



Qualification Specification

GA Level 3 Award in Paediatric First Aid

610/1281/6

This qualification is subject to the GA Centre Assessment and Standards Scrutiny and General Moderation policy.

Section 1: Qualification Overview

1.1 Introduction

Gatehouse Awards (GA) qualifications are designed to give candidates the skills to be active in the modern labour market and progress in their career and/or into higher level study.

This specification covers the award-sized qualification in Paediatric First Aid at Level 3.

This document provides centre staff, candidates and employers with an overview of the qualification content as well as the assessment and quality assurance requirements for this qualification.

Further information containing detailed assessment instructions is available to approved GA centres.

This qualification is regulated by the Office of Qualifications and Examinations Regulations (Ofqual) in England and is part of the Regulated Qualifications Framework (RQF). All versions of this qualification are listed on the Register of Regulated Qualifications which is operated by Ofqual at www.register.ofqual.gov.uk.

1.2 Qualification Title, Qualification Number and Important Dates

Qualification Title and Level	Qualification Number	Operational Start Date	Operational Review Date
GA Level 3 Award in Paediatric First Aid	610/1281/6	26/07/2022	July 2027

1.3 Qualification Aims and Objectives

This qualification is designed to provide learners with the practical skills, knowledge, understanding and confidence to provide Paediatric First Aid in the workplace.

This qualification has been developed in accordance with the requirements set out by the Early Years Foundation Stage (EYFS) for training first aiders within organisations where the need for on-site first aiders is identified due to the organisation holding responsibility over the care of infants and children.

This qualification will provide knowledge around the role and responsibilities of a first aider, assessing an incident and how to recognise signs and symptoms of injuries and illnesses. Candidates will also be provided with the knowledge and practical competency in cardiopulmonary resuscitation (CPR) and the safe and effective use of automated external defibrillator (AED) equipment. Candidates will also gain knowledge and practical competency to assist casualties suffering from various major injuries and illnesses such as meningitis, head injuries, extreme body temperatures, spinal injuries, poisoning and anaphylaxis.

With adherence to EYFS guidance, this qualification holds a validity period of 3 years (from the date of the award). At the passing of 3 years, a learner will need to retake the course. GA recommends that learners undertake an annual refresher course to gain any updates to practice and generally refresh knowledge and competencies.

Please note that the validity period of 3 years described above relates to the period of time that the learner is qualified to provide first aid in a workplace that holds responsibility over the care of infants and children. This differs from the validity period of registrations, which is outlined in section 2.7 below.

1.4 Qualification Structure and Overview: Title, GLH, TQT, Level, Credit Value and Component Units

The structure of this qualification is as follows:

GA Level 3 Award in Paediatric First Aid				
Mandatory Unit(s)	Unit Reference	Credits	GLH*	Study Time**
1. Emergency Paediatric First Aid	R/650/3514	1	6	1
2. Managing Paediatric Illness, Injuries and Emergencies	T/650/3515	1	6	2
		Total Credits 2	Total GLH* 12	TQT** 15

*Guided Learning Hours (GLH): Definition

The activity of a learner in being taught or instructed by – or otherwise participating in education or training under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

**Total Qualification Time (TQT): Definition

The number of Guided Learning Hours assigned, plus an estimate of the number of study hours a learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.

The number of study hours a learner is expected to undertake in order to complete each unit is expressed in the 'Study Time' above. This, including the GLH, provides the Total Qualification Time, or TQT, and represents an estimate of the total amount of time that could reasonably be expected to be required in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of this qualification.

The estimates for Guided Learning Hours and Total Qualification Time above have been produced with due regard to information gathered from those with experience in education and training and is in line with guidance published by Ofqual on the allocation and expression of Total Qualification Time and Guided Learning Hours.

Level

The qualification within this specification is designated at Level 3 on the Regulated Qualification Framework (RQF) according to the Level Descriptors for knowledge and understanding, which build on those used within the Qualifications and Credit Framework (QCF) and the European Qualifications Framework (EQF). This means that this qualification is considered by GA to lead to the outcome as follows:

Achievement at Level 3 reflects the ability to identify and use factual, procedural and theoretical knowledge and understanding of a subject or field of work to complete tasks and address problems that while well-defined, may be complex and non-routine, interpret and evaluate relevant information and ideas, and reflects an awareness of the nature of the area of study or work and different perspectives or approaches within the area of study or work.

