a portfolio of evidence as stated in the Assessment Principles and outlined in the Roles and Responsibilities section.

Assessment must be carried out by another suitably qualified assessor and independently verified.

Knowledge and competence in first aid training, assessing, internal and external verification can be evidenced by:

- ◆ A suitable Training/Assessing qualification as listed in **Appendix 2**.
- ◆ A suitable Internal Verification qualification as listed in **Appendix 3**.
- ◆ A suitable External Verification qualification as listed in **Appendix 4**.

Trainers

Those involved in the training of the *Award in Paediatric First Aid* must have knowledge and competency in first aid as well as knowledge and competency to train based on qualifications and experience. An acceptable portfolio must show:

(i) Occupational knowledge and competence in first aid - evidenced by:

- ◆ holding a Paediatric/First Aid at Work qualification or medical registration as detailed in **Appendix 1**.

(ii) Knowledge and competency in teaching or training first aid evidenced by:

- ◆ holding an acceptable teaching/training qualification as detailed in **Appendix 2**.

AND either:

- ◆ providing an acceptable log of teaching first aid within the last 3 years. *This should be a minimum of 36 hours (6 days of 6 hours).*

or

- ◆ providing an acceptable record of competently teaching theoretical and practical first aid sessions under the supervision of a suitably qualified Trainer/Assessor. *This should be a minimum of 36 hours (for example 6 days of 6 hours).*

And:

Hold a minimum of one annual observation, conducted under the supervision of a qualified internal verifier within the previous 12 months. This record should provide evidence that practical and theoretical topics were delivered competently for the following minimum duration:

- ◆ new Trainers/Assessors — 6 hours.
- ◆ experienced Trainers/Assessors — 4 hours.

It is the centre's responsibility to maintain up-to-date information about trainers and to ensure the currency of all those involved in training delivery.

Assessors

Those involved in the assessment of the *Award in Paediatric First Aid* must have knowledge and competency in first aid as well as knowledge and competency to assess based on qualifications and experience. An acceptable portfolio must show:

(i) Occupational knowledge and competence in first aid evidenced by:

- ◆ holding a Paediatric/First Aid at Work qualification or medical registration as detailed in **Appendix 1**.

(ii) Knowledge and competency in assessing first aid evidenced by:

- ◆ holding an acceptable assessing qualification or CPD training as detailed in **Appendix 2**.

AND either:

- ◆ providing an acceptable log of first aid assessments conducted within the last 3 years.

or

- ◆ providing an acceptable record of competently assessing theoretical and practical first aid qualifications under the supervision of a suitably qualified assessor.

And:

Hold a minimum of one annual observation, conducted under the supervision of a qualified internal verifier within the previous 12 months. This record should provide evidence that practical and theoretical topics were delivered competently for the following minimum duration:

- ◆ new trainers/assessors — 6 hours.
- ◆ experienced trainers/assessors — 4 hours.

Assessors may be working towards an assessor qualification as detailed in **Appendix 2**. If this is the case, then achievement of the qualification must be within 18 months of starting.

Assessors who are working towards an appropriate assessor qualification should have the necessary occupational competence and experience and be supported by an appropriately qualified assessor or internal verifier. Any such arrangements should be agreed with SQA and be monitored through the external quality assurance process.

Where assessors undertake first aid qualifications within their own centre, this should be recorded as a potential conflict of interest and marked by another assessor. Assessment evidence for the assessor in question should be sampled by the internal verifier in addition to the usual sampling strategy. This evidence may be requested during external verification.

It is the centre's responsibility to maintain up-to-date information about assessors and to ensure the currency of all those involved in assessing.

Internal Verifiers

Those involved in the internal quality assurance of the *Award in Paediatric First Aid* must have knowledge and competency in first aid as well as knowledge and competency in internal quality assurance. An acceptable portfolio must show:

(i) Occupational knowledge and competence in first aid evidenced by:

- ◆ holding a First Aid at Work qualification or medical registration as detailed in **Appendix 1**.

(ii) Knowledge and competency in internal quality assurance evidenced by:

- ◆ holding an acceptable internal quality assurance qualification or CPD training as detailed in **Appendix 3**.

Internal Verifiers must:

- ◆ have knowledge of the requirements of the qualification they are quality assuring at the time any assessment is taking place.
- ◆ have knowledge and understanding of the role of assessors.
- ◆ visit and observe assessments.
- ◆ carry out other related internal quality assurance.

Internal verifiers may be working towards an internal verifier qualification as detailed in **Appendix 3**. If this is the case, the qualification needs to be achieved within 18 months of starting.

Internal verifiers who are working towards an appropriate internal verifier qualification, should have the necessary occupational competence and experience, and be supported by an appropriately qualified internal verifier. Any such arrangements should be agreed with SQA and be monitored through the external quality assurance process.

The internal verifier must carry out pre-delivery checks on the instruments of assessment and marking instructions to be used. This includes both SQA and centre-devised instruments of assessment and marking instructions. The internal verifier must ensure these adhere to the FAAOF Assessment Principles, SQA Assessment Strategy and Guidance and the unit specification requirements. Learner evidence must be monitored to ensure assessment judgments are accurate and appropriate. These and other centre internal verification outcomes should be set out in an internal verification record and discussed at regular standardisation meetings. The internal verifier should also monitor and verify the trainer's/assessor's ability in teaching and/or assessing first aid.

Internal verifiers cannot verify their own work. This includes assessments they have delivered (if in a dual role), or assessments they have completed. Where internal verifiers undertake first aid qualifications within their own centre, these assessments should be verified by another internal verifier in addition to the usual sampling strategy. Evidence of this may be requested during external verification.

It is the centre's responsibility to maintain information about internal verifiers and to ensure the currency of those involved in internally verifying.

External Verifiers

Those involved in the external quality assurance of the *Award in Paediatric First Aid* must have knowledge and competency in first aid as well as knowledge and competency in external quality assurance. An acceptable portfolio must show:

(i) Occupational knowledge and competence in first aid evidenced by:

- ◆ holding a First Aid at Work qualification or medical registration as detailed in **Appendix 1**.

(ii) Knowledge and competency in external quality assurance evidenced by:

- ◆ holding an acceptable external quality assurance qualification as detailed in **Appendix 4**.

External verifiers must:

- ◆ have knowledge of the requirements of the qualification they are quality assuring at the time any assessment is taking place.
- ◆ have knowledge and understanding of the role of trainers, assessors and internal verifiers.

External verifiers may be working towards an external verification qualification as detailed in **Appendix 4**. If this is the case, the qualification needs to be achieved within 18 months of starting. SQA will organise, provide and manage this training.

The external verifier will carry out approval and external verification visits. They may observe the quality standards of training delivery and assessment of learners during annual visits. These external activities should ensure consistency of delivery, assessment and internal verification of the *Award in Paediatric First Aid* across all centres. The external verifier will provide a report for each centre and forward this to SQA.

Delivery, Assessment and Quality Assurance

Governance

Centres must have a copy of the most up-to-date Assessment Strategy and Guidance for the *Award in Paediatric First Aid* and be working to the standards required.

It is the responsibility of centres delivering this award to ensure all trainers, assessors and internal verifiers meet the occupational knowledge and competence requirements, prior to fulfilling the role of trainer, assessor and internal verifier. Centres must ensure that everyone involved with this award has current first aid knowledge and is working to the current Resuscitation Council (UK) First Aid Standards for Paediatric First Aid — <https://www.resus.org.uk/>.

It is the centre's responsibility to ensure trainers, assessors and internal verifiers keep up to date with the standards required of their role. Trainers, assessors and internal verifiers should evidence this through the recording of appropriate Continuing Professional Development (CPD) activities, identifying which role it relates to and explaining the impact of the learning on that specific role. Attendance at standardisation meetings and professional reading are good examples of appropriate CPD activity.

CPD logs will be monitored during external verification activity. A template is available on the SQA First Aid page for use by trainers/assessors/IVs — **CPD Template**.

To uphold competent standards of first aid practice, SQA strongly recommends that all centres register for e-mail updates from the **Resuscitation Council (UK)** and make use of other publications, provided they are supported by a responsible body of medical opinion.

