

YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)

YMCA Level 3 Award in First Aid at Work (603/1903/3)

Operational start date: 01/10/2017

YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)

YMCA Level 3 Award in Paediatric First Aid (603/7212/6)

Operational start date: 01/04/2021

Qualification Specification



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Introduction

Y Awards Ltd, has a long and respected history as the first UK awarding organisation to specialise in health and fitness qualifications, launching in 1998 as CYQ.

We're experts in education, health, and wellbeing with over 25 years of experience developing UK-regulated and globally recognised qualifications.

We work closely with industry experts, employers, and training providers to make sure that our products and services deliver life-changing opportunities. With over half a million qualifications awarded, 400,000 people have advanced their careers with the Y Awards Ltd.

Aim

YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1) **YMCA Level 3 Award in First Aid at Work (603/1903/3)**

The aim of these qualifications is to provide the learner with the skills, knowledge, and competence they need to administer emergency first aid, and to recognise and manage illness and injury in the workplace. This includes being able to assess, diagnose and treat casualties before the arrival of medically trained staff.

YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4) **YMCA Level 3 Award in Paediatric First Aid (603/7212/6)**

The aim of these qualifications is for a learner to develop knowledge and practical competencies required to deal with a wide range of paediatric first aid situations. In the case of YMCA Level 3 Award in Paediatric First Aid to also manage paediatric illness, injuries, and emergencies.

Progression opportunities

This qualification can lead to further training at the same and/or higher levels in a range of qualifications. For example:

- YMCA Level 2 Award in Safeguarding and Protecting Children and Young People (603/7215/1)
- YMCA Level 2 Award in Safeguarding Adults and Adults at Risk (610/0822/9)
- YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)
- YMCA Level 3 Award in First Aid at Work (603/1903/3)
- YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)
- YMCA Level 3 Award in Paediatric First Aid (603/7212/6)

Stakeholder engagement

Standards for first aid practice

These qualifications have been produced by Awarding Organisations/Bodies in cooperation with the Health and Safety Executive (HSE) and qualification regulators.

Skills and knowledge should be taught and assessed in accordance with currently accepted First Aid practice in the United Kingdom as laid down by:

- the Resuscitation Council (UK)
- other publications, provided that they are supported by a responsible body of medical opinion.

Entry requirements, prerequisites, and availability

There is no formal age limit for first aiders. However, learners must be physically able to demonstrate the techniques taught on the course. An individual cannot claim the official title of 'First Aider in the Workplace' until they reach the age of 16, and then it is the employer's responsibility to ensure that the student is suitable for that role.

Learners can take this qualification in:

Location	Regulated by
England	Ofqual
Wales	Qualifications Wales
Other UK regions and outside of the UK	Ofqual

Grading and structure

These qualifications are graded as either Pass or Refer.

YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)

YMCA Level 3 Award in First Aid at Work (603/1903/3)

To achieve a Pass, for the **YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)**, learners must complete one mandatory unit:

UN	Unit title	Level
R/615/8033	Emergency first aid in the workplace	3

To achieve a Pass, for the **YMCA Level 3 Award in First Aid at Work (603/1902/1)**, learners must complete two mandatory units:

UN	Unit title	Level
R/615/8033	Emergency first aid in the workplace	3
H/615/8036	Recognition and management of illness and injury in the workplace	3

YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)

YMCA Level 3 Award in Paediatric First Aid (603/7212/6)

To achieve a Pass, for the **YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)** learners must complete one mandatory unit:

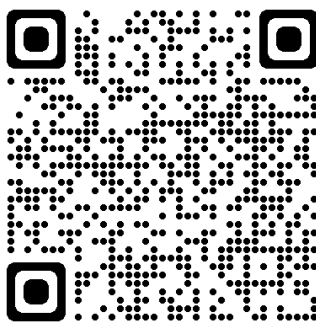
UN	Unit title	Level
Y/618/5976	Emergency paediatric first aid	3

To achieve a Pass, for the **YMCA Level 3 Award in Paediatric First Aid (603/7212/6)** learners must complete two mandatory units:

UN	Unit title	Level
Y/618/5976	Emergency paediatric first aid	3
D/618/5977	Managing paediatric illness, injuries, and emergencies	3

	Guided Learning Hours (GLH)	Total Qualification Time (TQT)
YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)	6	7
YMCA Level 3 Award in First Aid at Work (603/1903/3)	18	22
YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)	6	7
YMCA Level 3 Award in Paediatric First Aid (603/7212/6)	12	15

Find out more about GLH and TQT on our website:



ymcaawards.co.uk/qualifications/glh-and-tqt

Requalifying

The qualifications identified below are valid for a period of 3 years:

- YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)
- YMCA Level 3 Award in First Aid at Work (603/1903/3)
- YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)
- YMCA Level 3 Award in Paediatric First Aid (603/7212/6).

Learners need to retake the qualification before the certificate expiry date to remain qualified.

Reducing the GLH for learners requalifying for the YMCA Level 3 Award in First Aid at Work (603/1903/3)

Where learners have previously achieved the YMCA Level 3 Award in First Aid at Work (603/1903/3) and their certificate expired less than 1 calendar month before the start of their course, centres may:

- reduce the contact hours (guided learning hours) from 18 hours to 12 hours
- reduce the minimum number of training days from 3 to 2.

In all cases, learners must be assessed against all learning outcomes and assessment criteria in the units.

Using this document

The following pages provide the unit content for this qualification. Each unit includes learning outcomes, assessment criteria and relevant content for delivery. These are set out below.

Learning outcome ('The learner will')	
Assessment criteria (‘The learner can’) What a learner is expected to know, understand or be able to do following their learning.	Relevant content (additional delivery guidance) Suggestions on depth and breadth of content to cover

At the end of each unit, the assessment specification outlines how we expect to measure or confirm the learner has met the standard set in the learning outcomes and assessment criteria.