1.5 Rules of Combination

There are two mandatory units within this qualification.

There are no further rules of combination.

1.6 Intended Audience

This qualification is ideal for learners who will undertake the role of First Aider in a workplace with responsibility over the care of infants and children.

1.7 Age and Entry Requirements

This qualification is intended for learners aged 16 and above.

It is recommended that centres are able to assure themselves that candidates wishing to undertake this qualification are physically capable of completing the practical demands of this qualification.

Due to the nature of the qualification content, those undertaking the qualification must also have a proficient level of English.

We recommend that learners hold, or be working towards, a formal English language qualification of at least Level 2, e.g.

- GCSE English Language and maths (A* - C / Grade 4 or above), or equivalent

If English is not the learner's first language, an English language level of International English C1 (CEFR) is recommended.

Applicants must demonstrate an ability to study at Level 3. It is therefore recommended that prior to commencing a programme of study leading to this qualification, learners receive detailed advice and guidance from the training provider in order to ensure the programme and qualification will meet their needs.

There are no other formal entry requirements for this qualification.

1.8 Recognition of Prior Learning and Transfer of Credits

Recognition of Prior Learning (RPL) is a method of assessing whether a learner's previous experience and achievements meet the standard requirements of a GA qualification, prior to the learner taking the assessment for the qualification, or part of the qualification, they are registered for.

Any prior learning must be relevant to the knowledge, skills and understanding which will be assessed as part of that qualification, and GA will subsequently amend the requirements which a learner must have satisfied before they are assessed as eligible to be awarded the qualification.

Where there is evidence that the learner's knowledge and skills are current, valid and sufficient, the use of RPL may be acceptable for recognising achievement of assessment criteria, learning outcome or unit(s), as applicable. The requirement for RPL in such instances must also include a consideration of the currency of the knowledge gained by the learner at the time they undertook the prior learning.

RPL cannot be guaranteed in instances where industry practice or legislation has significantly changed in the time since the prior learning was undertaken / a previous award was issued.

The unit Emergency Paediatric First Aid is a part of the following qualifications:

- GA Level 3 Award in Emergency Paediatric First Aid (RQF)
- GA Level 3 Award in Paediatric First Aid (RQF)

Learners may use RPL to transfer the achievement of Emergency Paediatric First Aid toward the GA Level 3 Award in Paediatric First Aid (RQF), provided the Level 3 Award in Paediatric First Aid is achieved within a 10-week period. The centre must check currency of any potential candidate's previous achievement upon their request to use RPL prior to confirming their place on the course.

Requests to use RPL should be submitted to GA using the RPL form which is available upon request.

1.9 Reasonable Adjustments and Special Considerations

Assessment for this qualification is designed to be accessible and inclusive. The assessment methodology is appropriate and rigorous for individuals or groups of learners.

If centres have learners with particular needs the centre should refer to the *GA Candidate Access Policy*, available on the GA website, which contains information about Reasonable

Adjustments and Special Considerations. This policy document provides centres and centre staff with clear guidance on the reasonable adjustments and arrangements that can be made to take account of disability or learning difficulty without compromising the standards of the qualification.

1.10 Relationship to Other Qualifications and Progression Opportunities

Learners who achieve the GA Level 3 Award in Paediatric First Aid can progress onto further training to cover First Aid related training, e.g., First Aid at Work, or onto other health and safety training related to the workplace such as:

- moving and handling
- health and safety in the workplace
- prevention and control of infection
- risk management

1.11 Language of Assessment

This qualification is offered in English. Further information concerning the provision of qualification and assessment materials in other languages may be obtained from GA.

1.12 Grading and Recording Achievement

All learning outcomes and assessment requirements must be met before a learner can be considered having achieved this qualification.

These qualifications are not graded on a scale. Learners are assessed as Pass or Fail. Learners who aren't successful can resubmit work within the registration period. The centre must adhere to the *Assessment Principles for First Aid Qualifications* guidance, which states that the qualification must be delivered over a maximum period of 7 weeks.

1.13 Qualification Availability

This qualification is available in the UK and internationally. If you would like further information on offering this qualification, please contact us. Our contact details appear on our website, www.gatehouseawards.org

Section 2: Qualification Delivery, Assessment & Quality Assurance Model

2.1 Teaching and Learning Requirements

Courses leading to this qualification can consist of blended learning or classroom-based courses, offered through GA approved centres.

