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Qualsafe Level 3 Award in

First Response Emergency Care (RQF) (FREC®3)

Qualification Specification

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Key Qualification Information

Qualification number:	610/5845/2
Operational start date:	23/06/25
Total Qualification Time (TQT):	55
Guided Learning Hours (GLH):	37
Number of components	3 mandatory components
Credit value:	6
Assessment methods:	• Theory assessment: ◦ 1 x Invigilated exam ◦ 1 x Multiple choice question paper • Practical assessment: ◦ 6 x Mandatory practical assessments ◦ 5 x Optional practical assessments (Extended skills)

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Qualsafe Awards

Not only is Qualsafe Awards (QA) one of the largest Awarding Organisations (AO) in the UK, we are also the biggest AO for First Aid qualifications, making us an extremely trusted and recognisable name that employers look for when selecting a training provider.

We are recognised and regulated by the Office of Qualifications and Examinations Regulation (Ofqual), Qualifications Wales and the Northern Ireland Council for the Curriculum, Examinations and Assessment (CCEA). This means we can offer Centres an extensive range of qualification suites including First Aid; Prehospital Care; Health and Safety; Mental Health First Aid; Licensing; Food Safety; Fire Safety; Education and Training; Manual Handling; Health and Social Care and Sport and Leisure.

With a specialist team of subject matter experts on hand to support our Centres, including A&E Consultants, doctors, paramedics, nurses, physiotherapists and specialists in other sectors such as mental health, you can be confident that you are truly working with the industry experts.

Qualification overview

This qualification forms part of the QA Prehospital Care suite of qualifications. The qualification and learning outcomes are based on the recommendations of:

- Resuscitation Council (UK)
- Assessment Principles for Regulated First Aid Qualifications
- The Royal College of Surgeons of Edinburgh – Faculty of Pre-Hospital Care (FPHC)

This QA qualification:

- Is for people who work or hope to work as first response emergency care providers in various job sectors
- Is based on the Health and Safety Executive (HSE) training standard for delivery of First Aid at Work (FAW) courses for the purposes of the Health and Safety (First Aid) Regulations 1981
- Contains learning content that explicitly addresses:
    - The Skills for Health Core Skills Training Framework (CSTF) Level 2 Basic Life Support for staff working with adult and paediatric patients
    - The Royal College of Surgeons of Edinburgh - Faculty of Pre-Hospital Care – Pre-Hospital Emergency Medicine (PHEM) skills framework at Level D

This qualification specification provides information for Centres and Learners about the delivery of the Qualsafe Level 3 Award in First Response Emergency Care (RQF) and includes information about the components, assessment methods and quality assurance arrangements.

Endorsement

Qualsafe Level 3 Award in First Response Emergency Care (RQF) is endorsed by The Faculty of Pre-Hospital Care, Royal College of Surgeons of Edinburgh.

Objective

The objective of the qualification is to benefit Learners by enabling them to attain the knowledge, skills and practical competencies related to emergency and urgent care which are required to

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operate in a clinically governed prehospital emergency care setting. It allows Learners to demonstrate current skills in assessment and management of patients' conditions within a defined scope of training, aligned to UK prehospital care practice. Furthermore, it prepares them to work alongside non-registered and registered clinicians.

Intended audience

This qualification is for people who are required to hold a regulated and nationally recognised Level 3 prehospital care qualification and for those who intend (or have a specific responsibility at work, or in voluntary and community activities) to provide prehospital emergency care as a Level 3 First Response Emergency Care (FREC®3) provider.

It is ideal for those looking to equip themselves with lifesaving skills to prepare them to be amongst the first to arrive at a scene of an emergency, including first responders such as police officers, firefighters, emergency medical services and search and rescue personnel.

It is also ideal for those providing event medical cover or roles such as First Responders, Door Supervisors, Close Protection Operatives and Security Guards, as well as those working in high-risk environments including the military, power stations, offshore renewable energy, agriculture and manufacturing settings.

FREC®3 providers work in a wide range of workplaces and environments providing prehospital emergency care, having direct contact with service users or others and providing high quality and compassionate care.

Structure

This qualification comprises 3 mandatory components with a Total Qualification Time (TQT) of 55 hours. Full details of these are in *Appendix 1*.

Learners must complete all mandatory assessments successfully within the registration period to achieve the qualification. The maximum period to achieve this qualification, including any referrals is 20 weeks.

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

- Guided Learning Hours (GLH) is the time a Learner is being taught and assessed under the immediate guidance of a Trainer/Assessor, which for this qualification is a minimum of 37 GLH (5 days), and
- The number of hours a Learner will reasonably be likely to spend in preparation and study, including assessment, as directed by, but not under the immediate guidance or supervision of a Trainer, e.g. pre-course reading, research, which for this qualification is 18 hours

Note: if any Extended skills are being delivered and assessed, the course duration will need to be increased depending upon the Extended skills being taught

Other units

No other units/components can be combined to count towards the Qualsafe Level 3 Award in First Response Emergency Care (RQF).

Relationship with other related qualifications

The Qualsafe Level 3 Award in First Response Emergency Care (RQF) can be transferred to other qualifications under Recognition of Prior Learning (RPL).

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Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a process for recognising any learning undertaken and/or attained by a Learner. The Learner must prove they have met some or all the learning outcomes and/or assessment criteria for this qualification before RPL can be considered.

Any evidence submitted as RPL must be valid, authentic, reliable, current, sufficient and specific.

In some cases Centres may need to produce mappings against QA learning outcomes and assessment criteria to confirm comparability of qualification certificates and/or evidence being submitted. Mapping templates created by QA must be used for this process. Please see the QA *Recognition of Prior Learning (RPL) Policy* for further details.

RPL is considered for this qualification with the following potential outcomes:

- Reduction or exemption of learning outcomes or Guided Learning Hours for the component
- Exemption of all assessments for the component

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

Learners who are qualified First Responders/Casualty Carers from the emergency services (police, fire and rescue, search and rescue) and armed forces personnel may be entitled to claim RPL. This may result in a reduction or exemption of the GLH for the component or exemption of some assessments for the component. The Learner must prove they have met some or all the learning outcomes and/or assessment criteria for this qualification before RPL can be considered.

Entry requirements

Learners must be at least 17 years old on the first day of the training.

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

Only Learners who have clinical direction and operate within a governance framework are able to be taught and assessed using the FREC®3 Optional practical assessment (Extended skills). Learners must submit a completed FREC3 Optional Practical Assessments (Extended Skills) authorisation form to the approved Centre who they are registered with prior to being taught extended skills.

Progression

The Qualsafe Level 3 Award in First Response Emergency Care (RQF) qualification may be used towards other qualifications at the same and higher levels including Qualsafe Level 4 Certificate in First Response Emergency Care (RQF) (FREC®4). In addition, this qualification may aid career progression in a relevant profession such as Allied Health Professional (AHP), Paramedic or Nurse.

Requalification requirements

This qualification is valid for a period of 3 years. The Learner needs to requalify before the certificate expiry date to remain qualified. In exceptional circumstances a 1-month extension period will be permitted to allow Learners to complete the requalification training. If Learners do not undertake requalification training within this period, they will have to undertake the full FREC®3 course, there will be no exceptions to this. Requalification training should be delivered in no less than 21 hours (3 days) excluding breaks.

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Qualification approval requirements

Qualsafe Awards Centres seeking approval for this qualification are required to:

- Have appropriate policies, systems and procedures in place to ensure Learners are fully supported in a safe and positive learning environment
- Appoint suitable individuals from their personnel team to deliver, assess and quality assure QA qualifications
- Sign the *FREC®3 Centre declaration* to confirm they have suitable and adequate venues, equipment and learning resources

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

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

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

Qualsafe Awards Centres seeking approval to offer the FREC®3 Optional practical assessments (Extended skills) are required to sign the FREC®3 Optional assessment (Extended skills) Declaration prior to delivery to confirm the:

- Centre has suitable and adequate equipment and learning resources and will extend the course duration as required
- Qualsafe Approved Trainers/Assessors and Internal Quality Assurers (IQAs) are appropriately qualified and hold the relevant continuing professional development (CPD) evidence to facilitate the delivery of the required extended skills and the FREC®3 qualification
- Centre understands they are required to submit video evidence to Qualsafe of the first FREC®3 course delivered which includes these skills for quality assurance review purposes

Trainer/Assessor

People delivering and assessing this qualification must:

- Have occupational knowledge and competency in prehospital care as shown in *Appendix 2* **and**
- Have an acceptable training qualification as shown in *Appendix 3* **and**
- Hold or be working towards an acceptable assessing qualification as shown in *Appendix 3*

Trainers are expected to keep up to date with the subject area and provide evidence of continuing professional development (CPD). A CPD portfolio should include a current job description/role profile, a recent summary of work (within the last 2 years), a list of relevant qualifications they hold to demonstrate occupational, teaching and assessing competency, and CPD activities which demonstrate sufficient coverage of the learning content of the prehospital care qualification they hold approval for. As a minimum, there must be evidence of attendance of resuscitation training and assessment appropriate for their clinical grade. Alternatively, evidence of trainer observations conducted by an IQA for a Resuscitation Council UK accredited or regulated basic/immediate/advanced life support course/qualification may be acceptable.