Assessment overview

YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)

YMCA Level 3 Award in First Aid at Work (603/1903/3)

The table below outlines our recommendations for assessing this qualification:

Unit number	Unit title	Assessment element
R/615/8033	Emergency first aid in the workplace	Task 1: Worksheet
		Task 2: Observation of practical skills
		Task 3: Compulsory questions.
H/615/8036	Recognition and management of illness and injury in the workplace	Task 4: Worksheet
		Task 5: Observation of practical skills

YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)

YMCA Level 3 Award in Paediatric First Aid (603/7212/6)

The table below outlines our recommendations for assessing this qualification:

Unit number	Unit title	Assessment element
Y/618/5976	Emergency paediatric first aid	Task 1: Worksheet
		Task 2: Observation of practical skills
		Task 3: Compulsory questions
D/618/5977	Managing paediatric illness, injuries, and emergencies	Task 4: Worksheet
		Task 5: Observation of practical skills

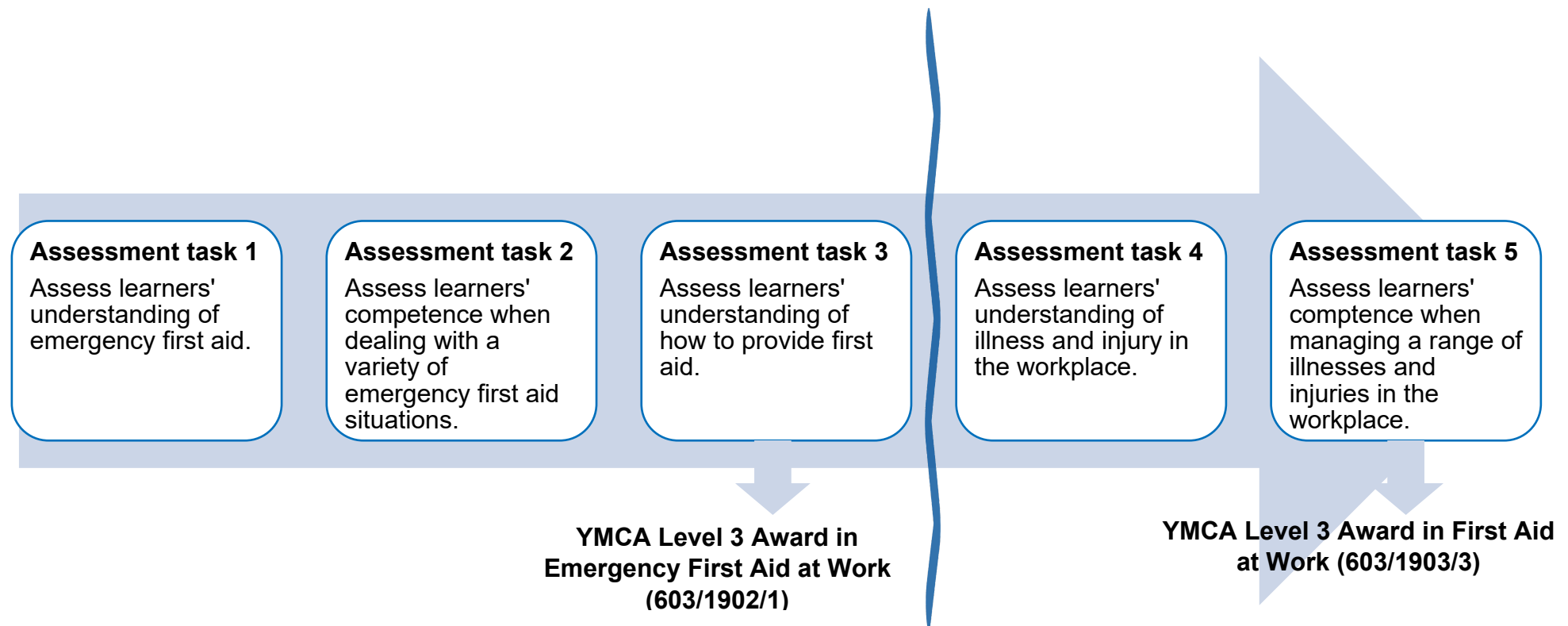
Assessment specification

YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)

YMCA Level 3 Award in First Aid at Work (603/1903/3)

There are five assessment tasks across the two units contained within these qualifications.

- Learners completing the YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1) will complete Assessment Tasks 1-3.
- Learners completing the YMCA Level 3 Award in First Aid at Work (603/1903/3) will complete Assessment Tasks 1-5.



The table below provides details of each assessment task:

Task	Details	Unit(s) assessed
1: Worksheet	Learners are required to complete the 'Emergency first aid in the workplace' worksheet. This can be completed as part of the course, or as part of a summative assessment. Learners must provide evidence that they possess all the necessary knowledge and understanding to satisfy the requirements of this unit; if learners fail to provide sufficient evidence through completion of the worksheet, the assessor will need to ask supplementary questions to confirm competence, or otherwise. All supplementary questions and answers must be recorded. The worksheet: • Must be the learner's sole work, and group completion of this worksheet is not permitted. • May be completed over a set period of time. • May be completed away from the centre (e.g., as a homework task). • May be marked by the course tutor or an independent assessor.	Emergency first aid in the workplace (R/615/8033)
2: Observation of practical skills	Learners are required to show competence when dealing with a variety of emergency first aid situations, which will be observed by an assessor. The emergency first aid situations are as follows: • Assessing an incident, including: ○ Conducting a scene survey and conducting a primary survey of the casualty. • Managing an unresponsive casualty, including: ○ Demonstrating CPR and how to place a casualty in the recovery position and continual monitoring of breathing whilst the casualty is in the recovery position.	Emergency first aid in the workplace (R/615/8033)

	• Identifying how to administer first aid to a casualty who is in seizure. • Demonstrating how to administer first aid to a casualty who is choking. • Demonstrating how to administer first aid to a casualty with external bleeding. • Managing a casualty who is in shock. • Identifying how to administer first aid to casualties with minor injuries. Learners: • Must be observed demonstrating the following assessment criteria: 2.1, 2.2, 3.2, 3.4, 3.5, 4.2 and 5.2, and simulation is allowed. • Must provide evidence that they possess all the necessary knowledge, understanding and skills to satisfy the requirements of this unit. • Must be assessed against the 'emergency first aid in the workplace' checklist and provide supplementary evidence where required. • May be re-assessed if they do not meet all the criteria. The number of re-assessments is at the centre's discretion. Y Awards Ltd have provided 2 columns on the checklist to allow for 1 re-assessment.	
3: Compulsory questions	Learners are required to answer the compulsory questions for assessment criteria 'Know how to provide first aid to a casualty with minor injuries'. These questions cannot be completed as a homework task. Tutors/assessors will need to ask their learners the compulsory questions outlined in the Learner Assessment Record (LAR) and record the learners' answers. These questions are in place of practical simulation and relate to learning outcome 7. Learners must provide evidence that they possess all the necessary knowledge and understanding to satisfy the requirements of this learning outcome.	Emergency first aid in the workplace (R/615/8033)