Where blended learning is to be employed as the delivery method, two-thirds of the time spent on the course **MUST** be face to face (classroom based) learning. Distance learning should only be utilised to cover theory elements of the qualification and all practical content should be delivered and assessed face to face (classroom based). Knowledge must also be assessed in full during the face-to-face contact time. Where blended learning is used, the time taken to complete the course should **NOT** be reduced.

Learners must have suitable access to teaching staff as well as technical support. Specialist staff, high quality learning materials and access to assessment opportunities are essential.

This qualification complies with the Early Years Foundation Stage (EYFS) stipulated minimum contact hours, excluding breaks.

The delivery time is 12 hours (minimum) over a 2-day period (minimum).

Centres must adhere to the EYFS's stipulated hours above. This cannot be reduced in cases where blended learning is utilised as the course delivery method.

Alternatively, the qualification can be delivered over a maximum period of 7 weeks. The minimum duration of an individual training session must be 2 hours.

Where GA provides further details and guidance on the content of teaching and learning materials, these documents can be accessed via the Ark (GA's online Learner Management System, available to all GA Approved Centres).

2.2 Assessment & Quality Assurance Model

This qualification is a centre-assessed qualification. This means that it is internally assessed and internally moderated by centre staff to clearly show where learners have achieved the learning outcomes, assessment criteria and qualification requirements. There is no requirement for external summative assessment.

Assessment, internal moderation and quality assurance activities are subject to external moderation and quality assurance conducted by GA.

This qualification is subject to the *GA Centre Assessment and Standards Scrutiny (CASS) and General Moderation Policy*.

2.3 Assessment Requirements

Externally issued assessment materials (i.e. issued by GA) must be used in the delivery of this qualification.

Candidates are assessed as pass or fail.

Assessment consists of the following components:

- a candidate assessment booklet (in two parts: written questions and answers and observation of practical competency)

and

- a multiple choice examination paper.

Learners must pass **all** assessment components in order to achieve the qualification.

Candidate assessment booklet

Part 1 - written questions and answers: This consists of a series of questions, which the candidate must read and provide written answers to in the booklet provided.

Oral questioning is permitted. Any oral questioning used must be documented in the space provided in the materials and authenticated by both the assessor and the learner.

Part 2 - observations of practical competency: Observations of practical competency should be assessed using scenarios, role play and demonstrations of treatments from the learner. Scenarios and role plays are centre devised.

Simulation is permitted.

Oral questioning is permitted. Any oral questioning used must be documented in the space provided in the materials and authenticated by both the assessor and the learner.

The multiple-choice examination

The multiple-choice examination comprises of 39 questions and has a pass mark of 70%. Learners are permitted up to 50 minutes to complete the examination.

The multiple-choice examination must be delivered under controlled conditions. This means:

- books and training materials must not be accessed
- any notes written and displayed around the room, for example, on a smart board or white board must not be visible
- at least one trained invigilator must be present in the examination room for the duration of the assessment

- learners may complete the multiple-choice examination in more than one sitting. In such cases, the centre must retrieve the candidate examination papers and store them securely until they are next required.

The minimum ratio of Invigilators per Candidates is 1:12. This means that one Invigilator can supervise no more than 12 Candidates.

For further guidance on examination conditions and invigilation requirements, please refer to the *Regulations & Instructions for Invigilators: Conducting GA First Aid Examinations* document.

Should a learner not achieve the 70% threshold, oral questioning is permitted.

Any oral questioning used against an examination must be documented within the candidate examination paper and authenticated by both the assessor and the learner.

All evidence must meet CRAVES requirements (see Section 2.4 below).

2.4 Assessment of Learners: CRAVES

Assessors must ensure that all evidence within the learner's portfolio judged to meet GA's 'CRAVES' requirements is:

- **current:** the work is relevant at the time of the assessment
- **reliable:** the work is consistent with that produced by other learners
- **authentic:** the work is the candidate's own work
- **valid:** the work is relevant and appropriate to the subject being assessed and is at the required level
- **evaluated:** where the learner has not been assessed as competent, the deficiencies have been clearly and accurately identified via feedback to the learner
- **sufficient:** the work covers the expected learning outcomes and any range statements as specified in the criteria or requirements in the assessment strategy.