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Internal Quality Assurers

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

1. Occupational knowledge and skills in prehospital care – evidenced by holding the Qualsafe Level 3 Award in First Response Emergency Care (RQF), or a higher qualification/registered practitioner status as shown in *Appendix 2*
2. Knowledge and competency in internal quality assurance – evidenced by holding or working towards a qualification as shown in *Appendix 4*

They must also:

- Have knowledge of the requirements of the qualification they are quality assuring at the time the assessment is taking place
- Have knowledge and understanding of the role of IQAs
- Attend training delivery and observe assessments being carried out
- Carry out other related internal quality assurance

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

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

Venue and equipment

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

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

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

Resource/area:	Requirements:
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.
Learning environment	The learning environment must meet relevant health and safety requirements and be conducive to learning. It is the Centre's responsibility to ensure Learners are appropriately briefed, dressed, equipped, and a risk assessment has taken place so appropriate safeguards can be put in place, which may include welfare facilities and medical and evacuation provision, prior to training commencing.
Simulation	It is permitted for Centres to use simulation special effects, high fidelity manikins and/or actors in all scenarios to simulate realism. If carrying out simulation in public spaces, signage and communication with those in the locality is recommended.
Teaching and assessment resources	The teaching and assessment resources may include audio visual (AV) equipment, training aids, performance recording devices and immersive technologies. Teaching and assessment resources to facilitate learning using varying teaching methods to explicitly cover the learning content and assessment strategy for this qualification.

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Learning materials	Provide Learners with clear and accurate reference books/handouts covering the learning content at the appropriate level for the qualification ensuring accessibility requirements for all Learners are met.
Clinical task trainers	Life-threatening (severe) bleeding - provide cavity wound and limb task trainers to facilitate training and assessment of tourniquet application, packing gauze and haemostatic dressing application. A minimum of 1 task trainer to every 6 Learners. Airway management – provide airway manikin management task trainers. They must be suitable to demonstrate airway manoeuvres and accept OPA and NPA adjuncts and supraglottic airways. A minimum of 1 task trainer to every 6 Learners. QA recommends Centres provide both adult, paediatric and infant airway management task trainers. Basic life support – provide adult, child and infant basic life support manikins. A minimum of 1 manikin of each type to every 4 Learners (as per the European Resuscitation Council guidelines). Choking – provide a manikin or vest that Learners can use to demonstrate treatment of choking. A minimum of 1 to every 4 Learners. QA recommends Centres provide appropriate full body manikins as best practice when delivering and assessing essential skills such as life-threatening bleed control, airway management and ventilation and resuscitation.
Major incident equipment	Ten second triage pack containing at least 10 bands/tags and 2 x ten second triage cards. A minimum of 1 to 6 Learners. QA recommends the use of manikins and table-top simulation to support the delivery of safe scene approach, emergency services response and capabilities and triage exercises.
Life-threatening bleeding control	A minimum of 2 to every 6 Learners: • Trauma shears • Pelvic binders • Environmental protection such as blankets and survival bags A minimum of 3 to every 6 Learners: • Blast dressings • Trauma dressings • Manufactured tourniquets • Improvised tourniquets A minimum of 6 packing gauzes to every 6 Learners. A minimum of 1 to every 6 Learners: • Haemostatic dressings • Haemostatic applicators (optional)
Airway management and oxygen therapy equipment	A minimum of 2 to every 6 Learners: • Full set of OPA (sizes 00 to 4) • Full set of NPA (sizes 6 to 7) • Lubrication sachets • Suction device • Adult bag-valve-mask • Child bag-valve-mask • Infant bag-valve-mask • Pocket mask • Nasal cannulae • Adult non-rebreather mask • Paediatric non-rebreather mask • Multi-flow rate mask (optional/recommended) • Simple face mask (optional/recommended) • SpO_2 finger probe • AED/defibrillator trainer and accessories
Medical gases equipment	Oxygen cylinder with the relevant equipment including secure storage when administering such as a barrel bag or backpack (a minimum of 2 to every 6 Learners).

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Trauma equipment and consumables	A minimum of 2 to every 6 Learners: • Manufactured non-occlusive and occlusive chest dressings • Ambulance and first aid dressings (various sizes) • Triangular bandages or splint straps (various sizes) • Water, clingfilm and facial burns dressing • Malleable splint and crepe bandages
Moving and handling	A minimum of 2 to every 6 Learners: • Carry and transfer sheets • Foldable/rollable rescue stretchers • Plastic scoop stretcher and accessories • IPC compliant headblocks A minimum of 1 to every 6 Learners: • Extrication board (optional) • Search and rescue stretchers (optional) • Recovery basket stretchers (optional)
Medical emergencies consumables	A minimum of 1 to every 4 Learners • Glucose gel • Spacer device • Reliever inhaler training device • Adrenaline auto-injector training device
Administration	A minimum of 1 of each per Learner: • Patient report forms **or** • Check cards/aid memoires
Safety helmet	Various sizes and types relevant to their setting, which must include **motorcycle helmet** and may include: • Ballistic helmet • NATO helmet • Cycle helmet • Emergency services helmet • Construction industry helmet
Safety and scene management equipment	QA recommends Learners have access to: • Nitrile gloves • Debris gloves • Head torch • Marker pen • Eye protection • Note pad and pen • Protective/high-visibility clothing • Mobile telephone/handheld radio/satellite phone • Environment protection clothing (inc. woolly hat/safety helmet) • Scenario specific personal protective equipment, e.g. life jacket

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Equipment for optional practical assessments (Extended skills) delivery and assessments	A minimum of 1 to every 6 Learners: • Set of supraglottic airway devices (sizes 3 to 5), HME filters, catheter mounts and securing device/tape or ties • Diphoterine solution training device • Penthrox inhaler training device • 2 x traction splints and a set of vacuum splints • Naloxone nasal spray training device • Thermometer • Patient assessment equipment ◦ Blood glucose monitor and strips ◦ Safety lancets and sharps bin ◦ Sterile gauze and other consumables ◦ Infection prevention control measures • N_2O/O_2 cylinders with the relevant equipment for use, must include: ◦ Demand valve, hose and probes ◦ Mouthpieces ◦ Face masks ◦ Bacterial/viral filters ◦ Barrel bag/backpack

Note: Learners should sit at least 1 metre apart to prevent collusion during the multiple choice question paper/ theory assessment.

Course/Centre administration

Pre-registering courses

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

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

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

Registering Learners

Centres must ensure Learners are registered in accordance with the guidance in the QA *Centre Handbook*.

Certification

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

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

The Learner receives a certificate on achieving this qualification. This does not imply a 'license to practice' but it allows the ability for employers and/or organisations to recognise a Learner has demonstrated they have the knowledge and skills to meet all the outcomes of this qualification.

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The certificate date is the date the Learner achieves the final component. This qualification is valid for 3 years. The Learner needs to retake the qualification and the assessments before the end of the 3 years to remain qualified.

Qualsafe Awards recommends Learners also complete annual basic life support training to maintain their basic skills and keep up to date with any changes to prehospital care practice.

Qualsafe Awards recommends FREC®3 holders create a CPD log or portfolio documenting their experiences of attending incidents and how they've kept current in knowledge and skills associated with this qualification.

It is best practice to review and evaluate personal performance and competency, this can be achieved by professional discussions with colleagues, reflective practice and review of patient report forms. However, it is essential confidentiality and data protection is upheld and security of sensitive information is paramount when collecting any evidence.

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

Delivery and support

Learner to Trainer/Assessor ratio

To ensure a Trainer/Assessor can effectively assess Learner performance during the course, the class ratio is no more than 6 Learners to 1 Trainer/Assessor for this qualification.

The venue and equipment resources and GLH is based on the ratio of no more than 6 Learners to 1 Trainer/Assessor to maintain the quality of training and assessment.

The assessment space should allow Learners to sit at least 1 metre apart to prevent collusion during the theory/multiple choice question paper assessment.

Never allow more Learners on the course than you can cater for during the assessment.

Delivery plan

Qualsafe Awards provides Centres with a complimentary course programme and detailed lesson plans, which are carefully designed to meet the objective of this qualification and the needs of Learners, making sure Learners can consolidate skills and are adequately prepared for the assessments.

Pre-course reading is an essential component of successfully delivering the course programme. Learners must be provided with suitable learning materials (listed in the Learning materials section). Qualsafe Awards recommends Learners have access to the learning materials at least 10 days before the course start date.

As part of the Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh endorsement, Centres not using QA lesson plans must have their lesson plans approved. Centres must submit their own delivery plan and have it approved by us **before** delivering this qualification. Note: Charges may apply.