4: Worksheet	Learners are required to complete the 'Recognition and management of illness and injury in the workplace' worksheet. This can be completed as part of the course or as part of a summative assessment. Learners must provide evidence that they possess all the necessary knowledge and understanding to satisfy the requirements of this unit; if learners fail to provide sufficient evidence through the completion of the worksheet, the assessor will need to ask supplementary questions to confirm competence, or otherwise. All supplementary questions and answers must be recorded. The worksheet: • Must be the learner's sole work, and group completion of this worksheet is not permitted. • May be completed over a set period of time. • May be completed away from the centre (e.g., as a homework task). • May be marked by the course tutor or an independent assessor.	Recognition and management of illness and injury in the workplace (H/615/8036)
5: Observation of practical skills	Learners are required to show competence when managing a range of illnesses and injuries in the workplace, which will be observed by an assessor. Learners will be assessed in the following areas: • Conducting a secondary survey. • How to administer first aid to a casualty with injuries to bones, muscles and joints, including: ○ Demonstrating how to apply a sling.	Recognition and management of illness and injury in the workplace (H/615/8036)

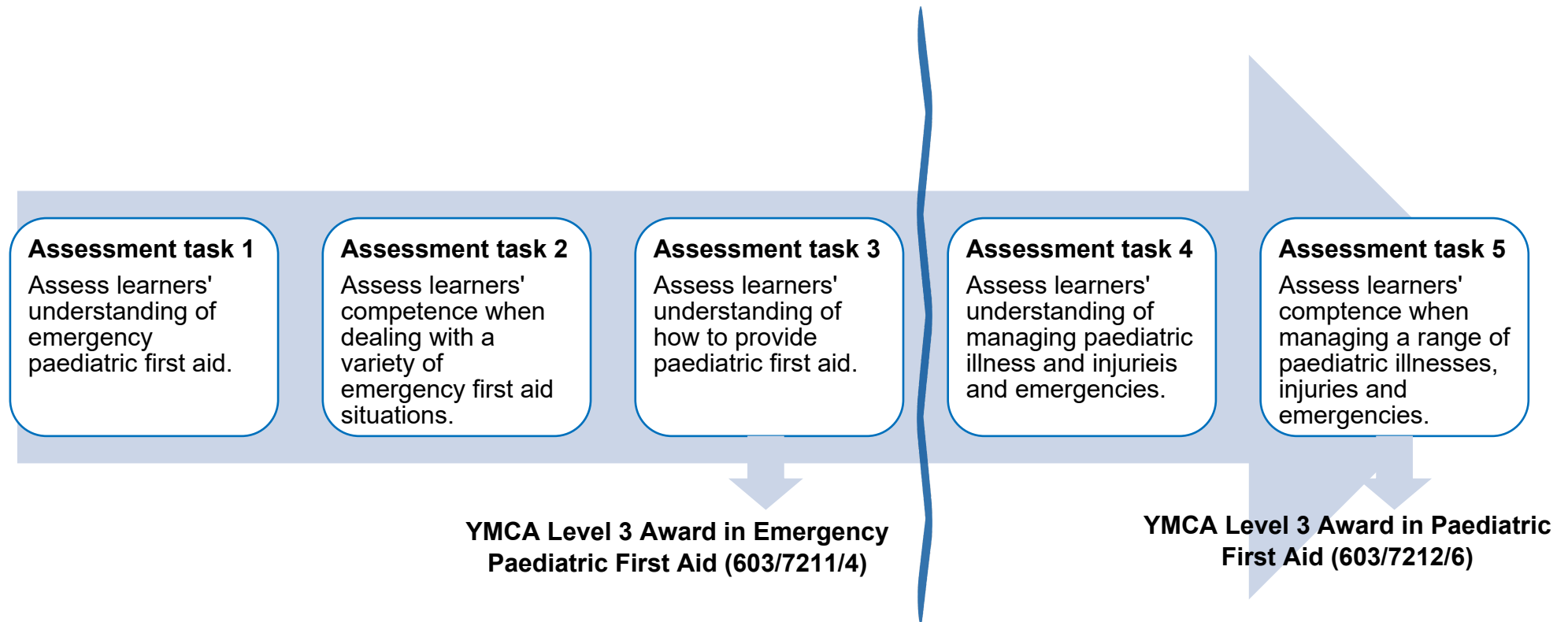
	• How to administer first aid to a casualty with suspected head and spinal injuries, including: • Demonstrating how to administer first aid for a spinal injury. • How to administer first aid to a casualty with suspected chest injuries. • How to administer first aid to a casualty with burns and scalds. • How to administer first aid to a casualty with an eye injury. • How to administer first aid to a casualty with suspected poisoning. • How to administer first aid to a casualty with anaphylaxis. • How to provide first aid to a casualty with a suspected major illness. Learners must be practically observed carrying out the following assessment criteria: 1.2, 2.3 and 3.3, 8.3 and simulation is allowed. Learners must provide evidence that they possess all the necessary knowledge, understanding and skills to satisfy the requirements of this unit. Learners must be assessed against the 'Recognition and management of illness and injury in the workplace' checklist and provide supplementary evidence where required. There is an element of assessor choice; learners are expected to know all first aid protocols as listed in the checklist and the assessor will choose on the assessment day. Learners may be re-assessed if they do not meet all the criteria. The number of re-assessments is at the centre's discretion; Y Awards Ltd have provided two columns on the checklist to allow for one re-assessment.	
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YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)

YMCA Level 3 Award in Paediatric First Aid (603/7212/6)

There are five assessment tasks across the two units contained within these qualifications.

- Learners completing the YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4) will complete Assessment Tasks 1-3.
- Learners completing the YMCA Level 3 Award in Paediatric First Aid (603/7212/6) will complete Assessment Tasks 1-5.



The table below provides details of each assessment task:

Task	Details	Unit(s) assessed
1: Worksheet	The learner is required to complete the worksheet, externally set by Y Awards Ltd. The worksheet questions relate to the 'Emergency paediatric first aid' unit (Y/618/5976). The work must be the learner's own and group completion is not permitted.	Emergency paediatric first aid (Y/618/5976)
2: Observation of practical skills	The learner will be required to show competence when dealing with the range of emergency first aid situations given below. The emergency first aid situations the learner must be assessed on practically are as follows: - Assessing an incident, including: - Conducting a scene survey and a primary survey of the casualty (infant and a child). - Managing an unresponsive casualty, including: - Demonstrating CPR and how to place a casualty (infant and child) in the recovery position. - Demonstrating how to administer first aid to a casualty (infant and child) who is choking. - Demonstrating how to administer first aid to a casualty (infant or child) with external bleeding. For the following emergency situations, the learner must be assessed by talking through how they would practically manage and administer first aid: - Identifying how to administer first aid to a casualty (infant or child) who is in seizure. - Managing a casualty (infant or child) who is in shock. - Identifying how to administer first aid to casualties (infant or child) with minor injuries.	Emergency paediatric first aid (Y/618/5976)