2.5 Internal Moderation and Quality Assurance Arrangements

Internal Moderators (also known as Internal Quality Assurers or IQAs) ensure that Assessors are assessing to the same standards, i.e. consistently and reliably, and that assessment decisions are correct. IQA activities will include:

- ensuring Assessors are suitably experienced and qualified in line with the qualification requirements
- sampling assessments and assessment decisions
- ensuring that assessment decisions meet the GA 'CRAVES' requirements (Current, Reliable, Authentic, Valid, Evaluated and Sufficient)
- conducting standardisation and moderation of assessment decisions
- providing Assessors with clear and constructive feedback

- supporting Assessors and providing training and development where appropriate
- ensuring any stimulus or materials used for the purposes of assessment are fit for purpose.

Sampling of assessment will be planned and carried out in line with a clear IQA and moderation strategy, which incorporates the number of learners, number of Assessors, and the experience and competency of Assessors.

Centre IQAs may wish to refer to the guidance documents provided by GA to approved centres (available on the Ark) in order to formulate an appropriate Sampling Strategy.

2.6 External Moderation and Quality Assurance Arrangements

All GA Approved Centres are entitled to two EQA visits per year. Additional visits can be requested, for which there may be an additional charge.

EQA activities will focus on the centre's continuing adherence to and maintenance of the GA *Centre Approval Criteria* and the criteria and requirements for the specific qualifications for which it holds approval.

Through discussions with centre staff, examining learner's work, moderation of assessment, talking to learners and reviewing documentation and systems, the GA EQA will provide the centre with full support, advice and guidance as necessary.

2.7 Registering Candidates and Unique Learner Numbers (ULNs)

Learners must be registered through the Ark, the GA online Learner Management System.

Owing to the Total Qualification Time of this qualification, the validity period of registrations made will be 7 weeks. Should a learner not have achieved in the timescale, a new registration is required.

Each approved GA centre is provided with a user account to allow approved staff access to the online system.

Where the Unique Learner Number (ULN) of a learner is known, this should be provided at the point of registration in order for GA to issue updates to the Learner Record Service.

2.8 ID Requirements

It is the responsibility of the centre to have systems in place to confirm each learner's identity.

Learners are required to declare that all work submitted for assessment is their own work.

2.9 Record Keeping

Records of learner's details, their work and any records of Reasonable Adjustments, Special Considerations and records containing learners' personal details must be kept by the centre in line with the Data Protection Act 2018 (including GDPR and all relevant privacy regulations) for a minimum of 2 years.

The centre must operate a safe and effective system of care and comply with clinical and information governance requirements, with appropriate policies and procedures in place to maintain confidentiality related to clients, staff and learners.

All records must be easily retrievable and made available to GA or the Regulator upon request.

Portfolios must be retained until the following External Quality Assurance visit to allow them to be sampled. Following external moderation and the award of a qualification by GA, centres must retain all learner assessment materials for a period of two years, after which they may be securely destroyed in line with all current data protection and privacy regulations.

Records of all internal quality assurance and moderation activity undertaken must be kept and made available to GA upon request.

Section 3: Staff and Resource Requirements for Centres

In order to deliver this qualification, a centre must ensure that they have the following resources in place.

3.1 General Staff Requirements

The knowledge and experience of all staff involved in course delivery, assessment and quality assurance will be considered during the approval and re-approval process and at EQA visits.

Centres must ensure that they hold up-to-date and detailed information about their staff and must make records available to GA upon request. The information GA expects the centre to hold for each member of staff includes, as a minimum:

- current up to date CV
- copies of relevant qualification certificates
- relevant and up to date CPD (Continuous Professional Development) records

Centres must ensure that there are an adequate number of staff members to provide a safe environment for learners and clients.

Centres must also ensure that they have the management and administrative staffing arrangements in place which are suitable to support the registration of learners and the receipt of results and certificates.

Failure to adhere to the staffing and resource requirements may affect Centre and/or Qualification Approval status.

3.2 Requirements for Assessors

The primary responsibility of an Assessor is to assess a learner's performance and ensure the evidence submitted by the learner meets the requirements of the qualification. An Assessor must be able to recognise competence, knowledge, skills and understanding in line with the qualification standards and requirements and therefore need to have a thorough understanding of assessment and quality assurance practices, as well as have in-depth technical understanding related to the qualifications for which they are assessing.

The knowledge and experience of Trainers, Assessors and Internal Moderators will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

Those involved in the assessment of these particular qualifications must have knowledge and competency in first aid as well as knowledge and competency to assess based on qualifications and experience. Assessors must maintain a portfolio of their own knowledge, competency and experience.

