Regulated Qualifications (RQF)



VQA Level 3 Award in Paediatric First Aid (RQF)

Qualification Number: 603/0581/2

Version 7.5

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Summary of changes

The following table provides a summary of the changes that have been made to the qualification specification since the publication of the previous version.

Version number	Summary of changes
Version 7	Addition made roles and responsibilities of First Aider in assessment guidance Wording changed – "catastrophic bleeding" to "life threatening bleeding" M/615/2496 – additional notes on body temperature management in assessment guidance
Version 7.1	Addition of link to reference documents.

Version 7.2	Addition of accessibility section K/615/2495 Clarification statement added to assessment requirements explaining the purpose of indicative content and the term 'must' Wording update in assessment requirements stating simulation is 'required' AC 3.1 Minor wording update AC 7.1 Minor wording update Updates applied to the indicative content: Minor wording updates throughout for clarity AC 1.1 Removal of 'self-care' from the list and addition of 'roles and responsibilities may be demonstrated holistically' AC 1.2 Update to the explanation of 'others' and addition of 'minimising the risk of infection may be demonstrated holistically' AC 1.3 Addition of 'Adolescent 13 to 18 years old' to the list AC 2.2 Addition of 'catastrophic bleeding', 'disability' and 'exposure' to the primary survey sequence AC 2.3 Addition of 'summoning appropriate assistance may be demonstrated holistically' AC 3.1 Addition of 'slow laboured breathing/panting' AC 3.2 Change from 30 to '15 chest compressions', addition of 'correct 2-thumb encircling position for an infant' and addition of the use of a 'child manikin' when demonstrating CPR AC 3.3 Updates to wording for clarity AC 3.4 Addition of 'infant' recovery position AC 3.5 Addition of 'must' and wording updates for clarity for an infant and a child AC 3.6 Minor wording update for clarity AC 4.1 Minor wording update for clarity AC 4.2 Minor wording update for clarity AC 5.1 New indicative content on identification of 'life- threatening (catastrophic) bleeding' AC 5.2 Removal of aseptic now 'clean technique'. Additional wording for clarity on how to position the casualty, treatment for 'life-threatening' bleeding, and wound packing 'Including improvised.' AC 6.1 Addition of 'Pale skin inside the lips (for

Version number	Summary of changes
	dark skin tones)' AC 7.1 Change to cold compress time 'up to 20 minutes' M/615/2496 AC 4.1 Removal of 'diabetic' AC 4.2 Removal of 'diabetic' Clarification statement added to assessment requirements explaining the purpose of indicative content and the term 'must' Wording update in assessment requirements stating simulation is 'required' Minor wording update throughout for clarity AC 2.1 Addition of 'Numbness, tingling and muscle weakness' AC 2.3 Addition of 'Opening the airway using a jaw thrust technique' AC 4.1 Removal of 'diabetic' AC 4.2 Removal of 'diabetic' AC 5.1 updated indicative content, removal of 'Extreme weather – hot or cold – in relation to the temperature changes' AC 7.2 Addition of 'with cool running tap water' and 'CDE' to DRABC AC 9.2 Addition of 'Use of the casualty's adrenaline auto-injector or nasal spray' and 'Using the opposite leg to administer a second dose of adrenaline if needed' AC 9.3 Updated wording for clarity 'The use of a 'training device' adrenaline auto-injector: must be demonstrated using a training device and NOT a live auto-injector'
Version 7.3	Addition of Blended Learning guidance K/615/2495 Updated unit assessment guidance for the primary survey sequence and included definition of shock
Version 7.4	Application of this qualification clarified for learners aged below 16

Version number	Summary of changes
Version 7.5	Branding, formatting and SPaG updates Total Qualification Time updated to 16 hours Updated Early Years Foundation Stage Statutory Framework referencing. Updated Tutor, Assessor and Internal Quality Assurer Requirements to reference FAAOF's Assessment Principles for Regulated First Aid Qualifications.

Introduction

Welcome to VQA

VQA is an Awarding Organisation recognised by the Office of Qualifications and Examinations Regulation (Ofqual) in England and CCEA Regulation in Northern Ireland.

VQA offers qualifications which are regulated by Ofqual and, in some cases, by CCEA Regulation. All regulated VQA qualifications sit on the Regulated Qualifications Framework (RQF) and are listed on the Register of Regulated Qualifications.

Our qualifications are designed to support and encourage learners to develop their knowledge and skills. This development may result in progression into employment or career development in the workplace. Our qualifications also allow learners to progress onto further qualifications. Please visit our website for news of our new and coming soon developments.

Centre Recognition

To offer a VQA qualification, a centre must be recognised by VQA.

The VQA centre recognition process requires a centre to have in place a number of policies and procedures to protect the learners undertaking a VQA qualification and the integrity of VQA's qualifications. These policies and procedures will also support a recognised centre's quality systems and help support the centre to meet the qualification approval criteria.

Recognised centres must seek approval for each qualification they wish to offer.

The approval process requires centres to demonstrate that they have sufficient resources, including; suitably qualified and occupationally competent staff to deliver, assess and quality assure the qualification and access to appropriate support in the form of specialist resources. Qualification approval must be confirmed before any assessment of learners takes place.

Qualification Specifications

Each qualification VQA offers is supported by a specification that includes all the information required by a centre to deliver the qualification. Information in the specification includes unit information, learning outcomes, and how the qualification is assessed.