The delivery plan should:

- Include a course timetable and detailed lesson plans, clearly showing the required subjects and criteria/learning outcomes are covered and the minimum 37 GLH are met

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- Be carefully designed to meet the objective of this qualification and the needs of Learners, making sure Learners are adequately prepared for the assessments
- Be emailed to: info@qualsafeawards.org

Qualsafe at Home

Some elements of the theory content of this qualification can be delivered online using a virtual classroom. Further details about the requirements for delivering a Qualsafe at Home course are available to approved Centres in the 'Centre downloads' section of their QA Customer Portal. **All Centres must seek approval for remote training by completing the Qualsafe at *Home Centre Application.*** All Centre staff involved in the remote delivery for this qualification must read and understand all guidance and requirements in advance of delivery.

The practical elements of this qualification and all the assessments **must** take place in a face-to-face classroom and cannot be completed remotely.

Note: theory sessions **must** be completed before the practical face-to-face classroom sessions and all the assessments must take place during the face-to-face sessions.

Important: Details of content that is permitted to be delivered via a virtual classroom are detailed within *Appendix 6*. This list must be adhered to at all times and will be subject to review during EQA visits, where documentation and rationale for these elements of delivery must be documented.

Learning materials

Centres must provide each Learner with suitable reference materials that cover the lesson plans and learning outcomes for this qualification. We recommend:

- First Response Made Easy by Nigel Barraclough

Learners should have access to their own Organisation's clinical practice guidelines/standard operating procedures during the course. This is likely to include the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines app.

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

Ongoing support

Qualsafe Awards Centres should provide appropriate levels of support to Learners throughout the qualification. The purpose of the support is to:

- Assess knowledge and competence in relation to learning outcomes and the detailed assessment criteria of the units within the qualification, see *Appendix 1*
- Give Learners feedback on their progress and how they might be able to improve

Assessment

Overview

The Qualsafe Level 3 Award in First Response Emergency Care (RQF) skills and knowledge should be taught and assessed in accordance with currently accepted prehospital care practice in the UK.

Methods

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

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outcomes and assessment criteria shown in *Appendix 1*. Centres should download all assessment papers from the QA course pack in advance of the course. Within the components, there are:

- Practical assessments – observed by the Trainer throughout the course, with the results of each learning outcome recorded on the practical assessment paperwork, see QA *Guide to Assessing Qualsafe Level 3 Award in First Response Emergency Care (RQF)*. There are 6 mandatory and 5 optional practical assessments for this qualification:

Mandatory:

1. Adult basic life support
2. Child basic life support
3. Infant basic life support
4. Airway and ventilation skills
5. Prehospital emergency trauma care
6. Prehospital emergency medical care

Optional:

1. Supraglottic airway device
2. Inhaled analgesia (Nitrous Oxide)
3. Inhaled analgesia (Penthrox)
4. Administration of naloxone
5. Blood glucose measurement

- Theory assessments:
- Invigilated exam, has a pass mark of 16 out of 21 questions and a maximum time of 30 minutes to complete
    - Multiple choice question paper – 1 paper for each Learner and Learners should answer all the questions under 'examination' conditions, see QA *Multiple Choice Question Paper Guidelines*:
- Maximum time allowed for the multiple choice question paper is 60 minutes, the minimum mark is 28 out of 40 to be considered for an overall 'Pass'

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

Access to assessment

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

- Make a Reasonable Adjustment or
- Request Special Consideration for the Learner

When a reasonable adjustment needs to be made, Centres should check the QA *Access to Assessment Policy* to see if the adjustment required needs prior approval or if the *Reasonable Adjustment Form* can be submitted retrospectively. If the adjustment requires prior approval, then Centres must

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complete a *Reasonable Adjustment Form* and send it to QA with any relevant supporting evidence at least five working days in advance of course delivery for review and approval. Centres should retain a copy of this form for their own records.

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

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

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

Specific equality issues relevant to this qualification

It is important no Learner is turned away from a training course due to disabilities or impairments. However, to assess competence and gain certification, the Learner will need to demonstrate certain practical skills. For instance, for prehospital care qualifications the Learner must be assessed performing practical tasks such as CPR, as per QA *Guide to Assessing Qualsafe Level 3 Award in First Response Emergency Care (RQF)*. To pass the assessment, the Learner must demonstrate the required practical skills without assistance from a third party (unless authorised by QA following a reasonable adjustment request).

Informal record of achievement

If a Learner with disabilities cannot perform 1 or more of the practical tasks required, it may be possible for the Centre to provide a letter recording the learning outcomes that the Learner achieved. For example, a Learner may be able to demonstrate 'chest compression only CPR', instruct a third party how to place a patient in the recovery position and pass the theoretical assessments. The letter should clearly state that "this record of achievement does **not** constitute a Qualsafe Level 3 Award in First Response Emergency Care (RQF)".

Quality assurance

Centre internal quality assurance

The Centre is required to sample a reasonable amount of assessments as part of the quality assurance of the qualification. This standardisation of assessment across Learners and Trainers is to make sure there is fairness and consistency in assessment practices. Centres are required to adhere to QA's internal quality assurance requirements. Full details of the Centre's requirements for internal quality assurance are in the QA *Centre Assessment Standards Scrutiny (CASS) Guidance*.

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

Qualsafe Awards external quality assurance

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

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

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

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Further information

Contact us

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

Email: info@qualsafeawards.org

Tel: 0330 660 0899

Useful addresses and websites

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

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Appendix 1 – Qualification components

Component 1

The Qualsafe Level 3 Award in First Response Emergency Care (RQF) has 3 mandatory components that Learners are required to complete in order to achieve the qualification.

Title:	Foundations of prehospital emergency care	
GLH:	12	
Level:	3	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	**Indicative content:**
1. Understand the role and responsibilities of a first responder	1.1 Identify the role and responsibilities of a first responder	Must include: • Working in a clinically governed prehospital/out of hospital emergency care setting • Assessing, treating, managing patients' conditions, administering medicines (as appropriate only within scope of training and practice), following clearly defined policies and procedures and handing over to clinicians to deal with refusal of care and making referrals to the next echelon of care and other organisations • Working with other first responders, support workers and/or clinicians within an agreed scope of practice, following standard operating procedures and other policies and procedures • Assessing and advocating for safe and effective patient care through appropriate decision-making and escalating decision-making to clinicians
	1.2 Identify how to maintain professional standards and operational readiness	Must include: • Personal safety and wellbeing, managing stress and building resilience • Duty of care, negligence and scope of practice and standards (standards of care) • Reducing impact of adverse psychological factors to self and others • Data protection, maintaining confidentiality and security of patient identifiable information May include specific organisational policy and procedures, including clinical governance.
	1.3 Identify factors that can affect first responders' performances and how to address them	Must include: • Human factors • Environmental factors • Organisational factors • Job factors • Human and individual characteristics • Strategies to overcome human factors in emergency situations, e.g. kit lay out and check cards

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	1.4 Identify need for establishing and maintaining consent	Must include: • The need for and how to establish consent • Types of consent • Maintaining consent throughout contact • Consent issues including mental capacity
	1.5 Identify appropriate methods to record an incident	Must include: • Patient report forms (PRFs), patient care records (PCRs) and incident report forms • Recording and reporting information such as patient specific details, incident location date and time, mechanism of incident and other pertinent information, assessment findings, interventions, referral/discharge pathway and other considerations relating to patient care • Workplace specific reporting including Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) and Health and Safety Executive (HSE)
	1.6 Identify patient specific medical documents	May be specific to the Learners' settings and can include: • Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms • Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms • Advanced directive forms (Living wills) • Prescriptions • Care plans
2. Be able to assess a scene, summon assistance and initially manage an incident	2.1 Assess factors that impact on scene, first responders and patient safety	Should include: • Patient fear or anxiety • First responder's fatigue • Confined spaces • Height of location • Adverse weather • Cognitive overload • Low light conditions • Close proximity to water • Remote/austere environments • Limited or insufficient training or experience • Limited, insufficient and/or disorganised equipment
	2.2 Perform a dynamic scene risk assessment	Must include: • Identifying the hazards • Deciding who might be harmed and how • Evaluating the risks and deciding on precautions • Verbalising findings and implementing precautions • Recognising new or evolving hazards and/or risks and reviewing assessments

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	2.3 Demonstrate safe approach and initial scene management	Must include: • Identifying potential hazards at scene • Assessing safety problems affecting providers, others present and patients • Assessing the cause of the injury/illness (including mechanism of injury) • Assessing environmental factors affecting assessment, treatment and extrication • Establishing the actual number of patients • Establishing whether extra resources are required and requesting where necessary (M/ETHANE message) • Overall management and mitigation of risks and hazards present including donning and doffing PPE, sharps/splash injury management and related infection prevention control measures
	2.4 Demonstrate primary triage and the use of a triage tool	Must include Ten Second Triage (TST) tool. May include NHS Major Incident Triage Tool (MITT).
	2.5 Demonstrate prehospital emergency care interventions	Must include: • Applying direct pressure • Applying trauma dressings and blast dressings (or similar) • Applying manufactured and improvised tourniquets • Packing wounds (with and without haemostatic agents) • Applying chest seals/dressings (occlusive and non-occlusive) • Placing people in the recovery position • Sizing and inserting airway adjuncts (OPA/NPA)
	2.6 Identify the responsibilities and capabilities of the emergency services and ambulance resources	Must include for UK prehospital emergency care providers giving a brief overview of the NHS Ambulance Services and emergency services role and capabilities. **and/or** Must include far from help or hostile environments giving a brief overview of emergency medical services and/or search and rescue assets with medical capabilities available.
	2.7 Demonstrate how to call for assistance from the emergency services and clinical support	Must include radio and telephone communication to request emergency medical services. Should include for UK based prehospital emergency care providers: • Requesting procedures for NHS Ambulance service deployable resources • Requesting procedures for Police, Fire and Rescue Services and HM Coastguard **and/or** Should include far from help and hostile environments requesting procedures for medical emergency response teams and/or search and rescue assets.