Training equipment

Centres should ensure they have the correct equipment to effectively deliver the *Award in Paediatric First Aid*. There should be enough equipment to ensure compliance with the FAAOF **Delivery Standards for Regulated First Aid Qualifications** and to cover all learning outcomes and assessment criteria identified in the unit specifications (**see Appendices 5 and 6**). The training equipment should be sufficient to support the maximum ratio of 12 learners to 1 trainer.

Training equipment and resources should include the following:

Resuscitation Manikins	One junior manikin* per four learners and one infant manikin** per four learners should be provided.
AED Trainers	AED training devices (ideally with paediatric pads/settings) should be provided at a minimum ratio of one AED per four learners. Where fewer training AEDs are provided, learning hours and lesson plans should be adjusted accordingly to ensure learners are not disadvantaged.
Hygiene	Sufficient procedures must be in place to ensure adequate hygiene standards in the use of resuscitation manikins and other training equipment. All regulatory and/or government guidance in relation to COVID-19 must be followed. <i>*Where junior manikins must be shared between learners, each learner should be provided with their own manikin face for maximum hygiene.</i> <i>**Where infant manikins must be shared between learners, the lungs should be changed after every learner because infant airways do not have a non-return valve. Learners can be issued with their own manikin face.</i>
Audio visual equipment and training aids	Sufficient AV equipment and other training aids should be available to facilitate learning using varying training methods. This may include slides, videos, revision activities, first aid kits and choking rescue vests or choking manikins. Other resources for trainer and/or learner demonstration should include trainer auto-injectors, inhalers and spacer devices.
Learning Materials	Learners should be provided with clear and accurate reference materials (handouts/books/links to online resources), covering the topics included in the award. These must be made available to the learner whilst undertaking the course and for the duration of their certification period. Learning materials must meet current first aid standards as identified by the Resuscitation Council (UK) and other responsible bodies of medical opinion.
Dressings	Sufficient clean bandages, dressings and other items commonly found in a first aid kit must be available to facilitate training delivery and assessment.
Training Venue	The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient room for practical and theoretical training. <i>For example, size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise.</i>

Additional requirements for COVID-safe training should also be taken into account — further information on this is available in our COVID Guidance for Centres document. Equipment maintenance and COVID-safe practices will be monitored during external verification activity.

Duration and Delivery of Training

The **minimum** duration of contact hours (time set aside for direct training and assessing, excluding breaks) for this award is 12 hours. These can be delivered over a minimum of 2 days or a maximum of 7 weeks with a minimum of 2 hours per individual session.

Centres may choose to deliver this curriculum over a longer period, provided the above minimum and maximum timescales are adhered to:

Qualification	Minimum Contact Hours	Minimum Days	Maximum Weeks	Minimum Session	Learner/ Trainers Ratio	Certificate Validity	Annual Refresher Recommended
Paediatric First Aid	12	2	7	2 hours	12:1	3 years	Yes

Certification for the *Award in Paediatric First Aid* is valid for 3 years.

It is highly recommended that holders of this certificate attend an annual refresher course to keep their first aid skills up to date and be informed of any recent changes to first aid practice.

Units J6N2 46 *Emergency Paediatric First Aid* (**Appendix 5**) and J6N3 46 *Managing Paediatric Illness, Injuries and Emergencies* (**Appendix 6**) identify the learning outcomes and assessment criteria to be achieved.

Unit 1, J6N2 46 *Emergency Paediatric First Aid* (**Appendix 5**), must be delivered and assessed on Day 1.

Unit 2, J6N3 46 *Managing Paediatric Illness, Injuries and Emergencies* (**Appendix 6**), should be delivered and assessed over Day 2.

Where a learner completes the *Award in Emergency Paediatric First Aid* and decides to progress on to complete Unit 2, J6N3 46 *Managing Paediatric Illness, Injuries and Emergencies*, this must be completed within 7 weeks of achieving the initial unit.

Blended Learning in Paediatric First Aid — Quality Assurance Standards

SQA strongly recommends that all first aid training be delivered using face-to-face methods. However, in certain circumstances, centres may wish to consider the use of blended learning approaches. If this is the case, centres must adhere to the assessment standards for both units (**see Appendices 5 and 6**) and take account of the following:

1. The time taken to complete the first aid course is not reduced. There may be a benefit in flexibility, but blended learning should not reduce the overall time required to take the course.
2. The employer should provide paid time for the employee to undertake the training. The employee should not be required to take the distance-learning component of the course in their 'own' time.
3. Following completion of the distanced learning component, the learner must be assessed by a suitably qualified first aid assessor (who has qualifications and experience as listed in **Appendices 1 and 2**). The first aid assessor must satisfy themselves that all the assessment criteria for the learning outcomes delivered via distance learning have been met. Auditable evidence should be generated. It is the centre's responsibility to confirm the identity of the learner and the authenticity of this evidence.
4. The assessment should be quality assured following FAAOF and SQA guidance.
5. A minimum of 6 hours of the full Paediatric First Aid course (12 hours) must be delivered face-to-face.
6. All practical elements of the training **must** be delivered and assessed face-to-face. These are identified in the unit specifications in **Appendices 5 and 6**.

Lesson Plans

Centres should plan and deliver training in accordance with detailed lesson plans. Training should be delivered to the principles set out in NOS 7 *Facilitate Individual Learning and Development*.

Lesson plans must include the following:

- ◆ a timetable for delivery of the *Award in Paediatric First Aid*.
- ◆ aims, outcomes and objectives of each session.
- ◆ learner and trainer, individual and/or group activities.
- ◆ resources required for each session.

Requirements for Assessment

The following guidance is applicable to both SQA and Centre-devised instruments of assessment.

The units J6N2 46 *Emergency Paediatric First Aid* and J6N3 46 *Managing Paediatric Illness, Injuries and Emergencies* should be delivered, assessed and quality assured in accordance with the *Assessment Principles for Regulated First Aid Qualifications*, published by the FAAOF, as well as SQA's *Assessment Strategy and Guidance*.

Practical and theoretical assessments should determine a learner's ability to act safely, promptly and effectively when an emergency occurs and when administering first aid to an infant or child.

The internal verifier must verify all instruments of assessment and marking instructions prior to them being used by the trainer/assessor. Evidence of internal prior verification and other pre-delivery checks must be recorded.

Assessors are encouraged to make effective use of informal assessment strategies to assist professional judgements of when a learner may be ready for formal assessment. Questioning, group activities and self-assessment tools can all be used for this purpose however, informal assessment activities cannot be used when making assessment decisions of competence against the unit's assessment criteria.

Formal assessment may take place at any time during the delivery of the qualification (where the trainer/assessor is the same person) and does not need to be done as a final assessment. It is however a requirement for the learner to be aware that assessment is taking place and all assessment criterion for the unit must be assessed.

Where the assessment criterion uses the verb 'demonstrate' the learner must demonstrate the skill through practical scenario.

Assessors **must** be confident that the learner's response clearly demonstrates they could act safely, promptly and effectively in a paediatric emergency. Whether the written assessment is completed in sections throughout the course or delivered summatively at the end of a unit, the minimum standard for each assessment criterion must be met to achieve a pass. A learner cannot miss out or completely fail any individual question. The minimum success criteria for each question is set out within the marking guide for each award. Assessors should use professional judgement to determine where a learner has not met this minimum standard or errors have occurred, and make good use of remediation strategies (such as additional verbal questioning) to ensure sufficient overall knowledge and understanding conversant with the role of a first aider. Details of any remediation (for example assessor questions and learner answers) should be recorded on the learner's assessment paper.

All theory questions must be physically marked. It is good practice to mark each correct statement within an answer, rather than apply a single tick to the whole question. This provides clear feedback for the learner where part of their answer is incorrect or irrelevant, and also makes it easier for internal and external verifiers to confirm assessment judgements.

While physical contact can be kept to a minimum and it is not obligatory for learners to play the role of 'casualty', owing to the nature of first aid, some elements of practical learning will involve close contact with another learner. It is good practice for centres to make learners aware of this requirement prior to the course.