An acceptable portfolio must show:

- Occupational knowledge and competence in first aid – evidenced by:
 - Holding a First Aid at Work qualification/medical registration as detailed in Appendix 1
- Knowledge and competency in assessing first aid – evidenced by:
 - Holding an acceptable assessing qualification/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.

3.3 Requirements for Trainers

Those involved in the training of these qualifications 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:

- Occupational knowledge and competence in first aid – evidenced by:
 - Holding a first aid at work qualification/medical registration as detailed in Appendix 1
- Knowledge and competency in teaching/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
- Or
 - Providing an acceptable record of competently teaching theoretical and practical first aid sessions under the supervision of a suitably qualified Trainer/Assessor

3.4 Requirements for Invigilators

In order to conduct the First Aid multiple-choice controlled examinations, Centres must nominate an Invigilator who will supervise the examination session. This may be the same person as the Trainer and/or Assessor, but should not be the candidate's relative, or anyone else from the Centre who is known personally to the Candidate other than via the Centre's professional operations (please refer to the *GA Conflict of Interest Policy and Procedure* for more information).

3.5 Requirements for Internal Moderators (also referred to as an Internal Quality Assurers or IQAs)

Assessors may have one or several appointed Internal Moderators.

This qualification is assessed by an Assessor and internally moderated and quality assured by an Internal Moderator to ensure standardisation, reliability, validity and sufficiency of the Assessor's assessment decisions. Internal Moderators therefore need to have a thorough understanding of quality assurance and assessment practices, as well as sufficient technical understanding related to the qualifications that they are internally quality assuring. It is the centre's responsibility to select and appoint Internal Moderators.

Those involved in the internal quality assurance of these qualifications (IQAs) must have knowledge and competency in first aid as well as knowledge and competency in internal quality assurance. Internal Moderators must maintain a portfolio of their own knowledge, competency and experience.

An acceptable portfolio must show:

- Occupational knowledge and competence in first aid – evidenced by:
 - Holding a First Aid at Work qualification/medical registration as detailed in Appendix 1
- Knowledge and competency in internal quality assurance – evidenced by:
 - Holding an acceptable internal quality assurance qualification/CPD training as detailed in Appendix 3
- Internal Quality Assurers 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.

3.6 External Moderation (also referred to as External Quality Assurance or EQA)

Assessment, internal moderation and quality assurance activities are subject to external moderation and wider scrutiny and centre controls as per GA's quality assurance arrangements for centre-assessed qualifications.

3.7 Venue and Equipment Requirements

When training premises are used in the delivery of teaching and assessment of this qualification, centres should, wherever possible, provide suitable access in line with Disability Discrimination, Diversity & Equality law and regulations and any other regulations which apply.

The centre must maintain up-to-date health and safety policies and procedures to maintain client, learner, staff and visitor safety at all times.

Centres must ensure that all products and equipment used in the delivery and assessment of this qualification must be authorised by GA and confirmed as fit for purpose and compliant with current Health and Safety legislation and any other relevant regulations. This will be considered at approval and during the on-going monitoring of centres.

Where specific products and equipment are required for the delivery and assessment of a GA qualification, the suitability of the products and equipment at the centre will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

Centre/venue requirements:

- Minimum 1 x infant resuscitation manikin and minimum 1 x baby resuscitation manikin for every 4 learners (minimum 3 x manikins for full class of 12 learners),
- Sterilise manikins before and after use during the session (using disposable manikin wipes).
- Minimum 1 x AED trainer for every 4 learners (where fewer AED trainers are available, delivery hours and lesson plans can be adjusted to accommodate)
- Minimum 1 x training dressing/bandage per learner
- Minimum 1 x pair of disposable gloves (non-latex) per learner
- Minimum 1 x first aid kit
- Minimum 1 x training adrenaline auto-injector
- Centre to provide mats or blankets for floor work during training sessions should the venue not have a carpeted floor
- Adequate facilities to accommodate the maximum number of learners on a course
- Training room must be safe, have adequate lighting, be heated appropriately and have good ventilation.

3.8 Teaching and Learning Resources

Whether delivering a programme of learning as a classroom-based, blended or e-learning course, centres must ensure that their teaching and learning resources are high quality and are relevant, up-to-date and of industry standard, in order to allow learners to adequately prepare for assessment. This will be considered at approval and during the on-going monitoring of centres.

