

# CTQ Level 3 Award in Forest School First Aid for Early Years

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Qualification specification  
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## About Certify Training Qualifications

Certify Training Qualifications was established to play a unique role in the vocational skills and qualifications system. Our work supports a wide range of learners and providers and aims to improve safety and welfare in education and early years (and beyond) through the provision of highly regarded regulated qualifications.

## About this Qualification

### Who is this qualification for?

This qualification is for anyone who has a specific responsibility in Forest School setting to provide help to babies, infants and children in first aid situations. Learners will typically work in a forest school setting as:

- Forest School Practitioners (Level 3)
- Forest School Assistants (Level 2)
- Forest School Support Staff (Level 1)

A typical learner:

- is at least 16 years old
- is able to perform practical tasks at floor level
- has a minimum of Level 2 in literacy and numeracy or equivalent

### Qualification Purpose

The objective of this qualification is to prepare learners for a first aid role in an early years Forest School setting, enabling them to deal with a range of first aid situations.

This qualification has been developed to meet the requirements of:

- Ofsted (Voluntary Register)
- The Resus Council (UK)
- The Department for Education (first aid in schools, early years and colleges)
- Welsh Government National Minimum Standards for regulated childcare for children up to the age of 12 years
- Ofsted (Compulsory Register).
- The IOL Statement of Good Practice on Outdoor First Aid at Band 3

All newly qualified entrants to the early years workforce (who have completed a level 2 and/or level 3 qualification on or after 30 June 2016), must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting. This qualification meets the requirements of the PFA course as defined by the DfE.

### How does this qualification relate to other similar qualifications?

This qualification contains the smaller CTQ Level 3 Award in Emergency Paediatric First Aid and the CTQ Level 3 Award in Paediatric First Aid.

This qualification belongs to the CTQ suite of First Aid qualifications that includes:

- CTQ Level 3 Award in Emergency First Aid at Work
- CTQ Level 3 Award in First Aid at Work
- CTQ Level 3 Award in Emergency Paediatric First Aid
- CTQ Level 3 Award in Paediatric First Aid

- CTQ Level 3 Award in First Aid for Schools

These are all short qualifications mapped to HSE or DfE requirements<sup>1</sup> for first aid training.

### What does this qualification cover?

The qualification covers a range of outdoor first aid situations giving learners the knowledge and skills to assess, prioritise action and provide first aid for babies, infants and children. They will also know how to recognise the presence of major illness and provide appropriate first aid.

The content of this course is matched with the IOL Statement of Good Practice on Outdoor First Aid at Band 3<sup>2</sup>.

The qualification meets the criteria for Paediatric First Aid training set out in Annex A of the Statutory Framework for the Early Years Foundation Stage document: “Criteria for effective Paediatric First Aid (PFA) training” as shown in **Appendix 2**.

### How long does it take to study?

The qualification takes 16 hours to complete. It must be completed within 6 weeks.

## Qualification overview

### Qualification details

<b>Qualification title:</b>	CTQ Level 3 Award in Forest School First Aid for Early Years
<b>Qualification number:</b>	
<b>Grading:</b>	Pass / Fail
<b>Total qualification time (TQT)<sup>3</sup>:</b>	16

<sup>1</sup> As per The Health and Safety (First-Aid) Regulations Paragraph 4: “An employer should make an assessment of first-aid needs appropriate to the circumstances (hazards and risks) of each workplace.” In assessing their needs, the employer should, as per Paragraph 10, consider:

- the nature of the work and workplace hazards and risks;
- the nature of the workforce;
- the organisation’s history of accidents;
- the size of the organisation;
- the needs of travelling, remote and lone workers;
- work patterns;
- the distribution of the workforce;
- the remoteness of the site from emergency medical services;
- employees working on shared or multi-occupied sites;
- annual leave and other absences of first-aiders and appointed persons;
- first-aid provision for non-employees.

<sup>2</sup> <https://www.outdoor-learning.org/standards/collective-knowledge/outdoor-first-aid.html>

<sup>3</sup> Total qualification time is the number of notional hours it takes a typical learner to achieve the full qualification and is made up of two elements:

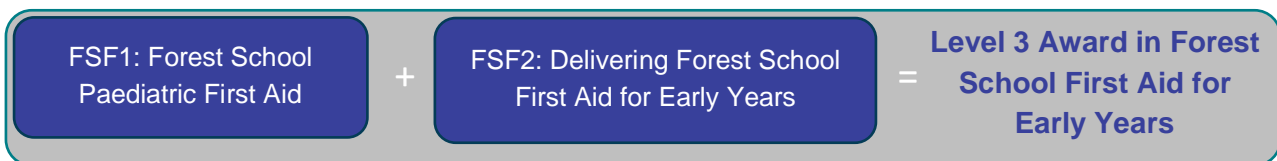
- the minimum number of guided learning hours - the number of hours spent under the immediate supervision or guidance of a tutor
- the number of hours spent on preparation, studying and the assessment that is non-guided

Our qualifications are delivered through blended distance learning that includes bookable contact time with a subject specialist tutor, so the balance of total qualification time is weighted towards non-GLH.