	Simulation is allowed for all of the above. The learner and assessor should familiarise themselves with the observation checklist for this unit as it details the summative criteria the learner must be assessed against.	
3: Compulsory questions	The compulsory questions of assessment criteria 'Know how to provide first aid to an infant or a child with bites, stings and minor injuries' relate directly to the 'Emergency paediatric first aid (Y/618/597)' unit, learning outcome 7. The learner must answer a number of compulsory questions asked by the tutor/assessor (outlined in the Learner Assessment Record) who must record the answers they give. These questions are in place of practical simulation and relate to LO7 only.	Emergency paediatric first aid (Y/618/5976)
4: Worksheet	The learner is required to complete the worksheet, externally set by Y Awards Ltd. The worksheet questions relate to the 'Managing paediatric illness, injuries, and emergencies' unit (D/618/5977). The work must be the learners' own and group completion is not permitted.	Managing paediatric illness, injuries, and emergencies (D/618/5977)
5: Observation of practical skills	The learner will be required to show competence when managing the range of paediatric illnesses and injuries given below. The range of situations relates directly to the 'Managing paediatric illness, injuries, and emergencies' unit (D/618/5977). The learner must be practically assessed by demonstrating the following: • How to administer first aid to a casualty (infant or child) with injuries to bones, muscles, and joints, including: ○ Demonstrating how to apply a sling. • How to administer first aid to a casualty (infant or child) with suspected head and spinal injuries, including: ○ Demonstrating how to administer first aid for a spinal injury.	Managing paediatric illness, injuries, and emergencies (D/618/5977)

	The learner must be assessed by talking through how they would practically manage and administer first aid to the following: • A casualty (infant or child) with burns and scalds. • A casualty (infant or child) with a foreign body in the eye, ear, nose • A casualty (infant or child) with an eye injury. • A casualty (infant or child) who is suspected to be suffering from: ○ diabetic hypoglycaemic emergency ○ an asthma attack ○ an allergic reaction ○ meningitis ○ febrile convulsions. • A casualty (infant or child) who is suffering from extreme cold and extreme heat • A casualty (infant or child) who has suffered an electric shock. • A casualty (infant or child) with burns and scalds. • A casualty (infant or child) with suspected sudden poisoning. • A casualty (infant or child) with anaphylaxis. The learner and assessor should familiarise themselves with the observation checklist for this unit as it details the summative criteria for which the learner is to be assessed. There is an element of assessor choice so the learner will need to ensure they are familiar with all conditions and how to administer first aid across the range, as the assessor must select from the list on assessment day. Simulation is allowed.	
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Qualification content: YMCA Level 3 Award in Emergency First Aid at Work (603/1903/3) and YMCA Level 3 Award in First Aid at Work (603/1903/3)

Emergency first aid at work (R/615/8033)

Unit aim

This unit provides the knowledge and practical competencies required to deal with a range of situations necessitating first aid in the workplace.

Content

1. Understand the role and responsibilities of a first aider	
1.1 Identify the role and responsibilities of a first aider.	Identification of the roles and responsibilities of a first aider may include: • preventing cross infection • recording incidents and actions • safe use of available equipment • 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: • Personal Protective Equipment (PPE) • hand hygiene • disposal of contaminated waste • using appropriate dressings • barrier devices during rescue breaths • covering own cuts. Others may include casualties, work colleagues or people within the workplace environment.
1.3 Identify the need for consent to provide first aid.	Identifying the need to gain consent may include: • gaining consent • implied consent.

2. Be able to assess an emergency situation safely	
2.1 Conduct a scene survey.	Conducting a scene survey may include: • checking for further danger • identifying the number of casualties • evaluating what happened • prioritising treatment • delegating tasks.
2.2 Conduct a primary survey of a casualty.	The primary survey sequence may include: • danger • response • airway • breathing • circulation.
2.3 Summon appropriate assistance when necessary.	Summoning appropriate assistance may include: • 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.

3. Be able to provide first aid to an unresponsive casualty	
3.1 Identify when to administer Cardio Pulmonary Resuscitation (CPR).	Identifying when to administer CPR must include: • When the casualty is unresponsive and: ○ not breathing ○ not breathing normally/agonal breathing.
3.2 Demonstrate adult CPR using a manikin.	Demonstrating CPR must include: • 30 chest compressions ○ Correct hand positioning. ○ 5-6cm compression depth. ○ 100-120 per minute.

	• 2 rescue breaths ○ Correct rescue breath positioning. ○ Blowing steadily into the mouth (about 1 sec to make the chest rise). ○ Taking no longer than 10 seconds to deliver 2 breaths. • AED (Defibrillator) ○ Correct placement of AED pads. ○ Following AED instructions. CPR – minimum demonstration time of 2 minutes at floor level. May additionally include the use of rescue breath barrier devices.
3.3 Identify when to place a casualty 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: • does not need CPR • is breathing normally • is uninjured. An injured casualty may be placed in the recovery position if the airway is at risk (e.g. fluids in the airway or you need to leave the casualty to get help).
3.4 Demonstrate how to place a casualty into the recovery position.	Placing a casualty into the recovery position may include: • placing in a position that maintains a stable, open, draining airway at floor level. • continually monitoring airway and breathing. • turning the casualty onto the opposite side every 30 minutes. • placing heavily pregnant casualties on their left side.
3.5 Demonstrate continual monitoring of breathing whilst the casualty is in the recovery position.	Continually monitoring airway and breathing includes: • continual checking for normal breathing to ensure that cardiac arrest can be identified immediately.

3.6 Identify how to administer first aid to a casualty who is experiencing a seizure.	Administering first aid to a casualty having a generalised seizure may include: • keeping the casualty safe (removing dangers) • noting the time and duration of the seizure • opening the airway and checking breathing post-seizure • determining when to call 999/112.
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4. Be able to provide first aid to a casualty who is choking

4.1 Identify when a casualty is choking.	Identifying mild choking may include recognising the casualty is able to: • speak • cough • breathe. Identifying severe choking may include recognising the casualty is: • unable to cough effectively • unable to speak • unable or struggling to breathe • in visible distress • unconscious.
4.2 Demonstrate how to administer first aid to a casualty who is choking.	Administering first aid for choking should include the following: • encouraging to cough • up to 5 back blows • up to 5 abdominal thrusts • calling 999/112 when required • CPR if unconscious.