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
3. Be able to assess and manage patients with life-threating and non-life-threatening illness and injuries	3.1 Conduct a patient assessment using the patient assessment triangle tool (or BBB tool)	Must include: • Appearance • Work of breathing • Circulation
	3.2 Communicate with patient prior to and during assessment	Should include: • Introducing yourself • Gaining and maintaining consent • Explaining what your assessment will involve • Assessing patient's capacity
	3.3 Perform a patient assessment on a patient in a: • Life-threatening condition • Non-life-threatening condition	Must include a structured systematic approach (<C>ABCDE/MARCH approach or similar) to identify life-threatening/time-critical injuries or conditions and to establish mechanism of incident and clinical findings. Further patient assessment should be carried out to reassess patient's condition after interventions and to gain a patient history and assess less severe/obvious signs and symptoms. Must include assessing level of consciousness using the AVPU scale, presence of severe bleeding, airway patency, work of breathing including obtaining a respiratory rate and SpO_2 reading, circulation status including obtaining a capillary refill time and pulse rate, rhythm and strength, loss or alteration to sensory or motor function including a BEFAST test and pain assessment within scope of training.
	3.4 Provide emergency care to a patient in a: • Life-threatening condition • Non-life-threatening condition	Must include treatment and interventions within this qualification's learning outcomes, assessment criteria and indicative content, which are aligned to current practice. Overall management should be based on patient assessment findings in priority order to address life-threatening and less severe/obvious underlying injuries/illness/signs and symptoms or medical conditions.
	3.5 Apply appropriate interventions based on risk or threat assessment and respond to situational or environmental changes	Must include providing interventions within scope of practice and adapting actions according to the environment/situation. First responders working within environments/situations that pose a high risk of injury, harm of loss of life where prehospital emergency care is limited, interventions are likely to be limited to extrication and evacuation of self and patients. Always ensuring the safety of self and other responders as a priority. May incorporate tactical emergency casualty care (TECC) or tactical combat casualty care (TCCC) guidelines if within FREC®3 provider's clearly defined scope of practice within their own Organisation's clinical direction and governance framework that supports FREC®3 provider's maintenance of competence and clinical auditing.

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
4. Be able to assess a patient's airway	4.1 Identify airway anatomy	Must include: • Nasal cavity • Nasopharynx • Oral cavity • Oropharynx • Tongue • Hard palate • Trachea • Oesophagus
	4.2 Differentiate between adult and paediatric airway anatomy	Must include: • Paediatric airways are smaller in diameter and shorter in length • Child's tongue is relatively larger in the oropharynx than adult's • Infants have a large, prominent back of their head (occiput)
	4.3 Identify the importance of stepwise airway management and maintenance	Must include the airway management stepwise approach supports rescuers carry out a range of manoeuvres and interventions from non-invasive to invasive to manage patients' airway.
	4.4 Demonstrate dynamic airway assessment	Must be safe, prompt, effective and in line with current Resuscitation Council (UK) Guidelines.
5. Be able to manage and maintain a patient's airway	5.1 Identify contributing factors to an airway becoming difficult to manage	Must include: • Spasm or swelling of the upper airway • Active vomiting, choking or those patients at acute risk of sudden vomiting, e.g. head injury and intoxication • Evolving airway obstruction caused by trauma, e.g. facial or front of neck trauma, hanging (inc. burns) • Evolving airway obstruction caused by medical emergency, swelling and tongue obstruction, e.g. anaphylaxis • Anatomical challenges, e.g. receding chin, short neck, large tongue, trismus, obesity • Situational challenges, e.g. access to the patient, equipment in close proximity or in situ, consideration of extended back-up times, e.g. rural areas
	5.2 Identify the importance of airway management and maintenance	Must include maintaining the respiratory systems ability to adequately provide oxygen and expel carbon dioxide. If this is not achieved it will lead to hypoxaemia, hypoxia, hypoventilation and death.

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	5.3 Demonstrate how to clear, manage and maintain a patient's airway	Must include: • Indications • Cautions/contraindications • Advantages • Disadvantages • Correct technique For the following: • Jaw thrust • Head tilt, chin lift • Postural drainage • Recovery position • Suction devices
	5.4 Demonstrate how to select, size and insert airway adjuncts	Must include oropharyngeal and nasopharyngeal airway adjuncts, covering: • Indications • Contraindications • Advantages • Disadvantages • Cautions • Correct size selection • Correct technique
	5.5 Respond to changes in patient's condition to maintain airway patency	Must include: • Soiled airway • Intolerance to an airway adjunct insertion • Repeated failed ventilation attempts • Adjunct in-situ is unable to maintain the airway
	5.6 Differentiate between mild and severe choking	Signs of mild airway obstruction should include: • Response to question 'Are you choking?' - patient answers 'Yes' • Patient is able to speak, cough and breathe Signs of severe airway obstruction should include: • Response to question 'Are you choking?' - patient unable to speak, patient may respond by nodding • Patient is unable to breathe, wheezy breathing, attempts to cough silently and patient may be unconscious
	5.7 Administer emergency care to a patient who is choking	Must include basic life support interventions and aftercare in line with current Resuscitation Council (UK) choking guidelines.

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	5.8 Recognise the need for clinical support to provide airway management	Should include: • When a patient has one or more contributing factors that would make their airway difficult to manage • When a Learner's scope of practice limits their ability to manage a patient's airway or they have exhausted their airway management abilities
6. Be able to manage an unresponsive patient who is not breathing normally	6.1 Identify potential causes of cardiac arrest and the components of the chain of survival	Must include an awareness of the following: • Low volume of blood most commonly caused by blood loss (hypovolaemia) • Inadequate tissue oxygenation (hypoxia) • Low core body temperature (hypothermia) • Imbalance of chemical processes of the body causing extreme disfunction (hypo/hyperkalaemia/hypoglycaemia) • Chest injury causing a build-up of air in the pleural space under pressure, compressing the lungs and decreasing venous return to the heart (tension pneumothorax) • Chest injury causing pressure on the heart from too much blood and fluid in the sac around the heart (cardiac tamponade) • Artery blockage caused by a blood clot significantly reducing blood flow to the heart muscle (cardiac thrombosis) • Exposure to a natural or synthetic substance causing impairment of normal body function (toxins) Must include the chain of survival: • Early recognition and call for help • Early Cardiopulmonary Resuscitation (CPR) • Early defibrillation • Post-resuscitation care
	6.2 Demonstrate how to open patient's airway and check for breathing	Safe, prompt and effective technique in line with current Resuscitation Council (UK) guidelines.
	6.3 Justify when to commence cardiopulmonary resuscitation	Must include recognition of seizure-like episodes (including posturing), abnormal breathing, agonal gasps and a panting breathing pattern.
	6.4 Demonstrate basic life support for an adult on a manikin	Must include: • Showing awareness of agonal gasps • High quality chest compressions • Minimal interruption of CPR • Safe use of an automated external defibrillator • Use of bag-valve-mask and oxygen (including 2-person B-V-M use)

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	6.5 Demonstrate basic life support for a child on a manikin	Must include: • Showing awareness of agonal gasps • High quality chest compressions • Minimal interruption of CPR • Safe use of an automated external defibrillator • Use of bag-valve-mask and oxygen (including 2-person B-V-M use)
	6.6 Demonstrate basic life support for an infant on a manikin	Must include: • Showing awareness of agonal gasps • High quality chest compressions • Minimal interruption of CPR • Safe use of an automated external defibrillator • Use of bag-valve-mask and oxygen (including 2-person B-V-M use)
	6.7 Demonstrate return of spontaneous circulation procedures	Must include: • Re-assessment using ABCDE approach • Addressing ABCDE problems, managing patient based on findings • Monitoring SpO_2 • Temperature control • Providing reassurance • Evaluating assessment and interventions
	6.8 Perform a patient handover to the next echelon of care	Should include one or more of the following handover models: • Age, Time, Mechanism/Medical, Injuries, Signs and symptoms, Treatment (ATMIST) • Situation, Background, Assessment, Recommendation (SBAR) • Name, Age, Time, Mechanism, Illness/Injuries, Signs and symptoms, Treatment (NATMIST) Must include stating immediate concerns prior to giving a handover using one of the above models.
	6.9 Demonstrate basic life support on a patient in traumatic cardiac arrest	Must include interventions within a FREC®3 scope of training and not to delay any resuscitation attempt.
	6.10 Identify modifications required during cardiac arrest	Must include: • Management of tracheostomy and laryngectomy patients within scope of practice • Management of a pregnant patient (>20 weeks) within scope of practice • Early recognition for the need for clinical support