First aid can be physically demanding, and learners must be physically able to meet all practical assessment criteria. This includes performing CPR to the required standard on a manikin, on the floor for a minimum of 2 continuous minutes. Paediatric CPR training can be particularly taxing, both physically and emotionally. Centres should inform learners of these requirements prior to the course (for example through joining instructions). SQA will monitor how centres ensure learners are 'fit for assessment' during external verification visits.

Where practical demonstration of a skill requires a complex sequence of actions, each step in the sequence must be assessed. The assessment must be planned in such a way as to ensure reliability and clear marking guidance must be provided to trainers, assessors and internal verifiers.

AED training is now a mandatory part of the CPR sequence. The unit specification J6N2 46 *Emergency Paediatric First Aid* (see **Appendix 5**) highlights the skills to be covered.

Remediation: Where a learner has not provided acceptable answers to written questions or demonstrated practical competence for some of the evidence required of the assessment criteria, the assessor should make good use of remediation strategies to allow the learner the opportunity to demonstrate their knowledge and understanding to the best of their ability. The assessor can clarify learner responses by requiring a written amendment or by oral questioning. This can be done face-to-face or by telephone. Assessor questions and feedback, along with learner responses and their outcome should be noted on the learner's assessment paper.

Re-assessment: Where a learner has not provided acceptable answers to written questions or practical competence to most of the evidence required of the assessment criteria, the learner should be provided with a re-assessment opportunity. A new and unseen instrument of assessment must be used.

Reasonable Adjustments

Where a barrier to learning may prevent someone with an additional support need or disability from undertaking assessment, adaptations or special considerations may be applied provided the integrity, validity and reliability of the assessment can be maintained.

It may not be possible to make an adjustment where it would negatively impact an employer's responsibilities under the Health and Safety (First Aid) Regulations 1981 (for example if a learner is unable to perform CPR safely and competently for 2 continuous minutes on a manikin on the floor without assistance from a third party). The **FAAOF guidance on Reasonable Adjustments and Special Considerations in First Aid Qualifications** should be referred to when planning training delivery, and considering whether a reasonable adjustment or special consideration is appropriate.

Centres should have a system in place to request/gather (as much as is reasonably possible), this information prior to the learner attending the course. Where possible, reasonable adjustments and special considerations should be discussed and agreed with another assessor or internal verifier, as well as the learner. Details of any adjustments made should be recorded, (although this may be retrospectively) and monitored during the internal verification process. SQA will check how centres confirm learners' fitness for regulated first aid assessment under qualification verification Assessment Criterion 3.2. This may include looking at a centre's processes for managing reasonable adjustments.

All evidence of assessment, remediation, re-assessment and reasonable adjustments must be formally recorded and available for internal and external verification.

SQA Devised Instruments of Assessment

The units J6N2 46 *Emergency Paediatric First Aid* and J6N3 46 *Managing Paediatric Illness, Injuries and Emergencies* should be delivered, assessed and quality assured in accordance with the **Assessment Principles** and **Delivery Standards for Regulated First Aid Qualifications**, published by the FAAOF and SQA's *Assessment Strategy and Guidance*.

SQA has developed assessment papers which meet the assessment criteria (including theoretical questions, practical scenarios and associated marking instructions) for the *Award in Paediatric First Aid*. These can be found on SQA's secure web pages — www.sqasecure.org.uk which can be accessed via the centre coordinator. These papers are live instruments of assessment and must be kept confidential and stored securely at all times. For further guidance on the security of assessments, please refer to **SQA's 'Security of Assessments Procedure Enhanced Guidance'**.

Theory parts of the assessment should be delivered in closed-book, supervised conditions. All assessment criteria for the unit (**see Appendices 5 and 6**) must be assessed. In accordance with the **Requirements for Assessment** outlined above, assessors may choose to assess questions at various appropriate points throughout the course, provided the integrity of the assessment process is maintained.

The internal verifier must verify the instruments of assessment and marking instructions prior to them being used by the trainer/assessor. Evidence of this and other pre-delivery checks must be recorded and made available for external verification.

Centres must demonstrate standardisation of assessment judgements/decisions across all assessors and internal verifiers. As good practice, assessors and internal verifiers should complete 'moderation of marking' exercises to confirm the accuracy and consistency of assessment judgements and internal verification decisions. Along with feedback from internal verification, this can be monitored during centre standardisation activities.

All evidence of assessment, remediation and any re-assessment or reasonable adjustments must be formally recorded and available for internal and external verification.

Centre-devised Assessments

Where centres wish to devise their own instruments of assessment and marking instructions for the *Award in Paediatric First Aid*, they must ensure these meet the standards required of the assessment criteria as outlined in the unit specification as well as SQA's assessment principles (valid, reliable, equitable and fair).

Centres may wish to make use of the following documents when constructing appropriate instruments of assessment and associated marking instructions:

SQA's Guide to Assessment (August 2017)

SQA's Assessment: A Guide for Centres offering Regulated Qualifications (updated March 2019)

The internal verifier must verify the instruments of assessment and marking instructions prior to them being used by the trainer/assessor. Evidence of internal prior verification and other pre-delivery checks must be recorded and made available for external verification.

It is also strongly recommended that all centre-devised instruments of assessment and marking instructions are submitted to the SQA for prior verification, which is a free service offered to all centres. Prior verification gives additional confidence that proposed instruments of assessment are fit for purpose and meet the standards for assessment including national standards and requirements for qualification verification.

Centres must also adhere to SQA's guidance on the security of assessments. Centre assessments must be kept confidential and stored securely at all times. For further guidance on the security of assessments, please refer to **SQA's 'Security of Assessments Procedure Enhanced Guidance'**.

Assessment may take place at any time during the delivery of the qualification where the trainer/assessor is the same person (see Requirements for Assessment outlined above).

Centres must use appropriate methods of assessment and all assessment criteria for the units (**see Appendices 5 and 6**) must be assessed in line with the **Requirements for Assessment** outlined above.

Evidence of achievement of the unit assessment criteria must be appropriately recorded for quality assurance purposes. This includes a record of oral evidence. An observation checklist can provide evidence for practical demonstration.

Knowledge-based assessment criteria could be assessed for example, by short answer questions, oral questioning or case studies. Some assessment criteria must be assessed through practical demonstration as specified in the unit specification (**see Appendices 5 and 6**).

When devising instruments of assessment and marking instructions, centres may wish to take a more holistic approach and integrate some underpinning knowledge questions during the practical simulations. For example, when demonstrating how to control external bleeding (**Appendix 5** — Assessment Criterion 5.2) the assessor may verbally ask the learner how they would recognise a casualty who is in hypovolaemic shock (**Appendix 5** — Assessment Criterion 6.1). The learner's response must be recorded and kept as evidence for internal and external quality assurance.

Centres must demonstrate standardisation of assessment judgements/decisions across all assessors and internal verifiers. This can be achieved through the development of detailed marking instructions, providing exemplar answers to questions set within the instrument of assessment(s). As good practice, assessors and internal verifiers should complete 'moderation of marking' exercises to confirm the accuracy and consistency of assessment judgements. Along with feedback from internal verification, this can be monitored during centre standardisation activities.

All evidence of assessment, remediation and any re-assessment must be formally recorded and available for internal and external verification.

End of Course Evaluation

Centres should have an evaluation procedure in place that provides an opportunity for learners to give feedback on the following:

- ◆ the ability and competence of trainers/assessors.
- ◆ the structure and content of the Paediatric First Aid course.
- ◆ the first aid equipment used.
- ◆ the appropriateness of the training venue.

Internal Verification

Internal verification helps centres ensure assessments are valid, reliable, practicable and fair. It also helps those involved in the delivery and assessment process work to a consistent standard. Documenting internal verification activities helps manage internal assessment and verification, and plan for improvement. It also shows SQA that an effective internal verification system is in place, helping to safeguard the quality of our qualifications.

SQA uses a risk-based approach to meeting regulatory requirements for quality assurance. This should be reflected in the centre's internal verification strategy which should incorporate the following three stages:

- ◆ **Plan (pre-delivery).**
- ◆ **Do (during delivery — support and sampling).**
- ◆ **Review (post-delivery — reflection and review).**

The internal verifier should work to the requirements of their role as previously identified in the **Roles and Responsibilities** section. The internal verifier may wish to make additional use of the document — **Internal Verification: A Guide for Centres (updated June 2019)** to support their internal verification role. Additionally, centres may want to refer to the guidance and suggested templates in the **Internal Verification Toolkit: SQA** and on the **SQA: First Aid** pages.