5. Be able to provide first aid to a casualty with external bleeding

5.1 Identify whether external bleeding is life-threatening.	Identifying the severity of arterial bleeding may include recognising the blood: • is under pressure • spurts in time with the heartbeat.
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	Recognition that arterial bleeding Is a life-threatening emergency. Identifying the severity of venous bleeding may include recognising the blood: • volume in veins is comparable to arteries • flows profusely from the wound. Recognition that venous bleeding Is a life-threatening emergency. For context - identifying capillary bleeding may include recognising that blood trickles from the wound. Capillary bleeding Is not a life-threatening emergency
5.2 Demonstrate how to administer first aid to a casualty with external bleeding.	Administering first aid for external bleeding may include: • maintaining aseptic technique • sitting or laying the casualty • examining the wound • applying direct pressure onto (or into) the wound • dressing the wound. Catastrophic bleeding treatment may include: • wound packing • tourniquet application • improvised tourniquet application.

6. Know how to provide first aid to a casualty who is suffering from shock

6.1 Recognise when a casualty is suffering from shock.	Shock: hypovolaemic shock (resulting from blood loss) Hypovolaemic shock recognition may include: • pale, clammy skin • fast, shallow breathing • rise in pulse rate • cyanosis • dizziness/passing out when sitting or standing upright.
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6.2 Identify how to administer first aid to a casualty who is suffering from shock.	Administering first aid for hypovolaemic shock may include: • treating the cause • casualty positioning • keeping the casualty warm • calling 999/112.
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7. Know how to provide first aid to a casualty with minor injuries

7.1 Identify how to administer first aid to a casualty with: • small cuts • grazes • bruises • small splinters • nosebleeds.	Administering first aid for small cuts and grazes may include: • irrigation • dressing. Administering first aid for bruises may include: • cold compress for 10 minutes. Small splinter removal may include the following steps: • cleaning of area • remove with tweezers • dress. Administering first aid for a nosebleed may include: • sitting the casualty down, head tipped forwards • pinching the soft part of the nose • telling the casualty to breathe through their mouth.
7.2 Identify how to administer first aid to a casualty with minor burns and scalds.	Administering first aid for minor burns and scalds may include: • cooling for 20 minutes • removing jewellery and loose clothing • covering the burn • determining when to seek advice.

Recognition and management of illness and injury in the workplace (H/615/8036)

Unit aim

This unit provides the knowledge and practical competences required to deal with a range of situations necessitating first aid in the workplace.

Content

1. Be able to conduct a secondary survey	
1.1 Identify the information to be collected when gathering a casualty history.	Information to be collected when gathering a casualty history may include: • signs and symptoms • event history • allergies • past medical history • last meal • medication.
1.2 Demonstrate how to conduct a head to toe survey.	Performing a systematic check of the casualty may include: • head and neck • shoulders and chest • abdomen • legs and arms. Head to toe survey: must be conducted on a casualty with a continually monitored or protected airway (e.g. a conscious casualty or a casualty placed in the recovery position).

2. Be able to provide first aid to a casualty with suspected injuries to bones, muscles and joints

2.1 Recognise a suspected: • fracture or dislocation • sprain or strain.	Recognising fractures, dislocations, sprains and strains may include: • pain • loss of power • unnatural movement • swelling or bruising • deformity • irregularity • crepitus • tenderness.
2.2 Identify how to administer first aid for a casualty with suspected: • fracture or dislocation • sprain or strain.	Administering first aid for fractures and dislocations may include: • immobilising / keeping the injury still • calling 999/112, or • arranging transport to hospital. Administering first aid for sprains and strains may include: • rest • ice • compression/comfortable support • elevation.
2.3 Demonstrate how to apply: • a support sling • an elevated sling.	Demonstrating the application of a sling must include: • a support sling • an elevated sling.

3. Be able to provide first aid to a casualty with suspected head and spinal injuries

3.1 Recognise a suspected: • head injury • spinal injury.	Recognising concussion, compression and fractured skull may include: • mechanism of injury • signs and symptoms • conscious levels. Recognising spinal injury may include: • mechanism of injury • pain or tenderness in the neck or back. Head injury: includes concussion, compression, and skull fracture. The learner is not expected to differentiate between these conditions.
3.2 Identify how to administer first aid for a suspected head injury.	Administering first aid for a head injury may include: • determining when to call 999/112 • maintaining airway and breathing • monitoring response levels • dealing with fluid loss.
3.3 Demonstrate how to administer first aid for a casualty with a suspected spinal injury.	Administering first aid for spinal injuries may include: • calling 999/112 • keeping the head and neck in-line • safe method(s) of placing the casualty into a recovery position whilst protecting the spine (<i>if the airway is at risk</i>).

4. Know how to provide first aid to a casualty with suspected chest injuries

4.1 Identify how to administer first aid for suspected:

- fractured ribs
- penetrating chest injury.

Administering first aid for suspected rib fracture may include:

- calling 999/112
- casualty positioning
- supporting the injury.

Administering first aid for a penetrating chest injury may include:

- calling 999/112
- casualty positioning
- controlling bleeding around the wound (*without covering the wound*)
- leaving a sucking chest wound open to fresh air.

5. Know how to provide first aid to a casualty with burns and scalds

5.1 Identify how to recognise the severity of burns and scalds.

Recognising the severity of burns and scalds may include:

- cause
- age
- burn/scald size
- depth
- location.

5.2 Identify how to administer first aid for burns involving:

- dry/wet heat
- chemicals
- electricity.

Administering first aid for dry/wet heat burns may include:

- cooling the burn
- removing jewellery and loose clothing
- covering the burn
- determining when to call 999/112.

Administering first aid for chemical burns may include:

- ensuring safety
- brushing away dry/powder chemicals
- irrigating with copious amounts of water (*unless contra-indicated*)
- treating the face/eyes as priority.

	Administering first aid for electrical burns may include: • ensuring it is safe to approach/touch the casualty • checking DRABC and treating accordingly • cooling the burns.
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6. Know how to provide first aid to a casualty with an eye injury

6.1 Identify how to administer first aid for eye injuries involving: • dust • chemicals • embedded objects.	Administering first aid for dust in the eye may include: • irrigation with clean water • ensuring the water runs away from the good eye. Administering first aid for a chemical in the eye may include: • irrigation with large volumes of clean water (unless contra-indicated due to the chemical involved) • ensuring the water runs away from the good eye • calling 999/112. Administering first aid for an embedded object in the eye may include: • covering the injured eye • ensuring the good eye is not used (<i>cover if needed</i>) • calling 999/112 or arranging transport to hospital.
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7. Know how to provide first aid to a casualty with suspected poisoning

7.1 Identify how poisonous substances can enter the body.	Identification of the following routes a poison can enter the body may include: • ingested (swallowed) • inhalation (breathed in) • absorbed (through the skin) • injected (directly into skin tissue, muscles, or blood vessels).
7.2 Identify how to administer first aid to a casualty with suspected sudden poisoning.	Administering first aid for corrosive substances may include: • 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. Administering first aid for non-corrosive substances may include: - 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.
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8. Be able to provide first aid to a casualty with anaphylaxis

8.1 Recognise suspected anaphylaxis.	Recognising anaphylaxis may include rapid onset and rapid progression of a life-threatening airway, breathing and circulation problem: Airway – Swelling of the tongue, lips or throat. Breathing – Difficult, wheezy breathing or tight chest. Circulation - - dizziness, feeling faint or passing out. - pale, cold clammy skin, and fast pulse. - nausea, vomiting, stomach cramps or diarrhoea. There may also be skin rash, swelling and/or flushing.
8.2 Identify how to administer first aid for a casualty with suspected anaphylaxis.	Administering first aid for anaphylaxis may include: - calling 999/112 - correct casualty positioning - assisting to use their adrenaline auto-injector - resuscitation if required.
8.3 Demonstrate the use of a 'training device' adrenaline auto-injector.	The use of a 'training device' adrenaline auto-injector: must be demonstrated using a training device and NOT a live auto-injector.