The aim of the qualification specification is to guide a centre through the process of delivering the qualification.

Details of VQA's procedures and policies can be found on our website.

Qualification specifications can also be found on our website. If you have any further questions, please contact VQA.

Centres must ensure they are using the most recent version of the qualification specification for planning and delivery purposes.

Reproduction of this document

Centres may reproduce the qualification specification for internal use only but are not permitted to make any changes or manipulate the content in any form.

Centres must ensure they use the most up-to-date pdf version of the specification.

Use of VQA Logo, Name and Qualifications

VQA is a professional organisation and the use of its name and logo is restricted. VQA's name may only be used by recognised centres to promote VQA qualifications. Recognised centres may use the logo for promotional materials such as corporate/business letterheads, pages of the centre's website relating to VQA qualifications, printed brochures, leaflets, or exhibition stands.

When using VQA's logo, there must be no changes or amendments made to it, in terms of colour, size, border or shading. The logo must only be used in a way that easily identifies it as VQA's logo. Any representation of VQA's logo must be a true representation of the logo.

It is the responsibility of the centre to monitor the use and marketing of VQA's logos and qualifications on their own materials as well as on those of any re-sellers or third parties they may use. VQA must be made aware of centre relationships with re-sellers of VQA qualifications. VQA must be made aware of any additional websites where the centre intends to use VQA's name and/or logo. If this information is changed, VQA should be notified immediately. VQA is required to monitor centres' websites and materials to ensure that learners are not being misled.

If a centre ceases to be/surrenders recognition as a VQA centre, it must immediately discontinue the use of VQA's logo, name, and qualifications from all websites and documents.

Introduction to the Qualification

The VQA Level 3 Award in Paediatric First Aid (RQF) is regulated by Ofqual.

The qualification was developed in association with and is supported by the First Aid Awarding Organisation Forum.

The units must be delivered, assessed and quality assured in accordance with Assessment Principles for Regulated First Aid Qualifications. These requirements are in addition to those detailed in this specification.

Centres may deliver this qualification either entirely through face-to-face learning or through an approved blended learning model. Where a blended learning approach is adopted, centres must comply with the requirements set out on pages 12 and 13. Where blended learning is not used, all learning must be delivered face to face.

To support effective delivery of this qualification, centres should familiarise themselves with the Assessment Principles, Assessment Standardisation, Blended Learning, and Delivery Standards set by the First Aid Awarding Organisation Forum. Supporting documents can be found on their website.

Qualification Purpose

The purpose of the qualification is for the learner to attain knowledge and practical competences required to deal with a range of workplace first aid situations.

The VQA Level 3 Award in Paediatric First Aid (RQF) is usually delivered as a two-day programme of training and assessment for learners to allow them to be paediatric first aiders.

The qualification has recommended course duration of two days. The course duration may be increased to meet additional learning needs if required but not reduced.

The qualification develops learners' knowledge, understanding and skills in the following areas:

- roles and responsibilities of the Paediatric First Aider
- assessing an incident
- recognising signs and symptoms of injury and illness
- assisting a casualty who is suffering from major injury and illness, chest injuries, spinal injuries and anaphylaxis.

The units have been developed and are supported by the First Aid Awarding Organisation Forum to meet the requirements of the:

- Department for Education: Early Years Foundation Stage Statutory Framework – September 2026
- Health and Social Care Board (NI) Childminding and Day Care for Children under Age 12 Minimum Standards
- Welsh Government: National Minimum Standards for Regulated Childcare for Children up to the age of 12 years.

Guidance on Requalification

Learners must repeat the qualification before their PFA certificate expires in order to remain qualified to provide Paediatric First Aid.

If this qualification is being used to meet the requirements of the HSE then it is valid for three years, after which learners will need to repeat the qualification, however it is recommended that learners refresh their knowledge annually.

Entry Requirements

There are no specific entry requirements however learners should have a minimum of level two in literacy and numeracy or equivalent.

The recommended minimum age for this qualification is 14 years.

Please note that whilst a 14-year-old can attain and be certificated in VQA's Level 3 Award in Paediatric First Aid (RQF), industry- standard regulatory guidance explicitly states that: "a student cannot claim the official title of 'First Aider in the Workplace' until they reach the age of 16" and would not be covered by an employer's insurance and compliance logs.

Progression

Successful learners can progress to other qualifications such as:

- VQA Level 2 Award in Cardiopulmonary Resuscitation and Automated External Defibrillation
- VQA Level 3 Award in First Aid at Work
- VQA Level 2 Certificate for the Children & Young People's Workforce
- VQA Level 2 Diploma for the Early Years Practitioner
- VQA Level 3 Diploma for the Children and Young People's Workforce (Learning, Development & Support Services)
- VQA Level 3 Diploma for the Children and Young People's Workforce (Early Learning & Childcare)
- VQA Level 3 Diploma for the Children and Young People's Workforce (Social Care)
- VQA Level 3 Diploma for Early Years Care & Education (Early Years Educator)
- Level 3 Certificate/ Diploma in Healthcare Support
- Level 3 Diploma in Healthcare Support (Maternity)

Structure

Learners must achieve all mandatory units.

Mandatory Units:

Title	Unit ref.	Level	Guided Learning Hours	Credit value
Emergency paediatric first aid	K/615/2495	3	6	1
Managing paediatric illness, injuries and emergencies	M/615/2496	3	6	1

Optional Units

Guided Learning Hours

These hours are made up of all contact time, guidance or supervision of a learner by a lecturer, supervisor, tutor, trainer or other appropriate provider of education or training.