Internal verifiers cannot verify assessments which they have developed, or verify their own assessment judgements. Where internal verifiers and/or assessors undertake first aid qualifications within their own centre, it is expected that this would be documented as a potential conflict of interest and that any assessment decisions would be verified by another internal verifier. Assessment evidence for the assessor or internal verifier in question should be sampled in addition to the usual sampling strategy. This evidence may be requested during external verification. **Internal verification evidence must be kept for a minimum of 12 months for regulated first aid delivery. This includes learner assessment papers and feedback, IV reports plus any related standardisation or moderation activity.**

In line with the **Assessment Principles** and **Delivery Standards** for Regulated First Aid (as outlined in the **Roles and Responsibilities** section), each trainer/assessor should have a minimum of one observation per year. Trainers or assessors working with a larger volume of learners may need monitoring more frequently. The centre's internal verification policy should identify risk factors that would trigger additional observations.

The annual observation of the trainer/assessor, completed by an internal verifier should include:

- ◆ evidence of effective planning and delivery of training.
- ◆ adapting learning materials to meet the needs of learners.
- ◆ adapting flexibly to meet the needs of the learner.
- ◆ engaging appropriately with the learner.
- ◆ effectiveness of assessment methods and decisions.

- ◆ effective and positive methods of providing feedback to the learner
- ◆ appropriate recording of all course requirements.
- ◆ effective use and safety of first aid and technical equipment.

Internal verifiers should record the outcomes of the observation and provide a copy to each trainer/assessor and other centre personnel as appropriate. A copy must also be made available to the external verifier. Centres may wish to make use of the templates provided on the SQA First Aid page:

Exemplar Annual Observation of Trainer/Assessor (Template)

Exemplar Annual Observation of Trainer/Assessor (Completed)

Following completion of the Award in Paediatric First Aid

Retention of Records

The centre should retain the following:

- ◆ learner details.
- ◆ dates for courses delivered.
- ◆ trainer/assessor who taught and assessed each course.
- ◆ assessment outcome for each learner.
- ◆ site selection checklists if delivered in sites out with the centre.
- ◆ learner evidence as per SQA and Centre Retention Policy.

Centres are required to retain learner assessment evidence for an annual external verification visit — for regulated qualifications this should be at least 12 months. This may be physical evidence or records of the evidence (where the evidence is ephemeral).

Certification

The centre must register the learner with SQA. This should include learner details plus:

Group Award Code:	GT7Y 46
Group Award Title:	Paediatric First Aid
Unit Code:	J6N2 46
Unit Title:	<i>Emergency Paediatric First Aid</i>
Unit Code:	J6N3 46
Unit Title:	<i>Managing Paediatric Illness, Injuries and Emergencies</i>

On successful completion of the course, the centre should notify SQA of the learner's successful achievement of the *Award in Paediatric First Aid*. It is important to do this quickly after course completion because the learner cannot undertake the role of First Aider in their workplace until they have evidence of their competence to do so.

SQA will generate the learner's *Award in Paediatric First Aid* certificate. There is no requirement for a centre to provide the learner with a temporary certificate.

Re-qualification

Certification for the Award in Paediatric First Aid is valid for 3 years.

Once a certificate has lapsed, learners who have previously attained the *Award in Paediatric First Aid* can re-qualify by undertaking the full qualification again.

Should the learner's Paediatric First Aid certificate lapse, then they will not be considered competent to undertake the role of paediatric first aider in the workplace for the purposes of compliance with any Early Years statutory guidance.

It is strongly recommended that paediatric first aiders undertake annual refresher training during the 3-year certification period. Although not mandatory, this will assist them to maintain their basic skills and keep up to date with any changes to first aid procedures. This does not extend the currency of the *Paediatric First Aid* certificate.

Appendix 1: Occupational Knowledge and Competence in First Aid

All trainers, assessors, internal verifiers and external verifiers must have occupational knowledge and competence in first aid. This may be evidenced by:

- ◆ holding a qualification issued by an Ofqual/SQA Accreditation/Qualifications Wales/CCEA Regulation recognised awarding body (or equivalent) as follows:

Qualification delivered	Minimum qualification to be held by the Trainer/Assessor/IV/EV
First Aid at Work or Emergency First Aid at Work	First Aid at Work
Paediatric First Aid or Emergency Paediatric First Aid	Paediatric First Aid or First Aid at Work

or

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).

Registered healthcare professionals must act within their scope of practice and therefore have current expertise in first aid to train and/or assess. If holding current expertise in first aid practice, the above are exempt from the requirement to have a current and valid First Aid at Work or Paediatric First Aid certificate.

The FAAOF has accepted the following as equivalent to a First Aid at Work certificate. It may add other certificates to this list:

- ◆ IQL Level 2 Award in Pool Lifeguarding, Intervention, Supervision and Rescue.
- ◆ St John Ambulance First Aid at Work Certificate.
- ◆ St Andrew's Ambulance First Aid at Work Certificate.
- ◆ British Red Cross First Aid at Work Certificate.
- ◆ QA Level 3 Certificate in First Response Emergency Care (RQF).
- ◆ QA Level 4 Certificate in First Response Emergency Care (RQF).
- ◆ QA Level 5 Diploma in First Response Emergency and Urgent Care (RQF).
- ◆ FAQ Level 3 Award for First Responders on Scene: Emergency First Responder.

- ◆ FAQ Level 3 Award for First Responders on Scene: Ambulance Service Community Responder.
- ◆ FAQ Level 3 Award for First Responders on Scene: Ambulance Service Co-Responder.
- ◆ FAQ Level 3 Certificate for Ambulance Service First Responders.
- ◆ FAQ Level 3 Award in Immediate Emergency Care: Fire and Rescue.
- ◆ FAQ Level 3 Certificate for First Responders on Scene.
- ◆ QNUK Level 3 Award for First Responders (RQF).
- ◆ QNUK Level 3 Award for the First Person on Scene (International) (RQF).
- ◆ QNUK Level 3 Award in Rescue Trauma and Casualty Care (RTACC) (RQF).
- ◆ Pearson BTEC Level 3 Certificate for First Person on Scene.
- ◆ Pearson BTEC Level 4 Certificate for First Person on Scene.
- ◆ Pearson BTEC Level 4 Extended Certificate for First Person on Scene.
- ◆ Highfield Level 3 Award in First Aid Response (RQF).
- ◆ Highfield Level 3 Award in Emergency Care for First Responders (RQF).
- ◆ TQUK Level 3 Award for Initial Person on the Scene of an Incident (RQF).
- ◆ STA Award in Pool Lifeguarding.
- ◆ SFJ Awards Level 3 Award in First Person on Scene Support.

Appendix 2: Qualifications suitable for Training/Assessing

The FAAOF has deemed the following qualifications as being suitable for trainers and assessors.

This list is **not exhaustive** but provides a guide to acceptable training and/or assessing qualifications. Trainers who also assess learner competence must hold a qualification (or separate qualifications) to enable them to perform both functions.