9. Know how to provide first aid to a casualty with suspected major illness

9.1 Recognise suspected:

- heart attack
- stroke
- epileptic seizure
- asthma attack
- diabetic hypoglycaemic emergency.

Recognising a heart attack may include:

- sudden onset
- crushing chest pain
- skin appearance (e.g. pale, grey, sweaty)
- variable pulse
- shortness of breath.

Recognising stroke may include performing the FAST test:

F: Face

A: Arms

S: Speech

T: Time to call 999/112

Other stroke symptoms include sudden problems with balance, walking, dizziness, coordination, vision, and severe headache.

Recognising an epileptic seizure may include the following patterns:

- Aura
- Tonic phase
- Clonic phase
- Recovery phase.

Recognising an asthma attack may include:

- difficulty breathing and speaking
- wheezy breathing
- pale and clammy skin
- cyanosis
- use of accessory muscles.

Recognising a diabetic hypoglycaemic emergency may include:

- fast onset
- lowered levels of response
- pale, cold, and sweaty skin
- normal or shallow breathing
- rapid pulse.

9.2 Identify how to administer first aid to a casualty suffering from: • heart attack • stroke • epileptic seizure • asthma attack • diabetic hypoglycaemic emergency.	Administering first aid for a heart attack may include: • correct casualty positioning • calling 999/112 • calming and reassurance • assisting to take an aspirin if indicated. Administering first aid for a stroke may include: • maintain airway and breathing • correct casualty positioning • calling 999/112. Administering first aid for an epileptic seizure may include: • removing dangers and safely protect the head • noting the time and duration of the seizure • loosening tight clothing around the neck • determining when to call 999/112 • post seizure care, including monitoring of airway and breathing. Administering first aid for an asthma attack may include: • 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. Administering first aid for a diabetic hypoglycaemic emergency may include: • giving 15-20g 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.
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Qualification content: YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4) and YMCA Level 3 Award in Paediatric First Aid (603/7212/6)

Emergency Paediatric First Aid (Y/618/5976)

Unit aim

This unit provides the knowledge and practical competences required to deal with a range of paediatric first aid situations.

Content

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: • 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: • Personal Protective Equipment (<i>PPE</i>) • hand hygiene • disposal of contaminated waste • using appropriate dressings • barrier devices during rescue breaths • covering own cuts. Others may include infant or child receiving first aid; work colleagues; parents; carers; other people within the infant or child's environment.

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: • infants: under 1-year-old • children: 1 to 18 years' old.
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2. Be able to assess an emergency situation safely	
2.1 Conduct a scene survey.	Conducting a scene survey may include: • checking for further danger • identifying the number of casualties • evaluating what happened • prioritising treatment • delegating tasks.
2.2 Conduct a primary survey on: • an infant • a child.	The primary survey sequence may include: • danger • response • airway • breathing • circulation.
2.3 Summon appropriate assistance when necessary.	Summoning appropriate assistance may include: • 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.

3. Be able to provide first aid for an infant and a child who are unresponsive	
3.1 Identify when to administer Cardiopulmonary Resuscitation (<i>CPR</i>) to: • an infant • a child.	Identifying when to administer CPR must include: • When the casualty is unresponsive and: ○ not breathing ○ not breathing normally/agonal breathing.
3.2 Demonstrate CPR using: • an infant manikin • a child manikin.	Demonstrating CPR must include: • 5 initial rescue breaths • 30 chest compressions ○ Correct hand positioning. ○ Correct compression depth for infant and child. ○ 100-120 per minute. • 2 rescue breaths ○ Correct rescue breath positioning. ○ Blowing steadily into mouth (<i>about 1 sec to make chest rise</i>). ○ Taking no longer than 10 seconds to deliver 2 breaths. • AED (Defibrillator) ○ Correct placement of AED pads. ○ Following AED instructions. CPR – minimum demonstration time of 2 minutes (<i>at floor level For child manikin</i>). May additionally include use of rescue breath barrier devices.
3.3 Identify when to place an infant or a 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: • does not need CPR • is breathing normally • is uninjured. An injured casualty may be placed in the recovery position if the airway is at risk (<i>e.g. fluids in the airway or you need to leave the casualty to get help</i>). Infant or a child: the learner may apply their

	skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the recognition/treatment would be the same.
3.4 Demonstrate how to place: - an infant into the recovery position - a child into the recovery position.	Placing a casualty into the recovery position may include: - placing in a position that maintains a stable, open, draining airway at floor level (<i>or holding in position for infants</i>) - continually monitoring airway and breathing - turning the casualty onto the opposite side every 30 minutes.
3.5 Demonstrate continual monitoring of breathing, whilst they are in the recovery position, for: - an infant - a child.	Continually monitoring airway and breathing includes: 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 a child who is experiencing a seizure	Administering first aid to a casualty having a generalised seizure may include: - 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. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the recognition/treatment would be the same.

4. Be able to provide first aid for an infant and a child who are choking

4.1 Identify when an infant or a child is choking.	Identifying mild choking may include recognising the casualty is able to: - speak - cough - cry - breathe.
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	Identifying severe choking may include recognising the casualty is: • unable to cough effectively • unable to speak or cry. • unable or struggling to breathe • in visible distress • unconscious. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the recognition would be the same.
4.2 Demonstrate how to administer first aid to: • an infant who is choking • a child who is choking.	Administering first aid for choking should include the following: • encouraging to cough • up to 5 back blows • up to 5 abdominal thrusts (<i>chest thrusts for infants</i>) • calling 999/112 when required • CPR if unconscious.