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	6.11 Identify when resuscitation should not be attempted	Must include clinician tells you to stop and the following conditions/circumstances: • Massive skull and brain destruction • Body cut in half (hemicorporectomy) or similar massive injury • Decomposition/putrefaction • Incineration • Hypostasis (accumulation of blood in the lower parts of the body) • Rigor mortis Must include in cases that do not meet the above criteria, where is it thought that CPR is futile or inappropriate, do not withhold or terminate resuscitation until clinical advice from a registered practitioner has been sought.
7. Be able to safely use an AED during a resuscitation attempt and knows how to maintain an AED ready for use	7.1 Justify when to use an automated external defibrillator	Must include unresponsive, not breathing normally and recognition of agonal gasps. May include attaching the pads to a deteriorating patient without turning on the AED.
	7.2 Demonstrate effective use of an automated external defibrillator	Must include making the AED operationally ready, preparing the patient, correctly placing pads on the patient and safely administering a shock as part of a resuscitation attempt.
	7.3 Identify safety considerations when using AEDs	Must include: • Obtaining good skin contact to pad contact, including drying a wet chest • Avoiding pad contact with jewellery, piercings, medications, wounds and tumours • Making sure pads are placed away from implanted devices • Removing oxygen away from the patient when attempting to administer a shock • Not defibrillating in water or in explosive environments
	7.4 Identify basic maintenance procedures for AEDs to remain ready for use	Must include checking operational readiness of battery, pads and accessories.
	7.5 Demonstrate how to address common functionality faults on AEDs	Must include replacing pads, battery and resetting the AED ready for use.

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
8. Be able to administer medical gases	8.1 Identify the indications, contraindications and cautions for administration of medical gases	Must include indications, cautions and contraindications for oxygen administration in line with current JRCALC guidelines and/or own Organisation's clinical protocols.
	8.2 Identify safety considerations when storing and using medical gas cylinders	Should include: • Checking the cylinder is clean, free from damage and in date • Keeping the cylinder away from alcohol gel, oil or grease • Keeping away from naked flames, combustible materials and sources of ignition • Prior to administration, carrying out cylinder and equipment safety checks including expiry date and ensuring the correct patient is going to be administered the correct drug and the correct dose
	8.3 Administer medical gases to a patient at the appropriate dose using appropriate adjuncts	Must include using a variety of oxygen adjuncts including Bag-Valve-Mask, non-rebreather mask and nasal cannulae (may include multi-flow rate mask , simple face mask) and achieving patient's 'target saturations' depending on their predisposed condition and underlying health status.
	8.4 Monitor the effects of medical gases	Must include the use of a pulse oximeter to measure SpO_2 in line with British Thoracic Society guidelines and vital signs. May include monitoring the effects of analgesia including pain scoring and noting any changes in symptoms or side effects.
	8.5 Identify need to alert a clinician to adverse reactions	Must include: • Verbal discussion patient handover • Documentation on Patient report form/Incident report
	8.6 Record the administration of medical gases	Must include documentation on PRF/PCR or electronic PRF/PCR.

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Component 2

Title:	Foundations of prehospital trauma care	
GLH:	14	
Level:	3	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	**Indicative content:**
1. Understand the importance of mechanism of injury, energy transfer, injury prediction and how they relate to individual patient care	1.1 Recognise the definition of the term 'mechanism of injury'	Must include mechanism of injury and the circumstances in which illness (or injury) occurs, this is commonly referred to as presenting complaint in patient assessment models. Assessing mechanism can confirm preconceived clinical feature patterns when providers and practitioners conduct patient assessments, and it can influence patient care and methods or speed of escalation to the next echelon of care or conveyance to definitive care. However, it does not negate the need for a thorough patient assessment as predictions may prove to be incorrect.
	1.2 Identify characteristics of trauma leading to injuries	Must include: • Types of energy capable of causing injury (kinetic, chemical, thermal and electrical) • Common causes of penetrating and blunt force trauma, e.g. road traffic collisions, falls from height, assaults and edge weapon attacks • Magnitude of the energy involved and how it is transferred to the body May include: • Dog bites • High pressure injection injuries • Penetrating projectile injuries from ballistics and blast injuries (and blast injuries by region) • Body armour and ballistic protection performance
	1.3 Recognise the clinical importance of considering the mechanism of injury	Must include that it highlights potential critical injury patterns associated with a particular mechanism to rescuers and mechanism of injury information can be used to inform triage, treatment and extrication decisions.
2. Be able to assess, treat and manage trauma patients within scope of practice	2.1 Identify actual and potential time-critical features of trauma	Must include penetrating and blunt force injuries caused by common mechanism of injury (based on trauma audit data and research), location of incident, far from help situations and physiological status (elderly, paediatric, pregnant and existing disease and/or disorder).
	2.2 Perform patient assessment on patients who have sustained injuries	Must include assessing vital signs, anatomy of injuries, mechanism of injury and considering special conditions (age, commodities, bleeding disorders, patient taking blood thinners (anticoagulants) and time-critical injuries) through visual indicators and direct questioning.

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	2.3 Demonstrate treatment and management of patients who have sustained injuries	Must include treatment and management within FREC®3 scope of training and based on problems identified during patient assessment. Should include: • Airway management • Administration of emergency oxygen • Control of internal and external bleeding • Limb immobilisation and full body immobilisation • Temperature control and environmental impact mitigation • Managing deviation from 'normal' physiological parameters • Safe handling and appropriate packaging for evacuation
3. Be able to assess and manage life-threatening blood loss	3.1 Recognise life-threatening blood loss	Must include bleeding and/or blood loss that is likely to cause death within minutes. Often referred to as catastrophic or life-threatening bleeding and/or blood loss.
	3.2 Recognise the severity of blood loss	Must include internal and external bleeding including head, torso, junctional and limb blood loss.
	3.3 Demonstrate management of severe blood loss	Must include: • Examining the wound • Direct pressure • Wound packing with gauze • Using trauma and blast bandages • Wound packing with haemostatic dressing • Manufactured and improvised tourniquets • Application of a pelvic binder as a bleed control device
4. Be able to assess and manage chest injuries	4.1 Identify clinical features of critical chest injuries	Must include: • Open pneumothorax - chest pain, inability to speak in sentences or count up to 10, low SpO_2, cyanosis (skin, lips or nails turn blue), confusion/agitation, visible open wound, hypomobility, hypoinflation and increased heart and respiratory rate • Flail chest - chest pain, inability to speak in sentences or count up to 10, low SpO_2, cyanosis, confusion/agitation, increased heart and respiratory rate, unequal movement, crepitus (noise produced by bone or cartilage), subcutaneous emphysema (trapped air pockets within the subcutaneous tissue under the skin) and external signs of blunt chest injury including bruising, seatbelt marks and swelling • Tension pneumothorax - inability to speak in sentences or count up to 10, low SpO_2 on air, cyanosis, confusion/agitation, hyperexpansion and reduced movement the same side as the injury site and increased heart and respiratory rate • A low respiratory rate may be due to the patient being under the influence of intoxicants or they may have sustained a head injury or be hypothermic Note: • The prefix 'hyper' means high, beyond, excessive or above normal • The prefix 'hypo' means low, beneath or below normal • Other clinical features may exist but within the scope of training for a FREC®3 provider the above is deemed suitable

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	4.2 Perform a patient assessment to determine the presence of a chest injury	Must include applying a systematic approach to assessing vital signs and recognising clinical features of critical chest injuries including consistently high respiratory rate, sources of blood loss and an inability to speak in sentences.
	4.3 Demonstrate treatment and management of chest injuries	Must include: • Oxygen • Pain management • Application of chest seals/dressings • Recognition of the need for clinician led intervention
5. Be able to assess and manage wounds and bleeding	5.1 Identify the major components of the circulatory system	Must include: • Heart (with understanding of blood flow through the heart) • Lungs • Arteries • Veins • Capillaries
	5.2 Differentiate between types of bleeding	Must include: • Clinical features of external bleeding from surface injuries to damaged blood vessels, embedded objects, open factures and injuries causing abdominal organs to protrude from a wound in the abdominal wall (abdominal evisceration) • Clinical features of internal bleeding from long bones fractures and non-compressible torso bleeding including notable abdominal tenderness, guarding (an involuntary response of the muscles to protect an area of the abdomen) and hypovolaemic shock signs and symptoms
	5.3 Estimate external blood loss	Must include: • Observing the patient's vital signs • Blood on the floor plus 4 more (chest, abdomen, pelvis and long bones) • Difficulties estimating blood loss relating to surfaces and clothing • Considering patient specific factors such as anti-coagulant medication
	5.4 Apply methods to treat external bleeding	Must include indications, contraindications, advantages, disadvantages and use of: • Direct pressure • Wound packing gauze • Haemostatic dressings • Manufactured tourniquets • Trauma bandages, blast bandages and first aid dressings Should include: • Controlling nosebleeds and referral for acute bleeds • Controlling blood loss and dressing an abdominal wound