Qualification	Trainer	Assessors
Current qualifications (<i>available for new trainers/assessors to undertake</i>):		
Level 3 Award in Education and Training.	X	X
Level 4 Certificate in Education and Training.	X	X
Level 5 Diploma in Education and Training.	X	X
Level 3 Award in Training and Assessing in First Aid Qualifications (RQF).	X	X
Cert Ed/PGCE/B Ed/M Ed.	X	X
SVQ 3 Learning and Development SCQF level 8.	X	X
SVQ 4 Learning and Development SCQF level 9.	X	X
TQFE (Teaching Qualification for Further Education).	X	X
Planning and Delivering Training Sessions to Groups SCQF level 6.	X	X
Planning and Delivering Learning Sessions to Groups SCQF level 6.	X	X
L&D Unit 6 Manage Learning and Development in Groups SCQF level 8.	X	
L&D Unit 7 Facilitate Individual Learning and Development SCQF level 8.	X	
L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF level 8.	X	
Carry Out the Assessment Process SCQF level 7.		X
Level 3 Award in Assessing Competence in the Work Environment.		X
Level 3 Award in Assessing Vocationally Related Achievement.		X
Level 3 Award in Understanding the Principles and Practices of Assessment.		X
Level 3 Certificate in Assessing Vocational Achievement.		X
L&D Unit 9Di Assess Workplace Competence Using Direct and Indirect Methods SCQF level 8.		X
L&D Unit 9D Assess Workplace Competence Using Direct Methods SCQF level 7.		X

Qualification	Trainer	Assessors
Other acceptable qualifications		
CTLLS/DTLLS.	X	X
PTLLS with unit 'Principles and Practice of Assessment' (12 credits).	X	X
Further and Adult Education Teacher's Certificate.	X	X
IHCD Instructional Methods.	X	X
IHCD Instructor Certificate.	X	X
English National Board 998.	X	X
Nursing mentorship qualifications.	X	X
NOCN Tutor Assessor Award.	X	X
SVQ/NVQ Level 3 in Training and Development.	X	X
SVQ/NVQ Level 4 in Training and Development.	X	X
PDA Developing Teaching Practice in Scotland's Colleges SCQF level 9.	X	X
PDA Training Practice in Scotland's Colleges SCQF level 9.	X	
PTLLS (6 credits).	X	
Regulated Qualifications based on the Learning and Development NOS 7 Facilitate Individual Learning and Development or NOS 6 Manage Learning and Development in Groups.	X	
Training Group A22, B22, C21, C23, C24.	X	
Learning and Training — Assessment and Quality Standards SCQF level 9.		X
A1 Assess Candidates Using a Range of Methods or D33 Assess Candidates Using Differing Sources of Evidence.		X
Conduct the Assessment Process SCQF level 8.		X
A2 Assess Candidate Performance through Observation or D32 Assess Candidate Performance.		X
Regulated Qualifications based on the Learning and Development NOS 9 Assess Candidate Achievement.		X

Note: Assessors who do not hold a formal assessing qualification may alternatively attend First Aid Assessor CPD training with an approved Awarding Organisation/Body.

Appendix 3: Qualifications suitable for Internal Verification

The FAAOF has deemed the following qualifications as being suitable for internal verifiers.

This list is **not exhaustive** but provides a guide to acceptable internal verification qualifications:

L&D Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment SCQF level 8.
Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice.
Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice.
Conduct the Internal Verification Process, SCQF level 8 .
Regulated Qualifications based on the Learning and Development National Occupational Standards (NOS) level 11 Internally Monitor and Maintain the Quality of Assessment.
V1 Conduct Internal Quality Assurance of the Assessment Process or D34 Internally Verify the Assessment Process.
Internally Verify the Assessment Process, SCQF level 8.

Note: Internal Verifiers/IQAs who do not hold a formal Internal Quality Assurance qualification may alternatively attend Internal Quality Assurance CPD Training with an approved Awarding Organisation/Body.

Appendix 4: Qualifications suitable for External Verification

The FAAOF has deemed the following qualifications as being suitable for external verifiers.

This list is **not exhaustive** but provides a guide to acceptable external verification qualifications:

L&D Unit 12 Externally Monitor and Maintain the Quality of Workplace Assessment, SCQF level 9.
Regulated qualifications based on the Learning and Development NOS 12 Externally Monitor and Maintain the Quality of Assessment.
Level 4 Award in the External Quality Assurance of Assessment Processes and Practice.
Level 4 Certificate in Leading the External Quality Assurance of Assessment Processes and Practice.
*Conduct External Verification of the Assessment Process, SCQF level 9.
V2 Conduct External Quality Assurance of the Assessment Process or D35 Externally Verify the Assessment Process.
Externally Verify the Assessment Process, SCQF level 9.

Note: Where an external verifier is still in the process of achieving their qualification, the Awarding Organisation/Body must ensure that they are following the principles set out in the current Learning and Development NOS 12 'Externally Monitor and Maintain the Quality of Assessment'.

Appendix 5: Unit — J6N2 46 Emergency Paediatric First Aid



Unit Title	Emergency Paediatric First Aid
SQA Unit Code	J6N2 46
SCQF Level	6
SCQF Credit	1

History of Changes

Publication date: August 2022

Version: 01

Version number	Date	Description	Authorised by
01	August 2022	Units updated following RCUK update and FAAOF review 2021.	First Aid Awarding Organisation Forum/SQA Accreditation

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Title: Emergency Paediatric First Aid — Unit J6N2 46		
Learning outcomes — The learner will:	Assessment Criterion — The learner can:	Indicative content — Context for learning:
1 Understand the role and responsibilities of a paediatric first aider.	1.1 Identify the role and responsibilities of a paediatric first aider.	Identification of the roles and responsibilities of a paediatric first aider may include: <ul style="list-style-type: none"> ◆ Preventing cross infection ◆ Recording incidents and actions ◆ Safe use of available equipment ◆ Knowledge of paediatric first aid contents ◆ Assessing an incident ◆ Summoning appropriate assistance ◆ Prioritising treatment ◆ Dealing with post incident stress
	1.2 Identify how to minimise the risk of infection to self and others .	Minimising the risk of infection may include: <ul style="list-style-type: none"> ◆ Personal Protective Equipment (<i>PPE</i>) ◆ Hand hygiene ◆ Disposal of contaminated waste ◆ Using appropriate dressings ◆ Barrier devices during rescue breaths ◆ Covering own cuts
	1.3 Differentiate between an infant and a child for the purposes of first aid treatment.	Differentiating age ranges for first aid treatment may include: <ul style="list-style-type: none"> ◆ Infants: under 1 year old ◆ Children: 1 to 18 years old

Title: Emergency Paediatric First Aid — Unit J6N2 46			
Learning outcomes —	Assessment Criterion —	Indicative content —	
The learner will:	The learner can:	Context for learning:	
2	Be able to assess an emergency situation safely.	2.1 Conduct a scene survey.	<p>Conducting a scene survey may include:</p> <ul style="list-style-type: none"> ◆ Checking for further danger ◆ Identifying the number of casualties ◆ Evaluating what happened ◆ Prioritising treatment ◆ Delegating tasks
		2.2 Conduct a primary survey on: <ul style="list-style-type: none"> ◆ an infant ◆ a child 	<p>The primary survey sequence may include:</p> <ul style="list-style-type: none"> ◆ Danger ◆ Response ◆ Airway ◆ Breathing ◆ Circulation
		2.3 Summon appropriate assistance when necessary.	<p>Summoning appropriate assistance may include:</p> <ul style="list-style-type: none"> ◆ Shouting for help ◆ Calling 999/112 via speakerphone or bystander ◆ Leaving the casualty to call 999/112 ◆ Calling an NHS emergency helpline such as 111

Learning outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
3	Be able to provide first aid for an infant and a child who are unresponsive	3.1 Identify when to administer Cardiopulmonary Resuscitation (CPR) to: <ul style="list-style-type: none"> ◆ an infant ◆ a child 	Identifying when to administer CPR must include: When the casualty is unresponsive and: <ul style="list-style-type: none"> ◆ not breathing ◆ is not breathing normally ◆ has agonal breathing
		3.2 Demonstrate CPR using: <ul style="list-style-type: none"> ◆ an infant manikin ◆ a child manikin 	Demonstrating CPR must include: <ul style="list-style-type: none"> ◆ 5 initial rescue breaths ◆ 30 chest compressions <ul style="list-style-type: none"> — correct hand positioning — correct compression depth for infant (3-4 cm) and child (4-5 cm) — 100-120 compression rate per minute ◆ 2 rescue breaths <ul style="list-style-type: none"> — correct rescue breath positioning — blowing steadily into mouth (<i>about 1 second to make chest rise</i>) — taking no longer than 10 seconds to deliver 2 breaths ◆ AED (Defibrillator) <ul style="list-style-type: none"> — correct placement of AED pads — following AED instructions <p><i>*CPR demonstration time must be a minimum of 2 minutes (at floor level for child) and may additionally include use of rescue breath barrier devices.</i></p> <p><i>*Placing the AED pads on an infant/child in the centre of the chest and back (or possibly in the adult position for an older child), using paediatric pads and setting if available and appropriate for age/size or child.</i></p>