GLH for this qualification is 12 hours.

Directed Study Requirements

Learners are expected to study and complete aspects of their assessment portfolio in their own time. This additional time is expected to be approximately 4 hours over the cycle of the programme.

Total Qualification Time

This is an estimate of the total length of time it is expected that a learner will typically take to achieve and demonstrate the level of attainment necessary for the award of the qualification i.e. to achieve all learning outcomes.

Total Qualification Time is comprised of the GLH and an estimate of the number of hours a learner is likely to spend in preparation, study or any other learning, including assessment, which takes place as directed by, but not under the supervision of, a lecturer, supervisor or tutor. The credit value for a qualification, where given, is determined by TQT, as one credit corresponds to 10 hours of learning.

The Total Qualification Time for this qualification is 16 hours.

Assessment

It is essential that all learners are assessed in English unless the qualification specification specifically states that another language may be accepted. This ruling also applies to all learner evidence presented for external quality assurance purposes.

The units should be delivered, assessed and quality assured in accordance with the Assessment Principles for Regulated First Aid Qualifications, published by the First Aid Awarding Organisation Forum.

The qualification is assessed by internally set and marked assessments subject to external quality assurance.

Where stated, units should be assessed in line with the EYFS framework.

All learning outcomes which assess knowledge and understanding (usually beginning with 'understand' or 'know how to') may be assessed through, for example, internally set and marked written assignments, tasks, records of oral or written questions, workbooks, or other portfolio evidence.

Achievement of the qualification includes demonstration of practical skills and confirmation of workplace competence (usually learning outcomes beginning with 'Be able to'). Details of specific requirements and where simulation is /is not permitted is included in the unit specifications.

Materials for internal assessment must be submitted to VQA for approval prior to use and must be mapped to the relevant unit, learning outcome and assessment criteria.

All learning outcomes and assessment criteria must be met to achieve a pass - there is no grading.

Each unit within the qualification may have its own assessment requirements, assessment guidance and range.

- **Assessment requirements**: sets out the mandatory conditions that must be met for assessment to be valid. They specify how an assessment must be conducted. Centres must adhere to these requirements.
- **Mandatory range**: defines the required breadth and depth of coverage for specific assessment criteria. It sets out the minimum and mandatory expectations for assessment.
- **Assessment guidance**: provides clarification to support the consistent interpretation and application of the assessment criteria. It explains intent, defines key terms where necessary, and offers contextual information to support understanding.
- **Useful websites**: resources that could be used by centres for the delivery of the qualification and by learners to support them with the completion of the unit.

Centre Devised Assessment (CDA) Guidance

Centre-devised assessments play a vital role in the evaluation of a learner's progress as they are based on the qualification's learning objectives. They provide learners with the opportunity to evidence the knowledge, understanding, and skills gained while studying the qualification and support teaching staff in monitoring the learner's progress.

As this qualification is internally assessed, VQA allows centres to produce their own assessments. When designing them, assessors must give consideration to the depth and breadth of knowledge allowed by each task.

VQA has produced centre guidance on our suggested approaches to designing appropriate assessment tasks, and these may be accessed from our website www.VQA.org.

To ensure the validity and fairness of our qualifications, centre-devised assessments form part of our quality assurance processes. More information about this and how to prepare for external quality assurance reviews can be found on our website.

Course Delivery

Blended learning is acceptable for this qualification.

Pre-Course Information

All learners should be given appropriate pre-course information regarding any VQA qualifications. The information should explain the qualification, the fee, the form of the assessment and any entry requirements or resources needed to undertake the qualification.

Initial Assessment

Centres should ensure that any learner registered on a VQA qualification undertakes some form of initial assessment. The initial assessment should be used to inform a teacher/trainer of the level of the learner's current knowledge and/or skills and any additional specific support requirements the learner may need.

The initial assessment can be undertaken by a teacher/trainer in any form suitable for the qualification to be undertaken by the learner/s. It is the centre's responsibility to make available forms of initial assessment that are valid, applicable, and relevant to VQA qualifications.

Blended Learning

The Blended Learning in First Aid Quality Assurance Standards, agreed nationally by the First Aid Quality Partnership and the First Aid Awarding Organisation Forum (FAAOF) set the requirements for delivering first aid qualifications through a blended learning model (part distance learning, part face-to-face).

Distance learning is classed as e-learning or virtual classroom learning i.e. webinars whereas face to face training takes place with learners in the same room as the tutor or assessor.

Centres may use a blended learning approach, provided that all qualification, assessment and quality assurance requirements are fully met. Blended delivery must not reduce the qualification's Guided Learning Hours (GLH) or Total Qualification Time and all practical learning outcomes must be taught and assessed face to face.

At the time of publication, the Department for Education's (DfE) Early Years Foundation Stage statutory framework requires the following topics to be delivered face to face:

- Be able to assess an emergency situation and prioritise what action to take
- Help a baby/child who is unresponsive and breathing normally.
- Help a baby/child who is unresponsive and not breathing normally.
- Help a baby/child who is having a seizure.
- Help a baby/child who is choking.
- Help a baby/child who is bleeding.
- Help a baby/child who is suffering from shock caused by severe blood loss (hypovolemic shock).
- Help a baby/child who is suffering from anaphylactic shock.
- Help a baby/child who has had an electric shock.