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	5.5 Apply wound care within scope of practice	Must include assessment and management including wound cleansing in line with current First Aid and Prehospital Care guidelines not beyond a FREC®3 scope of training for: • Abrasions • Burns • Contusions • Incisions • Gunshots • Punctures • Lacerations • Embedded objects including splinters May include the administration of washing solution/emergency rinsing solution, only if within FREC®3 provider's clearly defined scope of practice within their own Organisation's clinical direction and governance framework that supports FREC®3 provider's maintenance of competence and clinical auditing.
	5.6 Identify recognition features of wound infection	Must include: • Pain • Fever • Swelling, hot skin • Redness around wound site including tracking • Notable pus or discharge (yellow-white liquid) • Consider sepsis and how to escalate care
6. Be able to assess and manage a patient with compromised circulation	6.1 Identify types and severity of shock	Must include the definition of shock and causation and clinical features of: • Hypovolaemic shock • Distributive shock • Dissociative shock • Obstructive shock
	6.2 Assess and manage a patient with compromised circulation	Must include applying a structured approach to the assessment and management of a patient presenting with signs and symptoms associated with shock. Should include oxygen administration (where appropriate) and temperature control aiming to maintain normal vital signs. Should include prehospital trauma care of crush injuries.
7. Know how to assess and manage wounds and eye injuries	7.1 Identify the assessment and management of eye injuries	Must include common injuries caused by: • Foreign objects (dust and dirt) • Blunt force trauma • Penetrating trauma • Chemical exposure

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
8. Know how to assess and manage a patient with burns or scalds	8.1 Classify the severity of burns and scalds	Must include superficial, partial thickness and full thickness burns and red flags for non-accidental injury. Useful resources: • National Institute for Health and Care Excellence (NICE): burns and scalds • RCS Ed FPHC and BBA consensus statement: management of burns in prehospital trauma care • European Resuscitation Council Guidelines: First Aid
	8.2 Identify methods to treat burns and scalds	Must include treatment for thermal, chemical and electrical burns including cooling, removing the source, dressing the injury and referral to the next echelon of care (as appropriate). May include administration of washing solution/emergency rinsing solution, only if within FREC®3 provider's clearly defined scope of practice within their own Organisation's clinical direction and governance framework that supports FREC®3 provider's maintenance of competence and clinical auditing.
9. Know how to manage a patient with sudden poisoning	9.1 Identify routes that poisons can take to enter the body	Must include: • Inhalation • Absorption • Ingestion • Injection
	9.2 Recognise effects of sudden poisoning	Recognition features must include: • Breathing difficulties • Burns to nose and mouth • Difficulty swallowing • Vomiting • Stomach pains • Confusion • Drowsiness, fainting, convulsions • Unresponsive/altered levels of consciousness Sudden poisoning must include: • Carbon monoxide • Household products • Alcohol abuse and withdrawal • Substance abuse and overdose • Medication overdose May include: • Food poisoning • Plants/fungi and chemicals
	9.3 Identify the management of a patient affected by sudden poisoning	Must include: • Safe approach • Identifying source • Assessing <C>ABCDE/MARCH problems • Treating <C>ABCDE/MARCH problems • Seeking clinical assistance immediately

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
10. Be able to provide prehospital emergency care to a patient with head, spinal and musculoskeletal injuries	10.1 Recognise suspected spinal and head injuries	Must include: • Intracranial pressure (ICP) • Concussion • Skull fracture • Cerebral compression • Spinal injury including distributive shock • Sudden impact brain apnoea
	10.2 Demonstrate prehospital emergency care for suspected spinal and head injuries	Must include as a minimum addressing <C>ABCDE/MARCH problems and manual inline stabilisation (MILS). Qualsafe Awards advocate best practice including the consensus recommendations contained within the Royal College of Surgeons of Edinburgh, Faculty of Pre-Hospital Care 'Extrication following a Motor Vehicle Collision' Guidance (2024).
	10.3 Demonstrate how to remove a safety helmet from a patient	Must include safe removal of a motorcycle helmet (2-person technique). May include safe removal of: • Ballistic helmet • Nato helmet • Cycle helmet • Emergency services issue helmet • Construction industry helmet
	10.4 Recognise suspected musculoskeletal injuries	Must include assessment and management of fractures, dislocations, sprains and strains. Must include indications, contraindications, advantages, disadvantages and application of: • Slings • Malleable splints • Pelvic binders in conjunction with a scoop stretcher May include demonstrating sizing and applying a cervical collar. Note: We acknowledge some Organisations have varying clinical practice guidelines in relation to the use of cervical collars. In clinical practice Learners must always follow current UK Ambulance Service Clinical Practice Guidelines and/or own Organisation's protocols for immobilisation in the assessment and management of cervical spine and spinal trauma.
	10.5 Demonstrate prehospital emergency care for suspected musculoskeletal injuries	
11. Be able to move and handle people in an emergency to a place of relative safety	11.1 Conduct a dynamic moving and handling risk assessment	Must include: • Identifying hazards • Deciding who might be harmed and how • Evaluating the risks and deciding precautions • Verbalising findings • Implementing precautions • Recognising new or evolving hazards and/or risks and reviewing assessment • Specifics of the moving and handling activity; the task, individual/s, load, environment and other factors, e.g. necessity to carry out the activity and it is an emergency situation that requires the activity to take place May include the extrication decision tool, self-extrication decision making tool and further consensus recommendations contained within the Royal College of Surgeons of Edinburgh, Faculty of Pre-Hospital Care 'Extrication following a Motor Vehicle Collision' Guidance (2024).

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	11.2 Demonstrate safe use of prehospital care moving and handling equipment	Must include following agreed ways of working, manufacturers' guidance and moving and handling best practice. Must include: • Carry and transfer sheets • Foldable/rollable rescue stretchers May include: • Extrication board • Search and rescue stretchers • Recovery basket stretchers Note: We acknowledge some Organisations have varying clinical practice guidelines in relation to extrication. In clinical practice Learners must always follow own Organisation's protocols for extrication and immobilisation in the assessment and management of traumatically injured patients. Qualsafe Awards advocate best practice including the consensus recommendations contained within the Royal College of Surgeons of Edinburgh, Faculty of Pre-Hospital Care 'Extrication following a Motor Vehicle Collision' Guidance (2024).
12. Be able to assist clinicians packaging, moving and handling patients	12.1 Demonstrate assisting a clinician making ready moving and handling equipment	Should include making ready and assembling of an orthopaedic (scoop) stretcher in line with manufacturer's and own Organisation's agreed ways of working.
	12.2 Follow instructions from a clinician to move and handle patients	Should include following instructions and carrying out actions to safely move, package and transfer a patient for the purposes of ongoing care or conveyance to the next echelon of care.

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Component 3

Title:	Foundations of prehospital emergency medical care	
GLH:	11	
Level:	3	
Learning outcomes ***The Learner will:***	**Assessment criteria** ***The Learner can:***	**Indicative content:**
1. Be able to assess a patient who is unwell within scope of practice	1.1 Establish the presenting complaint and its potential cause	Must include mechanism of incident is the circumstances in which illness (or injury) occurs, this is commonly referred to as presenting complaint in patient assessment models. Assessing mechanism can confirm preconceived clinical feature patterns when providers and practitioners conduct patient assessments, and it can influence patient care and methods or speed of escalation to the next echelon of care or conveyance to definitive care. However, it does not negate the need for a thorough patient assessment as predictions may prove to be incorrect.
	1.2 Perform a structured patient assessment	Must include assessing: • Level of consciousness • Working of breathing (rate, volume, symmetry and effort) • Pulse rate, rhythm and strength • Capillary refill time • Skin tone, texture and temperature • Pupillary response • Motor and sensory function and dysfunction • Top to toe survey for signs and symptoms of injury/illness
	1.3 Obtain a patient history	Must include: • Allergies • History of presenting complaint • Past medical history • Family medical history • Social history
	1.4 Determine the severity of a patient's condition	Must include recognising signs and symptoms relating to injuries or illness and prioritising <C>ABCDE/MARCH problems. Severity should be based on vital signs, physical assessment, and relevant patient/event history.
	1.5 Identify appropriate referral pathways	Must include: • Emergency medical services (NHS Ambulance Service/Medical Emergency Response Team) • Prehospital emergency care practitioner (registered healthcare professional) • Urgent and emergency practitioners including patients GP or calling 111 May include: • Accredited event welfare team • Contacting a remote registered healthcare professional (telemedicine) • Appropriate safety netting including being in the care of a responsible person