Learning outcomes — The learner will:	Assessment Criterion — The learner can:	Indicative content — Context for learning:
	3.3 Identify when to place an infant or child into the recovery position.	Identifying when to place the casualty into the recovery position should include when the casualty has lowered levels of response and: <ul style="list-style-type: none"> ◆ does not need CPR ◆ is breathing normally ◆ is uninjured <p>*An injured, unconscious child who is still breathing may be placed in the recovery position if the airway is at risk (for example <i>fluids in the airway or you need to leave the casualty to get help</i>).</p>
	3.4 Demonstrate how to place: <ul style="list-style-type: none"> ◆ an infant into the recovery position ◆ a child into the recovery position 	Placing a casualty into the recovery position may include: <ul style="list-style-type: none"> ◆ placing in a position that maintains a stable, open, draining airway at floor level (or holding in position for infants) ◆ continually monitoring airway and breathing ◆ turning the casualty onto the opposite side every 30 minutes

Learning outcomes — The learner will:	Assessment Criterion — The learner can:	Indicative content — Context for learning:
	3.5 Demonstrate continual monitoring of breathing whilst they are in recovery position, for: <ul style="list-style-type: none"> ◆ an infant ◆ a child 	Continually monitoring airway and breathing includes: <ul style="list-style-type: none"> ◆ Continual checking for normal breathing to ensure that cardiac arrest can be identified immediately
	3.6 Identify how to administer first aid to an infant or child who is experiencing a seizure.	Administering first aid to an infant/child having a generalised seizure may include: <ul style="list-style-type: none"> ◆ Keeping the casualty safe (<i>removing dangers</i>) ◆ Noting the time and duration of the seizure ◆ Opening airway and checking breathing post seizure ◆ Determining when to call 999/112 <p><i>*First aiders should be suspicious of cardiac arrest in any casualty presenting with seizure.</i></p> <p><i>*Young children may be presenting with seizure due to over-heating.</i></p>

Learning outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
4	Be able to provide first aid to an and a child who is choking.	4.1 Identify when an infant or child is choking.	<p>Identifying mild choking may include recognising the infant/child is able to:</p> <ul style="list-style-type: none"> ◆ speak ◆ cough ◆ cry ◆ breathe <p>Identifying severe choking may include recognising the infant/child is:</p> <ul style="list-style-type: none"> ◆ unable to cough effectively ◆ unable to speak or cry ◆ unable or struggling to breathe ◆ in visible distress ◆ unconscious
		<p>4.2 Demonstrate how to administer first aid to:</p> <ul style="list-style-type: none"> ◆ an infant who is choking ◆ a child who is choking 	<p>Administering first aid for choking should include the following:</p> <ul style="list-style-type: none"> ◆ encouraging to cough ◆ up to 5 back blows ◆ up to 5 abdominal thrusts (chest thrusts for infants) ◆ Calling 999/112 when required ◆ CPR if unconscious <p><i>*Demonstration of choking management must be simulated using a training device on manikin/self and not another learner.</i></p>

Learning outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
5	Be able to provide first aid to an infant and a child with external bleeding.	5.1 Identify whether external bleeding is life-threatening.	<p>Identifying the severity of arterial bleeding may include recognising that arterial blood:</p> <ul style="list-style-type: none"> ◆ is under pressure ◆ spurts in time with the heartbeat ◆ is a life-threatening emergency <p>Identifying the severity of venous bleeding may include recognising that venous blood:</p> <ul style="list-style-type: none"> ◆ is comparable in volume to the arteries ◆ flows profusely from the wound ◆ a life-threatening emergency <p><i>*Identifying capillary bleeding may include recognising that blood trickles from the wound and that capillary bleeding is not a life-threatening emergency.</i></p>
		5.2 Demonstrate how to administer first aid to an infant or child with external bleeding.	<p>Administering first aid for external bleeding may include:</p> <ul style="list-style-type: none"> ◆ maintaining aseptic technique ◆ sitting or laying the casualty down ◆ examining the wound ◆ applying direct pressure onto (<i>or into</i>) the wound ◆ dressing the wound <p>Catastrophic bleeding treatment may include:</p> <ul style="list-style-type: none"> ◆ wound packing ◆ tourniquet application ◆ improvised tourniquet application

Learning outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
6	Know how to provide first aid to an infant or a child who is suffering from shock	6.1 Recognise when an infant or child is suffering from shock.	<p>Hypovolaemic shock (resulting from blood or fluid loss) recognition may include:</p> <ul style="list-style-type: none"> ◆ pale, clammy skin ◆ fast, shallow breathing ◆ rise in pulse rate ◆ cyanosis ◆ dizziness/passing out when sitting or standing up
		6.2 Identify how to administer first aid to an infant or child who is suffering from shock.	<p>Administering first aid for hypovolaemic shock may include:</p> <ul style="list-style-type: none"> ◆ treating the cause ◆ casualty positioning ◆ keeping the casualty warm ◆ calling 999/112
7	Know how to provide first aid to an infant or a child with bites, stings and minor injuries	<p>7.1 Identify how to administer first aid to an infant or child with:</p> <ul style="list-style-type: none"> ◆ Bites ◆ Stings ◆ Small cuts and grazes ◆ Bumps and bruises ◆ Small splinters ◆ Nosebleeds 	<p>Administering first aid for bites may include:</p> <ul style="list-style-type: none"> ◆ irrigation ◆ dressing ◆ seeking medical advice <p>Administering first aid for stings may include:</p> <ul style="list-style-type: none"> ◆ scraping off the sting ◆ applying an ice pack ◆ giving sips of cold water (<i>if the sting is in the mouth</i>) ◆ monitoring for allergic reaction <p>Administering first aid for small cuts and grazes may include:</p> <ul style="list-style-type: none"> ◆ irrigation ◆ dressing

Learning outcomes — The learner will:	Assessment Criterion — The learner can:	Indicative content — Context for learning:
		Administering first aid for bumps and bruises may include: <ul style="list-style-type: none"> ◆ applying a cold compress for 10 minutes Small splinter removal may include the following steps: <ul style="list-style-type: none"> ◆ cleaning of area ◆ removal with tweezers ◆ dressing Administering first aid for a nosebleed may include: <ul style="list-style-type: none"> ◆ sitting the child down, head tipped forwards ◆ pinching the soft part of the nose ◆ telling the child to breathe through their mouth

Others may include the infant or child receiving first aid, work colleagues, parents/carers, other people within the infant or child's environment.

Summon appropriate assistance - learners should be able to evaluate a situation to determine when to summon further assistance and what type of assistance to request.

Demonstrate – learners must be assessed through a practical scenario.

Administer first aid: Provide appropriate help to a child or infant (baby), manage the situation and seek appropriate assistance when necessary.

Recognise should include signs and/or symptoms of the condition and/or where appropriate mechanism of injury.

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

Additional information about the unit	
Indicative content	The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria. This is not intended to be exhaustive or set any absolute boundaries.
Unit purpose and aims	The purpose of this unit is for the learner to attain knowledge and practical competences required to deal with a range of paediatric first aid situations.
Details of the relationship between the unit and relevant NOS or other professional standards or curricula (if appropriate)	<ul style="list-style-type: none"> ◆ Department for Education: <i>Early Years Foundation Stage Statutory Framework — September 2021</i> ◆ Health and Social Care Board (NI) <i>Childminding and Day Care for Children Under Age 12 Minimum Standards</i> ◆ Welsh Government: <i>National Minimum Standards for Regulated Childcare for Children up to the age of 12 years</i>
Assessment requirements or guidance specified by a sector or regulatory body (if appropriate)	The unit should be delivered, assessed and quality assured in accordance with <i>Assessment Principles for Regulated First Aid Qualifications</i> , published by the FAAOF.
Support for the unit from an SSC or other appropriate body	Department for Education
Location of the unit within the subject/sector classification system	Health and Social Care
Availability for use	Restricted to Awarding Organisations who meet the Terms of Reference of the First Aid Awarding Organisation Forum
Unit available from	Earliest Introduction 1 st April 2022 Updated unit to be introduced by FAAOF members no later than 30th September 2022
SCQF level	6
SCQF Credit Value	1
Guided Learning Hours (GLH)	6
Total Qualification Time (TQT)	7
Simulation	Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 2.1, 2.2, 3.2, 3.4, 3.5, 4.2, 5.2.