- Help a baby/child who has burns or scalds.
- Help a baby/child who has a suspected fracture.
- Help a baby/child with head, neck or back injuries.
- Help a baby/child who is suspected of being poisoned.
- Help a baby/child with a foreign body in eyes, ears or nose.
- Help a baby/child with an eye injury.
- Help a baby/child with a bite or sting.
- Help a baby/child who is suffering from the effects of extreme heat or cold.
- Help a baby/child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions.
- Understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and how to record accidents and incidents).

Where distance learning is used, centres must:

- Provide learners with appropriate support and guidance throughout
- Have robust processes to confirm learner identity and authenticate assessment evidence
- Retain auditable evidence of learner attendance and achievement.

The minimum face-to-face training requirements are shown below:

Qualification	Guided Learning Hours*	Guided Learning Hours delivered face-to-face*
Level 3 Award in Paediatric First Aid	12	6

* Excluding Breaks

Centres must ensure that their delivery model complies with these minimum face-to-face requirements and that learners have sufficient opportunity to develop and demonstrate practical first aid competence before certification can be awarded. Centres should also ensure that they are using the most up-to-date guidance for blended learning which can be found on the FAAOF website: https://faaof.org/blended-learning/

Guidance from the Department for Education can be found on www.gov.uk

Teaching resources

All teaching materials and additional resources used to support the delivery of this qualification must be age-appropriate. Centres must ensure when developing or sourcing

delivery materials that careful consideration is given to the safeguarding and wellbeing of their learners in line with the centre's policies and procedures.

Learners will need access to the following:

- Course manual
- ICT resources if applicable
- Equipment at the venue
- Appropriate general and subject specific texts
- A suitably equipped venue and resources
- Other resources to support identified needs of learners
- Resources to support the delivery of the qualification

To ensure suitable training, the trainer must also be able to provide the following resources:

- CPR manikins at a ratio of 1 manikin to 3 learners
- Training defibrillator (if applicable)
- Hard surface wipes ideal for manikins
- First aid kit
- Training dressings
- Triangular bandages
- Sterile eye pads
- Auto injector trainer
- Face shield
- Example accident report form
- Disposable gloves

This list is not exhaustive. Additional resources may be added to meet the needs of the learners.

Learner Registration

Once approved to offer a qualification, centres must follow VQA's procedures for registering learners. Learner registration is at the discretion of the centre and in line with equality legislation and health and safety requirements.

Centres must register learners before any assessment can take place.

Tutor, Assessor and Internal Quality Assurer Requirements

Tutors, assessors and internal quality assurers must meet the occupational competence, qualification and experience requirements specified in the current Assessment Principles for

Regulated First Aid Qualifications published by the First Aid Awarding Organisation Forum (FAAOF).

All members of staff involved with the qualification (delivery, assessment or IQA) will need to be occupationally competent in the subject area being delivered.

Staff members will also be expected to have a working knowledge of the requirements of the qualification and a thorough knowledge and understanding of the role of tutors/assessors and internal quality assurance. They are also expected to undertake continuous professional development (CPD) to ensure they remain up to date with work practices and developments associated with the qualifications they assess, or quality assure.

Tutor

Tutors or trainers who deliver a VQA qualification must possess a teaching qualification appropriate for the level of qualification they deliver.

This can include:

- Further and Adult Education Teacher's Certificate
- Cert Ed/PGCE/Bed/MEd
- PTLLS/CTLLS/DTLLS
- Level 3 Award/Level 4 Certificate/Level 5 Diploma in Education and Training.

Assessor

Staff who assess a VQA qualification must possess an assessing qualification appropriate for the level of qualification they are delivering or be working towards a relevant qualification and have their assessment decisions countersigned by a qualified assessor.
This can include:

- Level 3 Award in Assessing Competence in the Work Environment
- Level 3 Award in Assessing Vocationally Related Achievement
- Level 3 Award in Understanding the Principles and Practices of Assessment
- Level 3 Certificate in Assessing Vocational Achievement
- A1 or D32/D33.

Specific requirements for assessors may be indicated in the assessment strategy/principles identified in individual unit specifications.

Internal Quality Assurer

Centre staff who undertake the role of an Internal Quality Assurer (IQA) for VQA qualifications must possess or be working towards a relevant qualification and have their

quality assurance decisions countersigned by a qualified internal quality assurer. This could include:

- 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
- V1 qualification (internal quality assurance of the assessment process)
- D34 qualification (internally verify NVQ assessments and processes).

It is best practice that those who quality assure qualifications also hold one of the assessing qualifications outlined above. IQAs must follow the principles set out in Learning and Development NOS 11 - Internally monitor and maintain the quality of assessment.

External Quality Assurance

External Quality Assurance will be undertaken by VQA to ensure that centres are complying with VQA quality assurance requirements associated with their VQA recognised centre status and formal written agreement. This will comprise a scheduled face-to-face or remote quality assurance activity where the EQA will review the centre's policies and procedures, speak with centre staff, and conduct the sampling of learner work.