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	1.6 Record assessment findings and interventions	Must include use of an appropriate recording tool or document such as a patient report form, patient care record/card or similar, ensuring accuracy and confidentiality.
	1.7 Make an immediate referral to the next echelon of care	Should include providing an accurate appraisal of patient's condition and help required using a structured format using radio or telecommunication. May include making a simulated 999/112 call to the NHS Ambulance Service.
2. Know how to identify and manage a patient experiencing breathing difficulties	2.1 Identify major components of the respiratory system	Must include: • Nose/mouth • Nasal cavity • Nasopharynx • Oral cavity • Oropharynx • Tongue • Hard palate • Epiglottis • Larynx • Trachea • Bronchus • Bronchioles • Alveoli • Diaphragm • Pleural membrane • Intercostal muscles • Lung
	2.2 Identify risk factors that could contribute to respiratory distress	Must include: • Hypoxia • Haemorrhage • Sepsis • Obesity • Hanging • Entrapment • Poor posture • Ineffective or poor airway management • Pressure on the torso, e.g. during restraint • Adverse weather and/or environmental factors • Pre-existing medical condition, e.g. asthma, COPD or heart failure

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	2.3 Identify recognition features of respiratory distress	Must include recognition of: • Pale, cold and clammy skin with cyanosis and increased respirations • Difficulty breathing/speaking in sentences, wheezing, use of accessory muscles and exhaustion, nasal flaring, grunting • Unnaturally deep, fast breathing, dizziness, feeling tight chested, cramps in hands and feet, flushed skin, pins and needles in the arms and hands • Respiratory distress, stridor and/or expiratory wheeze, cyanosis and agitation followed by sudden tranquillity, exhaustion
	2.4 Demonstrate the management of a patient experiencing respiratory distress	Should include: • Reassurance • Optimum positioning • Monitoring oxygen saturations and the consideration of emergency oxygen Must include: • Ventilatory support when directed by a clinician • Encouraging use of their reliever inhaler and spacer device
3. Know how to assess and manage a patient with suspected major illness	3.1 Identify characteristics and clinical features of medical emergencies	Must include causation, prevalence and clinical features of: • Stroke • Sepsis • Anaphylaxis • Asthma attack • Diabetes emergencies • Acute coronary syndrome May include meningitis in adults and children.
	3.2 Demonstrate prehospital emergency care for medical emergencies	Must include applying a structured approach to assess and manage medical emergencies which should include oxygen administration (where appropriate), temperature control and aiming to maintain normal physiology. Medical emergencies must include: • Stroke • Sepsis • Anaphylaxis • Asthma attack • Diabetes emergencies • Acute coronary syndrome May include the medical emergency acute behavioural disturbance and meningitis.

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	3.3 Demonstrate safe administration of medications for an acute medical emergency	Must include checking: • Correct patient • Allergies • Correct drug • Correct dose • Expiry date • Correct route of administration • Correct indication for administration • Check contraindications and cautions • Vital signs before and after administration • Recording the administration Must include: • Use of a spacer device in conjunction with a reliever inhaler • Assisting a patient experiencing an asthma attack taking their own prescribed reliever inhaler • Administration of an adrenaline auto-injector or nasal spray for anaphylactic shock • Administration of glucose gel (or similar) for diabetic hypoglycaemia • Administration of aspirin for acute coronary syndrome Note: The Human Medicines Regulations 2012, SCHEDULE 19. Regulation 238, schedule 19 Medicinal products for parenteral administration in an emergency includes Adrenaline 1:1000 up to 1mg for intramuscular use in anaphylaxis. Administration of Aspirin is in accordance with HSE guidance and current accepted first-aid practice. May include assisting a patient experiencing chest pain taking their own prescribed medication only if within FREC®3 provider's clearly defined scope of practice within their own Organisation's clinical direction and governance framework that supports FREC®3 provider's maintenance of competence and clinical auditing.
4. Be able to manage an unresponsive breathing patient	4.1 Identify common causes of unconsciousness	Must include: • Sepsis • Stroke • Fainting • Convulsions • Cardiac arrest • Alcohol abuse • Traumatic brain injury • Hypo/hyperglycaemia • Substance abuse and overdose
	4.2 Differentiate between causes of convulsions and seizure like episodes	Must include: • Peri arrest • Uncomplicated faint • Epilepsy and status epilepticus • Seizure caused by injury or illness

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	4.3 Recognise management of an actively convulsing patient	Must include assessment and emergency care including: • Airway management • SpO_2/respirations monitoring, administration of emergency oxygen • Aftercare and seeking clinical assistance or referral
	4.4 Demonstrate the assessment and management of an unconscious patient	
5. Know how to provide prehospital emergency care to patients who have been overcome by situational or environmental factors	5.1 Identify how environmental factors could affect scene safety	Must include: • Height of location • Adverse weather • Confined spaces • Close proximity to water • Proximity to further help
	5.2 Recognise the effects of environmental exposure	Must include: • Hypothermia • Cold-related injuries • Hyperthermia • Heat-related injuries • Heat loss mechanisms - radiation, conduction, convection and evaporation
	5.3 Identify how to provide prehospital emergency care to patients who are showing the effects from environment	Must include dynamic risk assessment, prehospital emergency care including addressing <C>ABCDE/MARCH problems from the predisposed cause, i.e. heat or cold, and the severity of symptoms. May include evacuation and/or extrication from the environment only if within FREC®3 provider's clearly defined scope of practice and they are trained and deemed competent within their own Organisation that has governance that supports FREC®3 provider's maintenance of competence and clinical auditing.
	5.4 Identify characteristics and clinical features of drowning	Must include: • Fatal drowning (the patient dies at any stage during the drowning process) • Non-fatal drowning (the drowning process is interrupted and the patient survives) • How drowning occurs, e.g. submersion, immersion • Importance of patient attending emergency department if involved in non-fatal drowning • Causes of drowning, e.g. intoxication, extreme cold water, poor parental supervision

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Learning outcomes *The Learner will:*	Assessment criteria *The Learner can:*	Indicative content:
	5.5 Identify how to respond to immersion and submersion incidents and provide prehospital emergency care within scope of practice	Must include dynamic risk assessment, prehospital emergency care including addressing <C>ABCDE/MARCH problems particularly airway management, SpO_2/respirations monitoring, administration of emergency oxygen and providing a handover including the mechanisms of drowning. May include attempting rescue of a casualty from the water only if within FREC®3 provider's clearly defined scope of practice and they are trained and deemed competent within their own Organisation that has clinical direction and governance that supports FREC®3 provider's maintenance of competence and clinical auditing.

Note: Full and detailed qualification content is available to approved Centres in the form of lesson plans which are provided free of charge.

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Appendix 2 – Occupational knowledge and competence in prehospital care

All Trainers, Assessors, IQAs must have occupational knowledge and competence in emergency care. Acceptable evidence includes:

- Current registration as a Doctor with the General Medical Council (GMC)
- Current registration as a Nurse with the Nursing and Midwifery Council (NMC)
- Current registration as a Paramedic with the Health and Care Professions Council (HCPC)
- QA Level 5 Diploma in First Response Emergency and Urgent Care (RQF)
- Qualsafe Level 5 Diploma in First Response Emergency and Urgent Care (RQF)
- Qualsafe Level 4 Diploma for Associate Ambulance Practitioners (QCF or RQF)
- Pearson BTEC Level 3 in Ambulance Aid (previously IHCD/Edexcel)
- QA Level 4 Certificate in First Response Emergency Care (QCF or RQF)
- Qualsafe Level 4 Certificate in First Response Emergency Care (RQF)
- Pearson BTEC Level 4 Extended Certificate for First Person On Scene (RQF)
- Equivalent prehospital care qualification*

and

- A CPD portfolio which should include a current job description/role profile, a recent summary of work (within the last 2 years), a list of relevant qualifications they hold to demonstrate occupational, teaching and assessing competency, and CPD activities which demonstrate sufficient coverage of the learning content of the prehospital care qualification they hold approval/or seeking approval for. As a minimum, there must be evidence of attendance of resuscitation training and assessment appropriate for their clinical grade. Alternatively, evidence of trainer observations conducted by an IQA for a Resuscitation Council UK accredited or regulated basic/immediate/advanced life support course/qualification may be acceptable**

*Other equivalent qualifications must be submitted to Qualsafe Awards with detailed evidence of course/qualification content, learning outcomes and assessment criteria. Trainer/Assessors must prove they meet or exceed all learning outcomes and/or assessment criteria for Qualsafe Level 4 Certificate in First Response Emergency Care (RQF) before equivalency can be considered.

**It is the responsibility of approved Centres to check CPD portfolios to ensure the relevant requirements have been met. CPD portfolios must be recorded and retained for a minimum of 3 years (on an ongoing basis) and made available to Qualsafe Awards upon request for External Quality Assurance purposes.