<b>Guided learning hours (GLH):</b>	16
<b>Operational start date:</b>	
<b>Qualification review date<sup>4</sup>:</b>	
<b>Student age:</b>	16+

## Structure of the qualification

The Level 3 Award in Forest School First Aid for Early Years consists of two mandatory units which must be achieved in order to achieve the qualification. There are no optional units.



Whilst learners often study and learn at different rates, the estimated study time for each unit is:

Unit code	Unit title	Unit level	Unit TQT
FSF1	Forest School Paediatric First Aid	Three	8
FSF2	Delivering Forest School First Aid for Early Years	Three	8

## Entry requirements

The qualification is available to learners aged 16 or over.

There are no formal entry requirements, however we strongly recommend that learners have a minimum of Level 2 in literacy and numeracy or equivalent.

Due to the practical nature of the first aid assessment, learners must be able to get to the floor unaided and successfully demonstrate all required elements of the practical assessment on their own. For example, a learner will need to get to the floor unassisted and demonstrate effective cardiopulmonary resuscitation on a manikin at floor level for two minutes.

<sup>4</sup> The qualification review date is the date by which we will have carried out a review of the qualification. We work with subject specialists to make any changes necessary to meet sector needs and to reflect recent developments. In most cases, we'll extend the qualification and set a new review date. If we make a decision to withdraw a qualification, we'll set an operational end date (last date for registration/enrolment). The last date for certification will be three years from the operational end date.

We will post information relating to changes or extensions to qualifications on our website and learners registered on the qualification will be kept updated.

## Recognition of prior learning

There are no opportunities for recognising any other prior learning to count towards this qualification.

## Progression

Successful completion of this qualification will enable learners to be full paediatric first aiders in an early years setting under the Early Years Foundation Stage (EYFS).

Learners who find the qualification content interesting may progress to a wide range of first aid related learning and qualifications, in areas such as mental health first aid, First Aid at Work.

## Requalification

This qualification is valid for a period of 3 years. Learners must retake the qualification before the certificate expiry date in order to remain qualified.

Following completion of this qualification, it is strongly recommended that learners carry out continuous professional development and keep abreast of changes, especially regarding legislation and first aid best practice. HSE strongly recommends that first aiders undertake annual refresher training to help maintain their skills.



## Delivering this Qualification

This qualification is delivered by CTQ's approved centres and consists of a mix of knowledge and practice. Blended learning combining e-learning and taught classroom sessions is permitted (see section below).

### Enrolment, initial assessment and qualification registration

Learners are registered on the qualification by the centre once they are enrolled on the course. Centres must carry out an initial assessment for each learner to ensure they are enrolled on the most suitable qualification for their needs and that they meet the entry requirements stated above.

### Timescales for completion

Once enrolled, learners are expected to complete the qualification within 6 weeks in blocks of learning that are a minimum of 2 hours each.

### Certification

We will issue verified results and learner certificates to the approved centre. Centres will forward results and/or certificates to learners. If learners have not received results and/or certificates within 28 working days, they should contact the centre in the first instance. If a centre is in a sanction or has been withdrawn from CTQ either voluntarily or otherwise, we reserve the right to send certificates directly to learners.

### Centre approval

In order to deliver this qualification, centres must obtain centre recognition and qualification approval from CTQ, as set out on our website. Once approved, centres are required to maintain the following minimum staffing:

Minimum staff	Role	Responsibilities	Max. class / cohort per staff member
One	Teacher/trainer	Delivery of qualification content	12
One	Assessor	Assessment of the qualification	12
One	Internal Quality Assurer	Quality assuring the assessment and awarding of this qualification	N/A

**NB There is no requirement for a separate assessor when delivering this qualification. Teachers/trainers can perform the role of both teacher/trainer and assessor providing they meet the below requirements for each role.**

### Staffing requirements

#### Teachers/trainers

All teachers/trainers should have the skills, knowledge and experience to be able to teach and demonstrate the subject. At qualification approval, each teacher/trainer must be approved by CTQ and provide evidence of:

1. A forest school first aid qualification and experience as shown in Appendix 5
2. A first aid at work qualification/medical registration as shown in Appendix 3
3. A formal teaching/training qualification as shown in Appendix 4
4. An acceptable log/record of teaching first aid as shown in Appendix 4

Trainers are expected to keep up to date with the subject area and provide evidence of continuing professional development (CPD).

### **Assessors**

All assessors should have the skills, knowledge and experience to be able to assess the subject. At qualification approval, each assessor must be approved by CTQ and provide evidence of:

1. A forest school first aid qualification and experience as shown in Appendix 5
2. A first aid at work qualification/medical registration as shown in Appendix 3
3. An acceptable assessing qualification as shown in Appendix 4 or attendance at First Aid Assessor CPD Training with an Awarding Organisation/Body.
4. An acceptable log/record of assessing first aid as shown in Appendix 4

Assessors are expected to keep up to date with the subject area and provide evidence of CPD.