Useful Websites

Office of Qualifications and Examinations Regulation
Register of Regulated Qualifications

For further details regarding approval and funding eligibility please refer to the following websites:

- Department for Education (DfE)
- Learning Aim Reference Service (LARS)
- Health and Safety Executive
- First Aid Awarding Organisation Forum
- Health and Safety Executive NI
- Skills for Health
- The Resuscitation Council (UK)

Mandatory Units

Title:	Emergency paediatric first aid
Unit reference number:	K/615/2495
Level:	3
Credit value:	1
Guided learning hours:	6

	Learning outcomes The learner will:		**Assessment criteria The learner can:**
1.	Understand the role and responsibilities of the paediatric first aider	1.1	Identify the role and responsibilities ofa paediatric first aider
		1.2	Identify how to minimise the risk of infection to self and **others**
		1.3	Differentiate between an infant and a child for the purposes of first aid treatment
2.	Be able to assess an emergency situation safely	2.1	Conduct a scene survey
		2.2	Conduct a primary survey on an infant and a child
		2.3	Summon appropriate assistance when necessary
3.	Be able to provide first aid for an infant and a child who are unresponsive	3.1	Identify when to administer Cardiopulmonary Resuscitation (CPR) to an **infant or a child**
		3.2	Demonstrate **CPR** using an infant manikin and a child manikin
		3.3	Identify when to place an infant or a child into the recovery position
		3.4	Demonstrate how to place an infant and a child into the recovery position
		3.5	Demonstrate continual monitoring of breathing foran infant and a child whilst they are in the recovery position

	Learning outcomes The learner will:		Assessment criteria The learner can:
		3.6	Identify how to administer first aid to an **infant or a child** who is experiencing a seizure
4.	Be able to provide first aid for an infant and a child who are choking	4.1	Identify when an **infant or a child** is choking
		4.2	Demonstrate how to administer first aid to an infant who is choking and a child who is choking
5.	Be able to provide first aid to an infant and a child with external bleeding	5.1	Identify whether external bleeding is life-threatening
		5.2	Demonstrate how to administer first aid to an infant or a child with external bleeding
6.	Know how to provide first aid to an infant or a child who is suffering from shock shock	6.1	Recognise when an infant or a child is suffering from
		6.2	Identify how to administer first aid to an **infant or a child** who is suffering from shock
7.	Know how to provide first aid to an infant or a child with bites, stings and minor injuries	7.1	Identify how to administer first aid to an infant or a child: • Bites • Stings • Small cuts • Grazes • Bumps and bruises • Small splinters • Nose bleeds.

Assessment Requirements:

This unit must be assessed in line with annex A within the EYFS framework. Simulation is required in this unit.

The following ACs must be assessed by practical demonstration: 3.2, 3.4, 3.5, 4.2, 5.2.

This unit should be assessed in accordance with Assessment Principles for Regulated First Aid Qualifications.

Assessment guidance:

Learning outcomes The learner will:	Assessment criteria The learner can:

The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criterion, however, where the term "must" is used within indicative content, these elements must be included within the assessment.

- Identification of the roles and responsibilities of a paediatric first aider may include:

- Preventing cross infection
- Recording incidents and actions
- Safe use of available equipment
- Knowledge of paediatric first aid contents
- Assessing an incident
- Summoning appropriate assistance
- Prioritising treatment
- Dealing with post incident stress.

NB. These roles and responsibilities may be demonstrated holistically.

- Minimising the risk of infection may include:

- Personal Protective Equipment (PPE)
- Hand hygiene
- Disposal of contaminated waste
- Using appropriate dressings
- Barrier devices during rescue breaths
- Covering own cuts.

Others may include infants or children (including adolescents) receiving first aid; work colleagues; parents;

carers; other people within the infant or child's environment.

NB. Minimising the risk of infection may be demonstrated holistically.

1.3 Differentiating age ranges for first aid treatment may include:

- Infants: under 1 year old
- Children: 1 to 12 years old
- Adolescents: 13 to 18 years old.

2.1 Conducting a scene survey may include:

- Checking for further danger
- Identifying the number of casualties
- Evaluating what happened
- Prioritising treatment
- Delegating tasks.

Learning outcomes The learner will:	Assessment criteria The learner can:

2.2 The primary survey sequence may include:

- D: Danger
- R: Response
- C: Catastrophic bleeding
- A: Airway
- B: Breathing
- C: Circulation
- D: Disability
- E: Exposure.

2.3 Summoning appropriate assistance may include:

- Shouting for help
- Calling 999/112 via speakerphone or bystander
- Leaving the casualty to call 999/112
- Calling an NHS emergency helpline such as 111.

NB. Summoning appropriate assistance may be demonstrated holistically.

3.1 Administering Cardiopulmonary Resuscitation (CPR) must include:

- When the casualty is unresponsive and:
  - Not breathing
  - Not breathing normally/agonal breathing/slow laboured breathing/panting.

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

3.4 Placing an infant into the recovery position may include:

- Holding an infant on its side
- Continually monitoring airway and breathing.

Placing a child (including adolescents) into the recovery position may include:

- Placing in a position that maintains a stable, open, draining airway at floor level
- Continually monitoring airway and breathing
- Turning the casualty onto the opposite side every 30 minutes.

3.5 Continually monitoring airway and breathing for an infant and a child (including adolescents) must include:

Learning outcomes The learner will:	Assessment criteria The learner can:

- Continual checking for normal breathing to ensure that abnormal breathing can be identified immediately.

3.6 Administering first aid to a casualty having a generalised seizure may include:

- Keeping the casualty safe (removing dangers)
- Noting the time and duration of the seizure
- Opening airway and checking breathing post seizure
- Determining when to call 999/112.

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

4.1 Identifying mild choking may include recognising the casualty is able to:

- Speak
- Cough
- Cry
- Breathe.