All delivery and assessment resources should be inclusive of the principles of equality and diversity and the safeguarding of learners.

3.9 Results and Certification

Following a successful external moderation (EQA) visit, claims for certification are made via the Ark, the GA Learner Management System. Certificates are usually issued within 10 working days.

The qualification certificate will indicate both the title and the level at which the qualification is achieved.

Certificates will only be issued to learners who have achieved sufficient credits and met the rules of combination for the qualification they are registered for. If a learner has not achieved

sufficient credits or failed to meet the rules of combination, the qualification certificate will not be issued.

Certification of this qualification is using e-certificates, available to download instantly from The Ark following External Moderator authorisation.

Amendments to certificates are available upon request but may require the centre to provide evidence of the need for any amendment (e.g., learner proof of identification). Amendments to certificates are subject to an additional charge. On completion of the amendment, the amended version of the certificate will be available to download from The Ark.

Hard copy certificates are available on request and are subject to an additional charge.

Amendments to hard copy certificates are available on request and are subject to an additional charge. For an amendment to be made there may be a requirement for the centre to provide evidence of the need for any amendment (e.g., learner proof of identification). Amendments are only able to be issued when the original certificate has been returned to GA.

Replacements of any hard copy certificates are available on request and are subject to an additional charge.

3.10 Direct Claims Status (DCS)

Direct Claim Status is not available for this qualification.

3.11 Appeals and Enquiries

GA has an appeals procedure in accordance with the arrangements for regulated qualifications.

General enquiries can be made at any time and should be directed to a GA Centre Administrator.

3.12 Ongoing Support

There are a number of documents on the GA website that centres and learners may find useful: www.gatehouseawards.org

The website is updated regularly with news, information about GA qualifications, sample materials, updates on regulations and other important notices.

Within the centre, a named Examinations Officer is responsible for ensuring that all information and documents provided to centre staff and learners are correct and up to date.

GA must be kept up to date with contact details of all changes of personnel so centres can be provided with the best level of support and guidance.

At the time of approval, centres are assigned a designated Centre Administrator who is their primary point of contact for all aspects of service or support.

Learners should always speak to a member of staff at the centre for information relating to GA and our qualifications prior to approaching GA directly.

Contact details for GA can be found on the GA website www.gatehouseawards.org.

Section 4: Unit Specifications

Unit 1 – Emergency Paediatric First Aid (R/650/3514)

The learner will:		The learner can:		*Indicative 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 <u>others</u>	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 <u>Others</u> 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

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 (CPR) 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 <u>CPR</u> 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 (<i>Defibrillator</i>) ○ Correct placement of AED pads ○ Following AED instructions <u>CPR</u> – minimum demonstration time of 2 minutes (<i>at floor level</i> <i>For child manikin</i>). May additionally include use of rescue breath barrier devices.
	3.3	Identify when to place an <u>infant or a child</u> 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>). <u>Infant or a child</u>: 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 <u>infant or a child</u> 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 <u>Infant or a child:</u> 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 <u>infant or a child</u> is choking	Identifying mild choking may include recognising the casualty is able to: • Speak • Cough • Cry • Breathe 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 <u>Infant or a child:</u> 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 Demonstration must be simulated using a training device – not another learner.
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
		5.2	Demonstrate how to administer first aid to an <u>infant or a child</u> 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.
6	Know how to provide first aid to an infant or a child who is suffering from shock	6.1	Recognise when an <u>infant or a child</u> is suffering from <u>shock</u>	Shock: hypovolaemic shock (<i>resulting from blood loss</i>) 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 <u>infant or a child</u> 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	7.1	Identify how to administer first aid to <u>an infant or a child</u> :	Administering first aid for bites may include: • Irrigation • Dressing

	child with bites, stings and minor injuries		• Bites • Stings • Small cuts • Grazes • Bumps and bruises • Small splinters • Nosebleeds	• Seeking medical advice Administering first aid for stings may include: • 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 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 <u>Infant or a child:</u> 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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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	Purpose of the 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)	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)	Unit should be delivered, assessed and quality assured in accordance with <i>Assessment Principles for Regulated First Aid Qualifications</i> , published by the First Aid Awarding Organisation Forum
Support for the unit from a SSC or other appropriate body	Department for Education
Location of the unit within the subject/sector classification system	Service Enterprises
Simulation	Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 3.2, 3.4, 3.5, 4.2, 5.2