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.	Identifying the severity of arterial bleeding may include recognising the blood: • is under pressure • spurts in time with the heartbeat. Recognition that arterial bleeding Is a life-threatening emergency. Identifying the severity of venous bleeding may include recognising the blood: • volume in veins is comparable to arteries • flows profusely from the wound. Recognition that venous bleeding Is a life-threatening emergency. For context - identifying capillary bleeding may include recognising that blood trickles from the wound. Capillary bleeding Is not a life-threatening emergency
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5.2 Demonstrate how to administer first aid to an infant or a child with external bleeding.	Administering first aid for external bleeding may include: • maintaining aseptic technique • sitting or laying the casualty • examining the wound • applying direct pressure onto (or into) the wound • dressing the wound. Catastrophic bleeding treatment may include: • wound packing • tourniquet application • improvised tourniquet application. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the recognition/treatment would be the same.
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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 a child is suffering from shock.	Shock: hypovolaemic shock (resulting from blood loss) Hypovolaemic shock recognition may include: • pale, clammy skin • fast, shallow breathing • rise in pulse rate • cyanosis • dizziness/passing out when sitting or standing upright. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the recognition/treatment would be the same.
6.2 Identify how to administer first aid to an infant or a child who is suffering from shock.	Administering first aid for hypovolaemic shock may include: • treating the cause • casualty positioning • keeping the casualty warm • calling 999/112. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the recognition/treatment would be the same.

7. Know how to provide first aid to an infant or a child with bites, stings and minor injuries

7.1 Identify how to administer first aid to an infant or a child:

- bites
- stings
- small cuts
- grazes
- bumps and bruises
- small splinters
- nosebleeds.

Administering first aid for bites may include:

- irrigation
- dressing
- seeking medical advice.

Administering first aid for stings may include:

- scraping off the sting
- applying an ice pack
- giving sips of cold water (if the sting is in the mouth)
- monitoring for allergic reaction.

Administering first aid for small cuts and grazes may include:

- irrigation
- dressing.

Administering first aid for bumps and bruises may include:

- cold compress for 10 minutes.

Small splinter removal may include the following steps:

- cleaning of area
- remove with tweezers
- dress.

Administering first aid for a nosebleed may include:

- sitting the casualty down, head tipped forwards
- pinching the soft part of the nose
- telling the casualty to breathe through their mouth.

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 recognition/treatment would be the same.

Managing paediatric illness, injuries, and emergencies (D/618/5977)

Unit aim

This unit provides the knowledge and practical competences required to deal with a range of paediatric first aid situations.

Content

1. Be able to provide first aid to an infant or a child with suspected injuries to bones, muscles and joints

1.1 Recognise a suspected:

- fracture or dislocation
- sprain or strain.

Recognising fractures, dislocations, sprains, or strains may include:

- 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 a child with a suspected:

- fracture or dislocation
- sprain or strain.

Administering first aid for fractures or dislocations may include:

- immobilising
- calling 999/112, or
- arranging transport to hospital.

Administering first aid for sprains or strains may include:

- rest
- ice
- compression/comfortable support
- elevation.

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.

1.3 Demonstrate how to apply: • a support sling • an elevated sling.	Demonstrating the application of a sling must include: • a support sling • an elevated sling.
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2. Be able to provide first aid to an infant or a child with suspected head and spinal injuries

2.1 Recognise a suspected: • head injury • spinal injury.	Recognising concussion, compression and fractured skull may include: • mechanism of injury • signs and symptoms • conscious levels. Recognising spinal injury may include: • mechanism of injury • pain or tenderness in the neck or back. Head injury: includes concussion, compression, and skull fracture. The learner is not expected to differentiate between these conditions.
2.2 Identify how to administer first aid for an infant or a child with a suspected head injury.	Administering first aid for head injury may include: • determining when to call 999/112 • maintaining airway and breathing • monitoring response levels • dealing with fluid loss. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.
2.3 Demonstrate how to administer first aid for an infant or a child with a suspected spinal injury.	Demonstrating first aid for spinal injury may include: • 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 (<i>if the airway is at risk</i>).

	Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.
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3. Know how to provide first aid to an infant or a child with conditions affecting the eyes, ears and nose

3.1 Identify how to administer first aid for an infant or a child with a foreign body in the: • eye • ear • nose.	Administering first aid for a foreign body in the eye may include: • washing small particles of dust or dirt out of the eye • ensuring the water runs away from the good eye. Foreign body: includes dust/sand/a fly etc. on the eye Administering first aid for a foreign body in the ear or nose may include: • transportation to hospital for the safe removal of the object. Foreign body: includes marbles, rubbers, smarties stuck in the ear or nose. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.
3.2 Identify how to administer first aid for an infant or a child with an eye injury.	Administering first aid for an embedded object in the eye may include: • covering the injured eye • ensuring the good eye is not used (<i>cover if needed</i>) • calling 999/112 or arranging transport to hospital. Administering first aid for a chemical in the eye may include: • irrigation with large volumes of clean water (unless contra-indicated due to the chemical involved) • ensuring the water runs away from the good eye • calling 999/112. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.

4. Know how to provide first aid to an infant or a child with an acute medical condition or sudden illness

4.1 Recognise a suspected:

- diabetic hypoglycaemic emergency
- asthma attack
- allergic reaction
- meningitis
- febrile convulsions

Recognising a diabetic hypoglycaemic emergency may include:

- fast onset
- lowered levels of response
- pale, cold and sweaty skin
- normal or shallow breathing
- rapid pulse.

Recognising an asthma attack may include:

- difficulty breathing and speaking
- wheezy breathing
- pale and clammy skin
- cyanosis
- use of accessory muscles.

Recognising an allergic reaction may include:

- red, itchy, raised skin rash (*hives*)
- red, itchy eyes
- swelling (*often under the eyes*).

Recognising meningitis may include:

- fever (high temperature)
- dislike of bright lights
- stiff neck
- sleepy or vacant
- slurred speech
- rash (if progressed to sepsis)
- tense or bulging soft spot on the head (infants).

Recognising febrile convulsions may include:

- rapid rise in body temperature (*above 38°C*)
- seizure
- stoppage of breathing during the seizure
- blue lips (cyanosis).

4.2 Identify how to administer first aid for an infant or a child who is suspected to be suffering from: • diabetic hypoglycaemic emergency • asthma attack • allergic reaction • meningitis • febrile convulsions.	Administering first aid for a diabetic hypoglycaemic emergency may include: • giving 10g 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. Administering first aid for an asthma attack may include: • 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. Administering first aid for an allergic reaction may include: • 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. Administering first aid for meningitis may include: • calling 999/112 and informing concerns of meningitis • knowledge that early hospital treatment might be vital. 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.
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5. Know how to provide first aid to an infant or a child who is experiencing extremes of body temperature

5.1 Recognise when an infant or a child is suffering from: • extreme cold • extreme heat.	Recognising extreme cold (<i>hypothermia</i>) may include: • 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
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	• eventually unconsciousness. Recognising extreme heat (<i>heat exhaustion</i>) may include: • pale, sweaty skin • nausea or vomiting • hot to the touch. Recognising extreme heat (<i>heat stroke</i>) may include: • high body temperature • confusion and agitation • hot, dry and flushed skin • no sweating • fitting • throbbing headache • lowered levels of consciousness. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.
5.2 Identify how to administer first aid for an infant or a child who is suffering from: • extreme cold • extreme heat.	Administering first aid for extreme cold (<i>hypothermia</i>) may include: • 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. Administering first aid for extreme heat (<i>heat exhaustion</i>) may include: • moving the casualty to a cool shaded area • remove excessive clothing • correct casualty positioning • rehydrating with water or oral rehydration solutions.