Identifying severe choking may include recognising the casualty is:

- Unable to cough effectively
- Unable to speak or cry
- Unable or struggling to breathe
- In visible distress
- Unconscious.

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

4.2 Administering first aid for an infant and child (including adolescents) who are choking must include the following:

- Encouraging to cough
- Up to 5 back blows
- Up to 5 abdominal thrusts (chest thrusts for infants)
- Calling 999/112 when required
- CPR if unconscious.

Demonstration must be simulated using a training device – not another learner.

5.1 Life-threatening (catastrophic) bleeding may be identified by:

- Rapidly flowing or spurting blood from a wound
- Pooling of blood on the ground (or clothing)

Learning outcomes The learner will:	Assessment criteria The learner can:

- Bleeding that cannot be controlled by direct manual pressure alone. Identification of the severity of arterial bleeding may include recognising that blood:
- is under pressure
- spurts in time with the heartbeat

Learners should recognise that arterial bleeding is a life-threatening emergency. Identification of the severity of venous bleeding may include recognising that blood:

- volume in veins is comparable to arteries
- flows profusely from the wound

Learners should recognise that venous bleeding is a life-threatening emergency.

Identification of capillary bleeding may include recognising that blood trickles from the wound. Capillary bleeding is not a life-threatening emergency.

5.2 Administering first aid for external bleeding may include:

- Maintaining clean technique
- Positioning the casualty in a sitting or lying position
- Examining the wound
- Applying direct pressure onto (or into) the wound
- Dressing the wound.

Life-threatening (catastrophic) bleeding treatment may include:

- Wound packing (including improvised)
- Tourniquet application
- Improvised tourniquet application.

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

6.1 Shock: Caused by the failure of the circulatory system where vital organs are not getting enough oxygenated blood. Causes include severe blood loss, vomiting, diarrhoea, severe burns or excessive sweating.

Hypovolaemic shock (resulting from blood loss) recognition may include:

- Pale, clammy skin
- Pale skin inside the lips (for dark skin tones)
- Fast, shallow breathing
- Rise in pulse rate
- Cyanosis
- Dizziness/passing out when sitting or standing upright.

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

Learning outcomes The learner will:	Assessment criteria The learner can:

6.2 Administering first aid for hypovolaemic shock may include:

- Treating the cause
- Casualty positioning
- Keeping the casualty warm
- Calling 999/112.

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

7.1 Administering first aid for bites may include:

- Irrigation
- Dressing
- Seeking medical advice.

Administering first aid for stings may include:

- Scraping off the sting
- Applying an ice pack
- Giving sips of cold water (if the sting is in the mouth)
- Monitoring for allergic reaction.

Administering first aid for small cuts and grazes may include:

- Irrigation
- Dressing.

Administering first aid for bumps and bruises may include:

- Cold compress for up to 20 minutes.

Small splinter removal may include the following steps:

- Cleaning of area
- Remove with tweezers
- Dress.

Administering first aid for a nosebleed may include:

- Sitting the casualty down, head tipped forwards
- Pinching the soft part of the nose
- Telling the casualty to breathe through their mouth.

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

Title:	Managing paediatric illness, injuries and emergencies
Unit reference number:	M/615/2496
Level:	3
Credit value:	1
Guided learning hours:	6

	Learning outcomes The learner will:		**Assessment criteria The learner can:**
1.	Be able to provide first aid to an infant or a child with suspected injuries to bones, muscles and joints.	1.1	Recognise a suspected: • Fracture or dislocation • Sprain or strain.
		1.2	Identify how to administer first aid for an infant or a child with a suspected: • Fracture or dislocation • Sprain or strain.
		1.3	Demonstrate how to apply: • A support sling • An elevated sling.
2.	Be able to provide first aid to an infant or a child with suspected head and spinal injuries.	2.1	Recognise a suspected: • Head injury • Spinal injury.
		2.2	Identify how to administer first aid for an infant or a child with a suspected head injury.
		2.3	Demonstrate how to administer first aid for an infant or a child with a suspected spinal injury.
3.	Know how to provide first aid to an infant or a child with conditions affecting the eyes, ears and nose. Eye	3.1	Identify how to administer first aid for an infant or a child with a foreign body in the: • Eye • Ear • Nose.
		3.2	Identify how to administer first aid for an infant or a child with an eye injury.
4.	Know how to provide first aid to an infant or a child with an acute medical condition or sudden illness.	4.1	Recognise suspected: • Hypoglycaemic emergency • Asthma attack • Allergic reaction • Meningitis

	Learning outcomes The learner will:		Assessment criteria The learner can:
			• Febrile convulsions.
		4.2	Identify how to administer first aid for an infant or a child who is suspected to be suffering from: • Hypoglycaemic emergency • Asthma attack • Allergic reaction • Meningitis • Febrile convulsions.
		4.3	Analyse the behavioural impacts and influences of budgeting.
5.	Know how to provide first aid to an infant or a child who is experiencing extremes of body temperature.	5.1	Recognise when an infant or a child is suffering from: • extreme cold • extreme heat.
		5.2	Identify how to administer first aid for an infant or a child who is suffering from: • extreme cold • extreme heat.
6.	Know how to provide first aid to an infant or a child who has sustained an electric shock.	6.1	Identify how to safely manage an incident involving electricity.
		6.2	Identify how to administer first aid for an infant or a child who has suffered an electric shock.
7.	Know how to provide first aid to an infant or a child with burns and scalds.	7.1	Identify how to recognise the severity of burns and scalds.
		7.2	Identify how to administer first aid for an infant or a child with burns and scalds.
8.	Know how to provide first aid to an infant or a child with suspected poisoning.	8.1	Identify how poisonous substances can enter the body.
		8.2	Identify how to administer first aid for an infant or a child with suspected sudden poisoning.
9.	Be able to provide first aid to an infant or a child with anaphylaxis.	9.1	Recognise suspected anaphylaxis in an infant or a child.
		9.2	Identify how to administer first aid for an infant or a child with suspected anaphylaxis.
		9.3	Demonstrate the use of a 'training device' adrenaline auto-injector.
Assessment requirements: Simulation is required in this unit.			