**Appendix 6: Unit — J6N3 46
Managing Paediatric Illness, Injuries
and Emergencies**



Unit title	Managing Paediatric Illness, Injuries and Emergencies
SQA unit code	J6N3 46
SCQF level	6
SCQF credit	2

History of Changes

Publication date: August 2022

Version: 01

Version number	Date	Description	Authorised by
01	August 2022	New unit created following RCUK update and FAAOF review 2021.	First Aid Awarding Organisation Forum/SQA Accreditation.

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Title		Recognition and Management of Paediatric Illness, Injuries and Emergencies — Unit J6N3 46	
Learning Outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
1	Be able to provide first aid to an infant or child with suspected injuries to bones, muscles and joints.	1.1 Recognise a suspected: <ul style="list-style-type: none"> ◆ fracture or dislocation ◆ sprain or strain 	Recognising fractures, dislocations, sprains or strains may include: <ul style="list-style-type: none"> ◆ pain ◆ loss of power ◆ unnatural movement ◆ swelling or bruising ◆ deformity ◆ irregularity ◆ crepitus ◆ tenderness
		1.2 Identify how to administer first aid for an infant or child with suspected: <ul style="list-style-type: none"> ◆ fracture or dislocation ◆ sprain or strain 	Administering first aid for fractures and dislocations may include: <ul style="list-style-type: none"> ◆ Immobilising/keeping the injury still ◆ Calling 999/112, or ◆ Arranging transport to hospital Administering first aid for sprains and strains may include: <ul style="list-style-type: none"> ◆ Rest ◆ Ice ◆ Compression/comfortable support ◆ Elevation
		1.3 Demonstrate how to apply: <ul style="list-style-type: none"> ◆ a support sling ◆ an elevation sling 	Demonstrating the application of a sling must include: <ul style="list-style-type: none"> ◆ a support sling ◆ an elevated sling

Learning Outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
2	Be able to provide first aid to an infant or child with suspected head and spinal injuries.	2.1 Recognise a suspected: <ul style="list-style-type: none"> ◆ head injury ◆ spinal injury 	<p>Recognising concussion, compression and fractured skull may include:</p> <ul style="list-style-type: none"> ◆ mechanism of injury ◆ signs and symptoms ◆ response (consciousness) levels <p>Recognising spinal injury may include:</p> <ul style="list-style-type: none"> ◆ mechanism of injury ◆ pain or tenderness in the neck or back
		2.2 Identify how to administer first aid for an infant or child with a suspected head injury.	<p>Administering first aid for a head injury may include:</p> <ul style="list-style-type: none"> ◆ determining when to call 999/112 ◆ maintaining airway and breathing ◆ monitoring response levels ◆ dealing with fluid loss
		2.3 Demonstrate how to administer first aid for an infant or child with a suspected spinal injury.	<p>Administering first aid for a spinal injury may include:</p> <ul style="list-style-type: none"> ◆ calling 999/112 ◆ keeping the head and neck in-line ◆ safe method(s) of placing the casualty into the recovery position whilst protecting the spine (if the airway is at risk)

Learning Outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
3		3.1 Identify how to administer first aid for an infant or child with a foreign body in the: <ul style="list-style-type: none"> ◆ eye ◆ ear ◆ nose 	<p>Administering first aid for a foreign body in the eye may include:</p> <ul style="list-style-type: none"> ◆ washing small particles of dust/dirt out of the eye ◆ ensuring the water runs away from the good eye <p>Administering first aid for a foreign body in the ear or nose may include:</p> <ul style="list-style-type: none"> • transportation to hospital for the safe removal of the object
		3.2 Identify how to administer first aid for an infant or child with an eye injury.	<p>Administering first aid for an embedded object in the eye may include:</p> <ul style="list-style-type: none"> ◆ covering the injured eye ◆ ensuring the good eye is not used (<i>cover if needed</i>) ◆ calling 999/112 or arranging transport to hospital <p>Administering first aid for a chemical in the eye may include:</p> <ul style="list-style-type: none"> ◆ irrigation with large volumes of clean water (<i>unless contraindicated due to the chemical involved</i>) ◆ ensuring the water runs away from the good eye ◆ calling 999/112

Learning Outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
4	Know how to provide first aid to a casualty with suspected major illness.	4.1 Identify how to administer first aid for an infant or a child who is suspected to be suffering from: <ul style="list-style-type: none"> ◆ Diabetic Hypoglycaemic Emergency ◆ Asthma Attack ◆ Allergic Reaction ◆ Meningitis ◆ Febrile Convulsions 	Recognising a Diabetic Hypoglycaemic Emergency may include: <ul style="list-style-type: none"> ◆ fast onset ◆ lowered levels of response ◆ pale, cold and sweaty skin ◆ normal or shallow breathing ◆ rapid pulse Recognising an Asthma Attack may include: <ul style="list-style-type: none"> ◆ difficulty breathing and speaking ◆ wheezy breathing ◆ pale and clammy skin ◆ cyanosis ◆ use of accessory muscles (for example neck) when breathing Recognising an Allergic Reaction may include: <ul style="list-style-type: none"> ◆ red, itchy, raised skin rash (<i>hives</i>) ◆ red, itchy eyes ◆ swelling (<i>often under the eyes</i>) Recognising meningitis may include: <ul style="list-style-type: none"> ◆ fever (<i>high temperature</i>) ◆ dislike of bright lights ◆ stiff neck ◆ sleepy or vacant ◆ slurred speech ◆ rash (<i>if progressed to sepsis</i>) ◆ tense or bulging soft spot on the head (<i>infants</i>)

Learning Outcomes — The learner will:	Assessment Criterion — The learner can:	Indicative content — Context for learning:
		<p>Recognising febrile convulsions may include:</p> <ul style="list-style-type: none"> ◆ rapid rise in body temperature (<i>above 38° C</i>) ◆ seizure ◆ stoppage of breathing during the seizure ◆ blue lips (<i>cyanosis</i>)
	<p>4.2 Identify how to administer first aid for an infant or a child who is suspected to be suffering from:</p> <ul style="list-style-type: none"> ◆ Diabetic Hypoglycaemic Emergency ◆ Asthma Attack ◆ Allergic Reaction ◆ Meningitis ◆ Febrile Convulsions 	<p>Administering first aid for a diabetic hypoglycaemic emergency may include:</p> <ul style="list-style-type: none"> ◆ giving 10 g of glucose for conscious casualties (<i>subject to sufficient response levels</i>) ◆ providing further food or drink if casualty responds to glucose quickly ◆ determining when to call 999/112 <p>Administering first aid for an asthma attack may include:</p> <ul style="list-style-type: none"> ◆ correct casualty positioning ◆ assisting a casualty to take their reliever inhaler and use a spacer device ◆ calming and reassurance ◆ determining when to call 999/112 <p>Administering first aid for an allergic reaction may include:</p> <ul style="list-style-type: none"> ◆ moving the casualty away from the trigger (<i>allergen</i>) ◆ contacting parents/following care plan ◆ closely monitoring for the signs of anaphylaxis and treating accordingly

Learning Outcomes — The learner will:		Assessment Criterion — The learner can:	Indicative content — Context for learning:
			<p>Administering first aid for meningitis may include:</p> <ul style="list-style-type: none"> ◆ calling 999/112 and informing concerns of meningitis ◆ knowledge that early hospital treatment might be vital
5	Know how to provide first aid to an infant or child who is experiencing extremes of body temperature.	<p>5.1 Recognise when an infant or a child is suffering from:</p> <ul style="list-style-type: none"> ◆ Extreme cold ◆ Extreme heat 	<p>Recognising extreme cold (<i>hypothermia</i>) may include:</p> <ul style="list-style-type: none"> ◆ pale skin ◆ cold to the touch ◆ shivering (<i>followed by muscle stiffness as body cools further</i>) ◆ slowing down of bodily functions ◆ lethargy and confusion ◆ eventually unconsciousness <p>Recognising extreme heat (<i>heat exhaustion</i>) may include:</p> <ul style="list-style-type: none"> ◆ pale, sweaty skin ◆ nausea or vomiting ◆ hot to the touch <p>Recognising extreme heat (<i>heat stroke</i>) may include:</p> <ul style="list-style-type: none"> ◆ high body temperature ◆ confusion and agitation ◆ hot, dry and Flushed skin ◆ no sweating ◆ fitting ◆ throbbing headache ◆ lowered levels of consciousness