	Administering first aid for extreme heat (<i>heat stroke</i>) may include: • moving the casualty away from the heat source • calling 999/112 • rapid cooling using the fastest method possible. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.
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6. Know how to provide first aid to an infant or a 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: • 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: • checking airway and breathing • resuscitation • treating burns and other injuries • calling 999/112 Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.

7. Know how to provide first aid to an infant or a child 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: • cause • age • burn/scald size • depth • location.
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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: • cooling the burn for 20 minutes • removing jewellery and loose clothing • covering the burn • determining when to call 999/112. Administering first aid for chemical burns may include: • ensuring safety • brushing away dry/powder chemicals • irrigating with copious amounts of water (<i>unless contra-indicated</i>) • treating the face/eyes as priority. Administering first aid for electrical burns may include • ensuring it is safe to approach/touch the casualty • checking DRABC and treating accordingly • cooling the burns. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.
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8. Know how to provide first aid to an infant or a child with suspected poisoning	
8.1 Identify how poisonous substances can enter the body.	Identification of the following routes a poison can enter the body may include: • ingested (swallowed) • inhalation (breathed in) • absorbed (through the skin) • injected (directly into skin tissue, muscles, or blood vessels).
8.2 Identify how to administer first aid for an infant or a child with suspected sudden poisoning.	Administering first aid for corrosive substances may include: • 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. Administering first aid for non-corrosive substances may include: • 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. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.
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9. Be able to provide first aid to an infant or a child with anaphylaxis

9.1 Recognise suspected anaphylaxis in an infant or a child.	Recognising anaphylaxis may include rapid onset and rapid progression of a life-threatening airway, breathing and circulation problem: • Airway – Swelling of the tongue, lips or throat • Breathing – Difficult, wheezy breathing or tight chest • Circulation - ○ dizziness, feeling faint or passing out ○ pale, cold clammy skin and fast pulse ○ nausea, vomiting, stomach cramps or diarrhoea. There may also be skin rash, swelling and/or flushing. Infant or a child: the learner may apply their skills or knowledge to either an infant (<i>baby</i>) or a child first aid situation because the treatment would be the same.
9.2 Identify how to administer first aid for an infant or a child with suspected anaphylaxis.	Administering first aid for anaphylaxis may include: • calling 999/112 • correct casualty positioning • assisting to use their adrenaline auto-injector • resuscitation if required.

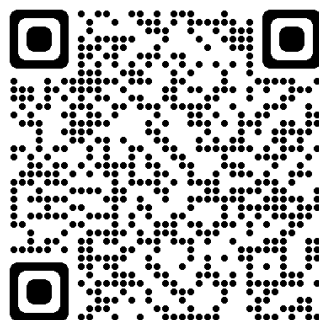
	Infant or a child: the learner may apply their skills or knowledge to either an infant (baby) or a child first aid situation because the treatment would be the same.
9.3 Demonstrate the use of a 'training device' adrenaline auto-injector	The use of a 'training device' adrenaline auto-injector: must be demonstrated using a training device and NOT a live auto-injector

Guidance for training providers

Centre and qualification approval

Before you can begin delivery of this qualification, you must be a Y Awards Ltd centre with appropriate qualification and staff approval.

Find out more on our website:



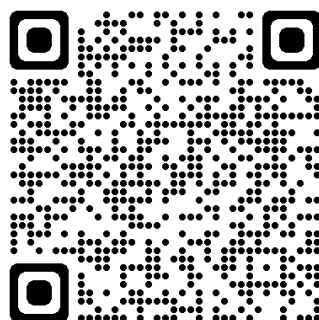
ymcaawards.co.uk/approvals

Tutor, assessor and IQA requirements

All tutors, assessors and internal quality assurance (IQA) staff need to hold:

- a subject matter qualification.
- a qualification related to the role that they will be performing (tutor, assessor or IQA).

Find out more on our website:



ymcaawards.co.uk/approvals/staff-approval

Minimum requirements for the delivery of first aid qualifications

The maximum number of learners per trainer or learners per assessor for our suite of first aid qualifications is 12:1.

Each training session should last a minimum of two hours. The minimum contact hours¹, minimum days², maximum weeks³ for each qualification is provided in the table below.

Qualification	Minimum contact hours	Minimum days	Maximum weeks
YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)	6	N/A	4
YMCA Level 3 Award in First Aid at Work (603/1903/3)	18	3	10
YMCA Level 3 Award in First Aid at Work (603/1903/3) (Requalification only)	12	2	7
YMCA Level 3 Award in Emergency Paediatric First Aid (603/7211/4)	6	N/A	4
YMCA Level 3 Award in Paediatric First Aid (603/7212/6)	12	2	7

¹ Time set aside for direct classroom teaching and assessing excluding breaks

² Minimum number of days over which the training should be delivered

³ Maximum number of weeks over which the qualification can be attained. Special considerations may be taken into account to increase this duration if necessary.

Appendix 1: Site and Equipment Approval Requirements

Requirement	Details
Resuscitation manikins	Should be provided at a minimum ratio of 1 manikin per 4 learners. For Paediatric First Aid, 1 child manikin per 4 learners and 1 baby manikin per 4 learners should also be provided
Hygiene	Sufficient procedures must be in place to ensure hygiene during, the use of resuscitation manikins and other training equipment.
AV Equipment and training aids	Sufficient audio-visual equipment and training aids should be available to facilitate learning using varying teaching methods
Learning materials	Learners should be provided with clear and accurate reference books/handouts covering the topics included in the qualification. Learners should have access to these reference materials for the validity of their certification.
AED Trainers	For qualifications that include training in the use of an AED, at least one AED trainer should be available per 4 learners. Where fewer AED trainers are provided, learning hours/lesson plans should be adjusted accordingly to ensure learners are not disadvantaged.
Bandages and dressings	Sufficient clean bandages, dressings and other items commonly found in a first aid kit must be available to facilitate training and assessment
Training Venue	The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: Size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise.

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