	Learning outcomes The learner will:		Assessment criteria The learner can:

The following ACs must be assessed by practical demonstration: 1.3, 2.3 and 9.3.

This unit should be assessed in accordance with Assessment Principles for Regulated First Aid Qualifications.

Assessment guidance:

The purpose of the indicative content in this unit is to provide an indication of the context behind each assessment criteria however, where the term "**must**" is used within indicative content, these elements must be included within the assessment.

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

- Pain
- Loss of power
- Unnatural movement
- Swelling or bruising
- Deformity
- Irregularity
- Crepitus
- Tenderness.

1.2 Administering first aid for fractures and dislocations may include:

- Immobilising/keeping the injury still
- Calling 999/112, or
- Arranging transport to hospital.

Administering first aid for sprains and strains may include:

- Rest
- Ice
- Compression/comfortable support
- Elevation.

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

1.3 Demonstrating the application of a sling **must** include:

- A support sling
- An elevated sling.

2.1 Recognising concussion, compression and fractured skull may include:

- Mechanism of injury
- Signs and symptoms

	Learning outcomes The learner will:		Assessment criteria The learner can:

- Conscious levels.

Recognising spinal injury may include:

- Mechanism of injury
- Pain or tenderness in the neck or back
- Numbness, tingling and muscle weakness.

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

2.2 Administering first aid for a head injury may include:

- Determining when to call 999/112
- Maintaining airway and breathing
- Monitoring response levels
- Dealing with fluid loss.

Infant or a child: The learner may apply their skills or knowledge to either an infant (baby) or a child *(including adolescents)* first aid scenario as the treatment would be the same.

2.3 Demonstrating first aid for spinal injury may include:

- Calling 999/112
- Opening the airway using a jaw thrust technique
- Keeping the head and neck in-line
- Safe method(s) of placing the casualty into the recovery position whilst protecting the spine (if the airway is at risk).

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

3.1 Administering first aid for a foreign body in the eye may include:

- Washing small particles of dust or dirt out of the eye
- Ensuring the water runs away from the good eye.

Eye foreign body: includes dust, sand and insects such as flies on the eye.

Administering first aid for a foreign body in the ear or nose may include:

- Transportation to hospital for the safe removal of the object.

Ear/Nose foreign body: includes marbles, rubbers, smarties stuck in the ear or nose.

	Learning outcomes The learner will:		Assessment criteria The learner can:

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

3.2 Administering first aid for an embedded object in the eye may include:

- Covering the injured eye
- Ensuring the good eye is not used (cover if needed)
- Calling 999/112 or arranging transport to hospital

Administering first aid for a chemical in the eye may include:

- Irrigation with large volumes of clean water (unless contra-indicated due to the chemical involved)
- Ensuring the water runs away from the good eye
- Calling 999/112

Infant or a child: The learner may apply their skills or knowledge to either an infant (baby) or a child *(including adolescents)* first aid scenario as the treatment would be the same.

4.1 Recognising a hypoglycaemic emergency may include:

- Fast onset
- Lowered levels of response
- Pale, cold and sweaty skin
- Normal or shallow breathing
- Rapid pulse.

Recognising an asthma attack may include:

- Difficulty breathing and speaking
- Wheezy breathing
- Pale and clammy skin
- Cyanosis
- Use of accessory muscles

Recognising an allergic reaction may include:

- Red, itchy, raised skin rash (hives)
- Red, itchy eyes
- Swelling (often under the eyes).

Recognising meningitis may include:

- Fever (high temperature)
- Dislike of bright lights

	Learning outcomes The learner will:		Assessment criteria The learner can:

- Stiff neck
- Sleepy or vacant
- Slurred speech
- Rash (if progressed to sepsis)
- Tense or bulging soft spot on the head (infants)

Recognising febrile convulsions may include:

- Rapid rise in body temperature (above 38ºC)
- Seizure
- Stoppage of breathing during the seizure
- Blue lips (cyanosis).

4.2 Administering first aid for a hypoglycaemic emergency may include:

- Giving 10g of glucose for conscious casualties (subject to sufficient response levels)
- Providing further food or drink if casualty responds to glucose quickly
- Determining when to call 999/112.

Administering first aid for an asthma attack may include:

- Correct casualty positioning
- Assisting a casualty to take their reliever inhaler and use a spacer device
- Calming and reassurance
- Determining when to call 999/112.

Administering first aid for an allergic reaction may include:

- Moving the casualty away from the trigger (allergen)
- Contacting parents/following care plan
- Closely monitoring for the signs of anaphylaxis and treating accordingly.

Administering first aid for meningitis may include:

- Calling 999/112 and informing concerns of meningitis
- Knowledge that early hospital treatment might be vital.