Unit 2 – Managing Paediatric Illness, Injuries and Emergencies (T/650/3515)

	The learner will:		The learner can:	*Indicative 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 <u>infant or a child</u> 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 <u>Infant or a child:</u> 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.
		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

2	Be able to provide first aid to an infant or a child with suspected head and spinal injuries	2.1	Recognise a suspected: • <u>Head injury</u> • 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 <u>Head injury</u>: 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 <u>infant or a child</u> 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 <u>Infant or a child</u>: 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 <u>infant or a child</u> 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>) <u>Infant or a child</u>: 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	Know how to provide first aid to an infant or a child with conditions affecting the	3.1	Identify how to administer first aid for an <u>infant or a child</u> with a <u>foreign body</u> 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 <u>Foreign body</u>: includes dust/sand/a fly etc. on the eye

	eyes, ears and nose			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 <u>infant or a child</u> 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 (<i>unless contra-indicated due to the chemical involved</i>) • 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 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 (<i>hives</i>) • Red, itchy eyes • Swelling (<i>often under the eyes</i>) Recognising meningitis may include: • 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>) Recognising febrile convulsions may include: • Rapid rise in body temperature (<i>above 38oC</i>) • Seizure • Stoppage of breathing during the seizure • Blue lips (<i>cyanosis</i>)
		4.2	Identify how to administer first aid for an <u>infant or a child</u> 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 <u>Infant or a child:</u> 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	Know how to provide first aid to an infant or a child who is experiencing extremes of body temperature	5.1	Recognise when an <u>infant or a child</u> 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 • 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 <u>Infant or a child:</u> 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 <u>infant or a child</u> who is suffering from:	Administering first aid for extreme cold (<i>hypothermia</i>) may include:

			• Extreme cold • Extreme heat	• 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 <u>Infant or a child:</u> 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.
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 <u>infant or a child</u> 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 <u>Infant or a child:</u> 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
		7.2	Identify how to administer first aid for an <u>infant or a child</u> 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 <u>Infant or a child:</u> 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.
8	Know how to provide first aid to an infant or	8.1	Identify how poisonous substances can enter the body	Identification of the following routes a poison can enter the body may include: • Ingested (<i>swallowed</i>) • Inhalation (<i>breathed in</i>)

	a child with suspected poisoning			• Absorbed (<i>through the skin</i>) • Injected (<i>directly into skin tissue, muscles or blood vessels</i>)
		8.2	Identify how to administer first aid for an <u>infant or a child</u> 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 <u>Infant or a child:</u> 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	Be able to provide first aid to an infant or a child with anaphylaxis	9.1	Recognise suspected anaphylaxis in an <u>infant or a child</u>	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.

				<u>Infant or a child:</u> 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 <u>infant or a child</u> 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 <u>Infant or a child:</u> 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.
		9.3	Demonstrate <u>the use of a 'training device' adrenaline auto-injector</u>	<u>The use of a 'training device' adrenaline auto-injector:</u> must be demonstrated using a training device and NOT a live auto-injector

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	Purpose of the 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 (<i>if appropriate</i>)	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 (<i>if appropriate</i>)	Unit should be delivered, assessed and quality assured in accordance with Assessment Principles for Regulated First Aid Qualifications, published by the First Aid Awarding Organisation Forum
Support for the unit from a SSC or other appropriate body	Department for Education
Location of the unit within the subject/sector classification system	Service Enterprises
Simulation	Simulation is permitted in this unit. The following ACs must be assessed by practical demonstration: 1.3, 2.3, 9.3

Appendix 1 – Occupational Knowledge and Competence in First Aid

(Information taken from FAAOF Assessment Principles for Regulated First Aid Qualifications)

All Trainers, Assessors, Internal Quality Assurers and External Quality Assurers 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 Organisation/Body (or equivalent¹) as follows:

Qualification delivered:	Minimum qualification to be held by the Trainer/Assessor/IQA/EQA: ¹
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)²

Or

- Current registration as a Nurse with the Nursing and Midwifery Council (NMC)²

Or

- Current registration as a Paramedic with the Health and Care Professions Council (HCPC)²

¹ - If the Trainer/Assessor/IQA/EQA holds a non-regulated first aid qualification the Awarding Organisation/Body should undertake due diligence to ensure current occupational knowledge and competence.

² - Registered healthcare professionals must act within their scope of practice and therefore have current expertise in First Aid to teach/assess the subject.