Qualsafe Approved Trainers/Assessors and Internal Quality Assurers (IQAs) who deliver and assess extended skills must be qualified and hold the relevant continuing professional development (CPD) evidence to prior to teaching and assessing optional assessments (extended skills).

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Appendix 3 – Acceptable training/assessing qualifications

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

Current Qualifications	Train	Assess
Level 3 Award in Teaching and Assessing in First Aid Qualifications	√	√
Level 3 Award in Education and Training	√	√
Level 4 Certificate in Education and Training	√	√
Level 5 Diploma in Education and Training	√	√
Cert Ed/PGCE/B Ed/M Ed	√	√
SVQ 3 Learning and Development SCQF Level 8	√	√
SVQ 4 Learning and Development SCQF Level 9	√	√
TQFE (Teaching Qualification for Further Education)	√	√
Planning and Delivering Learning Sessions to Groups SCQF Level 6 (SQA Unit)	√	√
L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	√
L&D Unit 7 Facilitate Individual Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	√
L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (SQA Accredited)		√
Carry Out the Assessment Process SCQF Level 7 (SQA Unit)		√
Level 3 Award in Assessing Competence in the Workplace 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 competences using direct and indirect methods SCQF Level 8 (SQA Accredited) – replacing Units A1 and D32/33		√
L&D Unit 9D - Assess workplace competence using direct methods SCQF Level7 (SQA Accredited) – replacing Units A2 and D32		√
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	√	√
Paramedic/Nursing mentorship qualifications	√	√
S/NVQ level 3 in training and development	√	√
S/NVQ level 4 in training and development	√	√
PDA Developing Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	√	
PDA Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	√	

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PTLLS (6 credits)	√	
Training Group A22, B22, C21, C23, C24	√	
Learning and Teaching – Assessment and Quality Standards SCQF Level 9 (SQA Unit)		√
A1 (D32/33) – Assess candidates using a range of methods		√
Conduct the Assessment Process SCQF Level 7 ((SQA Unit)		√
A2 (D32) – Assess candidates' performance through observation		√

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

Appendix 4 – Qualifications suitable for internal quality assurance and prehospital care skills and knowledge

Internal Quality Assurers (IQAs) must:

- Have occupational knowledge and skills in prehospital care (see Appendix 2), as a minimum IQAs must hold a Qualsafe Level 3 Award in First Response Emergency Care (RQF) **and**
- Have a CPD portfolio* that should include a current job description/role profile, a recent summary of work (within the last 2 years), a list of relevant qualifications they hold to demonstrate occupational, teaching and assessing competency, and CPD activities. Coverage should demonstrate sufficient coverage of the learning content of the prehospital care qualification they hold approval/or seeking approval for. As a minimum, evidence of attendance of resuscitation training and assessment appropriate for their clinical grade **and**
- Hold or be working towards an acceptable quality assurance qualification:

L&D Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment SCQF Level 8 (SQA Accredited)
Level 4 Award in Understanding the Internal Quality Assurance of Assessment Processes and Practice
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 Quality of Assessment
V1 Conduct Internal Quality Assurance of the Assessment Process or D34 Internally Verify the Assessment Process
Internally Verify the Assessment Process SCQA Level 8 (SQA Unit)

*It is the responsibility of approved Centres to check CPD portfolios to ensure the relevant requirements have been met. CPD portfolios must be recorded and retained for a minimum of 3 years (on an ongoing basis) and made available to Qualsafe Awards upon request for External Quality Assurance purposes.

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Note: IQAs who do not hold a formal IQA qualification may alternatively attend *Internal Quality Assurance CPD Training with an Awarding Organisation*. Qualsafe Awards recommends those who have approval by attending Internal Quality Assurance CPD Training also be working towards Level 4 Award in Understanding the Internal Quality Assurance of Assessment Processes and Practice (RQF).

Note: If relevant qualifications or experience do not appear on this list, please provide us with details as these alternatives could be acceptable. Other equivalent qualifications must be submitted to Qualsafe Awards with detailed evidence of course/qualification content, learning outcomes and assessment criteria.

Appendix 5 – Optional practical assessments (Extended skills)

If any Extended skills are being delivered and assessed, the course duration will need to be increased depending upon the Extended skills being taught.

Qualsafe Awards Centres teaching and assessing FREC®3 Optional assessment (Extended skills) must have:

- Suitable and adequate equipment and learning resources and will extend the course duration as required
- Qualsafe Approved Trainers/Assessors and Internal Quality Assurers (IQAs) are appropriately qualified and hold the relevant continuing professional development (CPD) evidence to facilitate the delivery of the required extended skills and the FREC®3 qualification
- Submit video evidence to Qualsafe of the first FREC®3 course delivered which includes these skills for quality assurance review purposes
- Submit FREC®3 Optional Practical Assessments (Extended Skills) Declarations prior to delivery and assessment commencing

Optional assessment 1 – Supraglottic airway device (Component 1:5.4)		Indicative Content
Select, size and insert a supraglottic airway device (SAD)	Must include supraglottic airway devices only if within FREC®3 provider's clearly defined scope of practice within their own Organisation's clinical direction and governance framework that supports FREC®3 provider's maintenance of competence and clinical auditing	Must include: • Indications • Contraindications • Advantages • Disadvantages • Cautions • Correct size selection • Correct technique
Optional assessment 2 – Inhaled analgesia (Nitrous Oxide) (Component 1:8.3 and 8.2)		**Indicative Content**
Safe administration of Nitrous Oxide (Entonox/Nitronox) to a patient at the appropriate dose using appropriate adjuncts	May include using a face piece or mask to administer Entonox/Nitronox if indicated and pre-administration and patient safety checks have been completed.	Must include: • Correct patient • Allergies • Correct drug • Correct dose • Expiry date • Correct route of administration • Correct indication for administration • Check contraindications and cautions • Vital signs before and after administration • Recording the administration

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Optional assessment 3 – Inhaled analgesia (Penthrox) (Component 2:2.3)		Indicative Content
Safe administration of Penthrox	Administration of inhaled analgesia (Penthrox), critical decision-making to determine the need for extrication and evacuation to next echelon of care only if within FREC®3 provider's clearly defined scope of practice within their own Organisation's clinical direction and governance framework that supports FREC®3 provider's maintenance of competence and clinical auditing.	Must include: • Correct patient • Allergies • Correct drug • Correct dose • Expiry date • Correct route of administration • Correct indication for administration • Check contraindications and cautions • Vital signs before and after administration • Recording the administration
Optional assessment 4 – Administration of naloxone (Component 2:9.3)		**Indicative Content**
Administration of naloxone for the purposes of saving a life	Administration of naloxone for the purposes of saving a life in an emergency only if within FREC®3 provider's clearly defined scope of practice within their own Organisation's clinical direction and governance framework that supports FREC®3 provider's maintenance of competence and clinical auditing	Must include: • Correct patient • Allergies • Correct drug • Correct dose • Expiry date • Correct route of administration • Correct indication for administration • Check contraindications and cautions • Vital signs before and after administration • Recording the administration
Optional assessment 5 – Blood glucose measurement (Component 3:1.2)		**Indicative Content**
Safely obtain a blood glucose measurement	Obtain a blood glucose measurement if within FREC®3 provider's clearly defined scope of practice within their own Organisation's clinical direction and governance framework that supports FREC®3 provider's maintenance of competence and clinical auditing.	Must include: • Infection prevention control techniques • Equipment safety and preparation checks • Pre and post procedure assessment

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Appendix 6 – Qualsafe at Home delivery

Detailed below is the content that is permitted to be delivered via a virtual classroom and the content that must be delivered face-to-face. This list must be adhered to at all times and will be subject to review during EQA visits. Further details about the requirements for delivering a Qualsafe at Home course are available to approved Centres in the 'Centre downloads' section of their QA Customer Portal. **All Centres must seek approval for remote training by completing the *Qualsafe at Home Centre Application* before they deliver a course with any remote elements.**

Assessment criteria that can be delivered remotely	Assessment criteria that must be delivered face-to-face
Component 1	
1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.6, 4.1, 4.2, 4.3, 5.1, 5.2, 6.1, 6.11, 8.1, 8.2	2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 3.1, 3.2, 3.3, 3.4, 3.5, 4.4, 5.3, 5.4, 5.5, 5.6, 5.7. 5.8, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 7.1, 7.2, 7.3, 7.4, 7.5, 8.3, 8.4, 8.5, 8.6
Component 2	
1.1, 1.2, 1.3, 4.1, 5.1, 5.2, 5.3, 5.6, 6.1, 7.1, 8.1, 8.2	2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 4.2, 4.3, 5.4, 5.5, 5.6, 6.2, 9.1, 9.2, 9.3, 10.1, 10.2, 10.3, 10.4, 10.5, 11.1, 11.2, 12.1, 12.2
Component 3	
1.1, 1.5, 2.1, 2.2, 2.3, 3.1	1.2, 1.3, 1.4, 1.6, 1.7, 2.4, 3.2, 3.3, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 5.5.

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