Administering first aid for febrile convulsions may include:

- Protecting the child from injury during the seizure
- Removing outer clothing and bedding
- Providing fresh air without overcooling
- Calling 999/112 for emergency help
- Constant monitoring of airway and breathing post seizure
- Recovery position post seizure if breathing normally.

	Learning outcomes The learner will:		Assessment criteria The learner can:

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (baby) **or** a child *(including adolescents)* first aid scenario as the treatment would be the same.

5.1 Recognising extreme cold *(hypothermia)* may include:

- Pale skin
- Cold to the touch
- Shivering (followed by muscle stiffness as body cools further)
- Slowing down of bodily functions
- Lethargy and confusion
- Eventually unconsciousness.

Recognising extreme heat *(heat exhaustion)* may include:

- Pale, sweaty skin
- Nausea or vomiting
- Hot to the touch.

Recognising extreme heat *(heat stroke)* may include:

- High body temperature
- Confusion and agitation
- Hot, dry and Flushed skin
- No sweating
- Fitting
- Throbbing headache
- Lowered levels of consciousness.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (baby) **or** a child *(including adolescents)* first aid scenario as the recognition would be the same.

5.2 Administering first aid for extreme cold *(hypothermia)* may include:

- Sheltering from the environment
- Replacing wet clothing with dry garments
- Wrapping in warm blankets
- Covering the head
- Giving a warm drink
- Maintaining airway and breathing
- If unconscious, place in recovery position with insulating materials under and around the casualty
- Calling 999/112.

Administering first aid for extreme heat *(heat exhaustion)* may include:

	Learning outcomes The learner will:		Assessment criteria The learner can:

- Moving the casualty to a cool shaded area
- Remove excessive clothing
- Correct casualty positioning
- Rehydrating with water or oral rehydration solutions.

Administering first aid for extreme heat *(heat stroke)* may include:

- Moving the casualty away from the heat source
- Calling 999/112
- Rapid cooling using the fastest method possible.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (baby) **or** a child *(including adolescents)* first aid scenario as the treatment would be the same.

6.1 Identifying how to safely manage an incident involving electricity may include:

- Preventing anyone approaching the casualty when the electricity is still live
- Taking safe steps to isolate the power
- Only approaching once the scene is safe.

6.2 Administering first aid for electric shock may include:

- Checking airway and breathing
- Resuscitation
- Treating burns and other injuries
- Calling 999/112.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (baby) **or** a child *(including adolescents)* first aid scenario as the treatment would be the same.

7.1 Recognising the severity of burns and scalds may include:

- Cause
- Age
- Burn/scald size
- Depth
- Location.

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

- Cooling the burn for 20 minutes with cool running tap water
- Removing jewellery and loose clothing
- Covering the burn

	Learning outcomes The learner will:		Assessment criteria The learner can:

- Determining when to call 999/112.

Administering first aid for chemical burns may include:

- Ensuring safety
- Brushing away dry/powder chemicals
- Irrigating with copious amounts of water (unless contra-indicated)
- Treating the face/eyes as priority.

Administering first aid for electrical burns may include

- Ensuring it is safe to approach/touch the casualty
- Checking DRCABCDE and treating accordingly
- Cooling the burns.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (baby) **or** a child *(including adolescents)* first aid scenario as the treatment would be the same.

8.1 Identification of the following routes a poison can enter the body may include:

- Ingested (swallowed)
- Inhalation (breathed in)
- Absorbed (through the skin)
- Injected (directly into skin tissue, muscles or blood vessels).

8.2 Administering first aid for **corrosive** substances may include:

- Ensuring your own safety
- Substances on the skin – diluting and washing away with water
- Swallowed substances – encourage child to spit out anything in their mouth. Do not induce vomiting
- or offer drinks unless advised by healthcare professional or poison control
- Calling 999/112 and giving information about the poison if possible
- Protecting airway and breathing
- Resuscitation if necessary, using PPE/Barrier devices.

Administering first aid for **non-corrosive** substances may include:

- Ensuring your own safety
- Calling 999/112, and giving information about the poison if possible
- Protecting airway and breathing
- Resuscitation if necessary, using PPE/barrier devices.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (baby) **or** a child *(including adolescents)* first aid scenario as the treatment would be the same.

	Learning outcomes The learner will:		Assessment criteria The learner can:

9.1 Recognising anaphylaxis may include the rapid onset and rapid progression of a life-threatening airway, breathing and circulation problems:

- **Airway** – Swelling of the tongue, lips or throat
- **Breathing** – Difficult, wheezy breathing or tight chest
- **Circulation** –
    - Dizziness, feeling faint or passing out
    - Pale, cold clammy skin and fast pulse
    - Nausea, vomiting, stomach cramps or diarrhoea.

There may also be skin rash, swelling and/or flushing.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (baby) **or** a child *(including adolescents)* first aid scenario as the recognition would be the same.

9.2 Administering first aid for anaphylaxis may include:

- Calling 999/112
- Correct casualty positioning
- Use of the casualty's adrenaline auto-injector or nasal spray
- Using the opposite leg to administer a second dose of adrenaline if needed
- Resuscitation if required.

Infant or a child: The learner may apply their skills or knowledge to **either** an infant (baby) **or** a child *(including adolescents)* first aid scenario as the treatment would be the same.

9.3 The use of a 'training device' adrenaline auto-injector: must be demonstrated using a training device and **NOT** a live auto-injector.

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Registered address: Crossgate House, Cross Street, Sale, England, M33 7FT.