Appendix 2 – Acceptable Training/Assessing Qualifications

(Information taken from FAAOF Assessment Principles for Regulated First Aid Qualifications)

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		
Current Qualifications (available for new Trainers/Assessors to undertake):	Train	Assess
Level 3 Award in Education and Training	✓	✓
Level 4 Certificate in Education and Training	✓	✓
Level 5 Diploma in Education and Training	✓	✓
Level 3 Award in Teaching and Assessing in First Aid Qualifications (RQF)	✓	✓
Cert Ed/PGCE/B Ed/M Ed	✓	✓
SVQ 3 Learning and Development SCQF Level 8	✓	✓
SVQ 4 Learning and Development SCQF Level 9	✓	✓
TQFE (Teaching Qualification for Further Education)	✓	✓
Planning and Delivering Learning Sessions to Groups SCQF Level 6 (SQA Unit)	✓	✓
Planning and Delivering Training sessions to Groups SCQF Level 6 (SQA Unit)	✓	✓
SCQF Level 6 Award in Planning and Delivering Learning Sessions to Groups (SQA Accredited)	✓	✓
L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	✓	
L&D Unit 7 Facilitate Individual Learning and Development SCQF Level 8 (SQA Accredited)	✓	
L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (SQA Accredited)	✓	
Carry Out the Assessment Process SCQF Level 7 (SQA Unit)		✓
Level 3 Award in Assessing Competence in the Work Environment		✓
Level 3 Award in Assessing Vocationally Related Achievement		✓
Level 3 Award in Understanding the Principles and Practices of Assessment		✓
Level 3 Certificate in Assessing Vocational Achievement		✓
L&D Unit 9DI Assess Workplace Competence Using Direct and Indirect Methods SCQF Level 8 (SQA Accredited)		✓
L&D Unit 9D Assess Workplace Competence Using Direct Methods SCQF Level 7 (SQA Accredited)		✓
Other Acceptable Qualifications:		
CTLLS/DTLLS	✓	✓
PTLLS with unit 'Principles and Practice of Assessment' (12 credits)	✓	✓
Further and Adult Education Teacher's Certificate	✓	✓

IHCD Instructional Methods	✓	✓
IHCD Instructor Certificate	✓	✓
English National Board 998	✓	✓
Nursing mentorship qualifications	✓	✓
NOCN Tutor Assessor Award	✓	✓
S/NVQ level 3 in training and development	✓	✓
S/NVQ level 4 in training and development	✓	✓
PDA Developing Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	✓	✓
PDA Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	✓	
PTLLS (6 credits)	✓	
Regulated Qualifications based on the Learning and Development NOS 7 Facilitate Individual Learning and Development or NOS 6 Manage Learning and Development in Groups	✓	
Training Group A22, B22, C21, C23, C24	✓	
Learning and Teaching – Assessment and Quality Standards SCQF Level 9 (SQA Unit)		✓
A1 Assess Candidates Using a Range of Methods or D33 Assess Candidates Using Differing Sources of Evidence		✓
Conduct the Assessment Process SCQF Level 7 (SQA Unit)		✓
A2 Assess Candidate Performance through Observation or D32 Assess Candidate Performance		✓
Regulated Qualifications based on the Learning and Development NOS 9 Assess Learner Achievement		✓

Appendix 3 – Qualifications suitable for Internal Quality Assurance

(Information taken from FAAOF Assessment Principles for Regulated First Aid Qualifications)

Qualifications:
L&D Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment SCQF Level 8 (SQA Accredited)
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 (SQA Unit)
Regulated Qualifications based on the Learning and Development NOS 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 (SQA Unit)

NOTE:

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

Document Specification:					
Purpose	To detail the specification of the GA Level 3 Award in Paediatric First Aid qualification.				
Accountability	GA Governing Body		Responsibility	GA Quality Assurance Manager	
Version	1	Effective From	26/07/2022	Indicative Review Date	July 2027
Links to Ofqual GCR	E3; G6; G7	Other relevant documents	GA Centre Handbook GA Candidate Access Policy GA Malpractice & Maladministration Policy GA Continuing Professional Development (CPD) GA Regulations & Instructions for Invigilators: Conducting GA First Aid Examinations First Aid Awarding Organisation Forum – Assessment Principles for Regulated First Aid Qualifications First Aid Awarding Organisation Forum - Delivery Standards for Regulated First Aid Qualifications		