Learning Outcomes — The learner will:	Assessment Criterion — The learner can:	Indicative content — Context for learning:
	<p>5.2 Identify how to administer first aid for an infant or a child who is suffering from:</p> <ul style="list-style-type: none"> ◆ Extreme cold ◆ Extreme heat 	<p>Administering first aid for extreme cold (<i>hypothermia</i>) may include:</p> <ul style="list-style-type: none"> ◆ sheltering from the environment ◆ replacing wet clothing with dry garments ◆ wrapping in warm blankets ◆ covering the head ◆ giving a warm drink ◆ maintaining airway and breathing ◆ if unconscious, place in recovery position with insulating materials under and around the casualty ◆ calling 999/112 <p>Administering first aid for extreme heat (<i>heat exhaustion</i>) may include:</p> <ul style="list-style-type: none"> ◆ moving the casualty to a cool shaded area ◆ removing excessive clothing ◆ correct casualty positioning ◆ rehydrating with water or oral rehydration solutions <p>Administering first aid for extreme heat (<i>heat stroke</i>) may include:</p> <ul style="list-style-type: none"> ◆ moving the casualty away from the heat source ◆ calling 999/112 ◆ rapid cooling using the fastest method possible

Learning Outcomes —		Assessment Criterion —	Indicative content —
The learner will:		The learner can:	Context for learning:
6	Know how to provide first aid to an infant or child who has sustained an electric shock.	6.1 Identify how to safely manage an incident involving electricity.	Identifying how to safely manage an incident involving electricity may include: <ul style="list-style-type: none"> ◆ preventing anyone approaching the casualty when the electricity is still LIVE ◆ taking safe steps to isolate the power ◆ only approaching once the scene is safe
		6.2 Identify how to administer first aid for an infant or a child who has suffered an electric shock	Administering first aid for electric shock may include: <ul style="list-style-type: none"> ◆ checking airway and breathing ◆ resuscitation (CPR) ◆ treating burns and other injuries ◆ calling 999/112
7	Know how to provide first aid to a casualty with burns and scalds.	7.1 Identify how to recognise the severity of burns and scalds.	Recognising the severity of burns and scalds may include: <ul style="list-style-type: none"> ◆ cause ◆ age ◆ burn/scald size ◆ depth ◆ location
		7.2 Identify how to administer first aid for an infant or a child with burns and scalds.	Administering first aid for dry/wet heat burns may include: <ul style="list-style-type: none"> ◆ cooling the burn for at least 20 minutes ◆ removing jewellery and loose clothing ◆ covering the burn ◆ determining when to call 999/112 ◆ preventing the casualty getting cold while cooling the burn

Learning Outcomes — The learner will:		Assessment Criterion — The learner can:	Indicative content — Context for learning:
			<p>Administering first aid for chemical burns may include:</p> <ul style="list-style-type: none"> ◆ ensuring safety ◆ brushing away dry/powder chemicals ◆ irrigating with copious amounts of water (<i>unless contra-indicated</i>) ◆ treating the face/eyes as priority <p>Administering first aid for electrical burns may include:</p> <ul style="list-style-type: none"> ◆ ensuring it is safe to approach/touch the casualty ◆ checking DRABC and treating accordingly ◆ cooling the burns
8	Know how to provide first aid to a casualty with suspected poisoning.	8.1 Identify how poisonous substances can enter the body.	<p>Identification of the following routes a poison can enter the body may include:</p> <ul style="list-style-type: none"> ◆ ingested (swallowed) ◆ inhalation (breathed in) ◆ absorbed (through the skin/eyes) ◆ injected (directly into skin tissue, muscles or blood vessels)
		8.2 Identify how to administer first aid for an infant or child with suspected sudden poisoning.	<p>Administering first aid for corrosive substances may include:</p> <ul style="list-style-type: none"> ◆ ensuring your own safety ◆ substances on the skin — diluting and washing away with water ◆ swallowed substances — rinsing out the mouth then giving frequent sips of milk or water (<i>subject to sufficient levels of response</i>) ◆ calling 999/112 and giving information about the poison if possible ◆ protecting airway and breathing ◆ resuscitation if necessary using PPE/Barrier devices

Learning Outcomes — The learner will:		Assessment Criterion — The learner can:	Indicative content — Context for learning:
			Administering first aid for non-corrosive substances may include: <ul style="list-style-type: none"> ◆ Ensuring your own safety ◆ Calling 999/112, and giving information about the poison if possible ◆ Protecting airway and breathing ◆ Resuscitation if necessary using PPE/barrier devices
9	Be able to provide first aid to a casualty with anaphylaxis.	9.1 Recognise suspected anaphylaxis in an infant or child	Recognising anaphylaxis may include rapid onset and rapid progression of a life-threatening airway, breathing and circulation problem: <ul style="list-style-type: none"> ◆ Airway — swelling of the tongue, lips or throat ◆ Breathing — difficult, wheezy breathing or tight chest ◆ Circulation: <ul style="list-style-type: none"> — dizziness, feeling faint or passing out — pale, cold clammy skin/fast pulse — nausea, vomiting, stomach cramps or diarrhoea <p>There may also be skin rash, swelling and/or flushing.</p>
		9.2 Identify how to administer first aid for an infant or child with suspected anaphylaxis.	Administering first aid for anaphylaxis may include: <ul style="list-style-type: none"> ◆ calling 999/112 ◆ correct casualty positioning ◆ assisting to use their adrenaline auto-injector ◆ resuscitation if required
		9.3 Demonstrate the use of a ‘training device’ adrenaline auto-injector.	<u>The use of a ‘training device’ adrenaline auto-injector:</u> must be demonstrated using a training device and NOT a live auto-injector.

Demonstrate – learners must be assessed through a practical scenario.

Administer first aid: Provide appropriate help to a child or infant (baby), manage the situation and seek appropriate assistance when necessary.

Recognise should include signs and/or symptoms of the condition and/or where appropriate mechanism of injury.

Fracture should include possibility of ‘green stick’ fracture.

Head injury includes concussion, compression and skull fracture. The learner is not expected to differentiate between these conditions.

Foreign body may include for example: dust/sand/a fly, etc in the eye or marbles, rubbers, smarties, etc in the ear or nose.

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

Poisonous substances may include plants; fungi; medication; cleaning products such as dishwasher tablets or laundry pods; food; airborne pollutants; chemicals, pesticides, anti-freeze, drugs; alcohol.

Additional information about the unit	
Indicative content	The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria. This is not intended to be exhaustive or set any absolute boundaries.
Unit purpose and aims	The purpose of this unit is for the learner to attain knowledge and practical competences required to deal with a range of paediatric first aid situations.
Details of the relationship between the unit and relevant NOS or other professional standards or curricula (if appropriate)	<ul style="list-style-type: none"> ◆ Department for Education: Early Years Foundation Stage Statutory Framework — September 2021 ◆ Health and Social Care Board (NI) Childminding and Day Care for Children Under Age 12 Minimum Standards ◆ Welsh Government: National Minimum Standards for Regulated Childcare for Children up to the age of 12 years
Assessment requirements or guidance specified by a sector or regulatory body (if appropriate)	The unit should be delivered, assessed and quality assured in accordance with <i>Assessment Principles for Regulated First Aid Qualifications</i> , published by the FAAOF.
Support for the unit from an SSC or other appropriate body	Department for Education
Location of the unit within the subject/sector classification system	Health and Social Care
Availability for use	Restricted to Awarding Organisations who meet the Terms of Reference of the First Aid Awarding Organisation Forum
Unit available from	Earliest Introduction 1 st April 2022 Updated unit to be introduced by FAAOF members no later than 30th September 2022
SCQF level	6
SCQF Credit Value	1
Guided Learning Hours (GLH)	6
Total Qualification Time (TQT)	15
Simulation	Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 1.3, 2.3, 9.3.