### **Internal Quality Assurers (IQAs)**

Internal quality assurers of this qualification must have knowledge and competency in first aid as well as knowledge and competency in internal quality assurance. At qualification approval, each IQA must be approved by CTQ and provide evidence of:

1. A forest school first aid qualification and experience as shown in Appendix 5
2. A first aid at work qualification/medical registration as shown in Appendix 3
3. An acceptable internal quality assurance qualification as shown in Appendix 4 or attendance at Internal Quality Assurance CPD Training with an Awarding Organisation.

IQAs are expected to keep up to date with the subject area and provide evidence of CPD.

IQAs 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

**NB IQAs cannot quality assure a course for which they were the Trainer and/or Assessor**

### Resources, venue and equipment

Centres must use premises that are suitable, adequate and conducive to carrying out training and assessment, whether these are hired or in-house. They must also comply with all current legislation.

Due to the practical nature of this course, Teachers/Trainers/Assessors and Learners should wear appropriate clothing and footwear, e.g. trousers, jackets, hats, gloves and footwear suitable for working/learning at floor level in a forest school environment in any weather conditions (unless deemed unsafe).

As a minimum, centres must make sure their venues, equipment and other resources include:

Resource	Requirement
Teaching/training venue	<p>The venue must meet acceptable health and safety standards and have sufficient: size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise.</p> <p>Signage should be used to notify others that assessments are being carried out.</p> <p>The training venue must also allow for outdoor contextualised training and assessment relevant to the qualification, with access to a 'forest school area' or similar:</p> <ul style="list-style-type: none"> <li>• Lightly wooded, eg a forest clearing</li> <li>• Not far from shelter</li> <li>• Easy access for emergency services</li> </ul>
Audio visual (AV) equipment and training aids	Sufficient AV equipment and training aids to facilitate learning using varying teaching methods.
Resuscitation manikins (child and infant)	<b>A minimum ratio of 1 manikin (of each age group) to every 4 learners</b> to facilitate training and assessment of rescue breaths, chest compressions, back blows, chest thrusts/abdominal thrusts and Automated External Defibrillation (AED) pad placement. If fewer resuscitation manikins are provided, adjust learning hours/lesson plans accordingly to make sure learners are not disadvantaged.
AED trainers	<b>A minimum of 1 AED trainer to every 4 learners.</b> If fewer AED trainers are provided, adjust learning hours/lesson plans accordingly to make sure learners are not disadvantaged.
Bandages and dressings	Sufficient clean bandages, dressings and other items commonly found in a first aid kit to facilitate training and assessment.
Choking vest/manikins	Suitable choking vests or manikins to facilitate training and assessment of back blows and abdominal thrusts.
Adrenaline Auto-Injector (AAI) training devices	A selection of Adrenaline Auto-Injector training devices with at least one of the following: <ul style="list-style-type: none"> <li>• Jext</li> <li>• EpiPen</li> </ul>
Hygiene	Sufficient procedures to maintain hygiene when using resuscitation manikins and other training equipment.
Outdoor specific equipment	<ul style="list-style-type: none"> <li>• Emergency shelter/bivvy bag</li> <li>• Mat/insulating material</li> <li>• Outdoor first aid kit content</li> </ul>

## Teaching the qualification content

### Delivery plan

It is a DfE requirement that the training and assessment should be at least 16 hours (not including breaks) over a minimum period of two days (each taught session must be a minimum of two hours).

CTQ provide 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 are adequately prepared for the assessments.

Centres not using QTQ lesson plans must create their own delivery plan which will be checked as part of centre qualification approval. The delivery plan should:

- include a scheme of work clearly showing how the required subjects and criteria/learning outcomes are covered and the minimum guided learning hours are met
- be carefully designed to meet the objective of this qualification and the needs of learners, making sure learners are adequately prepared for the assessments
- identify opportunities for formative assessment of learner's progress.

### Learning materials

Each unit includes a list of suitable resources/textbooks that centres may choose to recommend or provide to learners.

### Blended learning

This qualification can be delivered using a combination of distance learning and face-to-face learning and assessment. The 'minimum' amount of classroom hours must be as detailed below with the remainder of the GLH having been completed by distance learning:

<b>Minimum face to face time:</b>	8 hours (1 day)
<b>Maximum distance learning time:</b>	6 hours

**Distance learning must be completed before the face-to-face session and all assessments must take place in the face to face time.**

Centres wishing to offer blended learning must use the CTQ approved blended learning materials which includes 6 hours of 'state of the art' e-Learning content and a dedicated course overview and lesson plan to support the face to face elements.

### Notification of courses running

Centres are required to provide to CTQ details of the dates, times and venues of courses taking place. In order to assure us that trainer/assessors are correctly carrying out authentication checks and assessments, we will carry out risk-based spot checks of training courses being delivered.

## Assessment of the qualification

### Assessment strategy

We have worked collaboratively with subject experts to devise an appropriate and valid assessment strategy, as follows.

### Purpose

First aiders need to be able to demonstrate key practical skills in delivering first aid in a range of scenarios: acting safely, promptly and effectively to preserve life, prevent worsening and promote recovery.

### Content

The Level 3 Award in Forest School First Aid for Early Years is assessed through a combination of assessments designed to test the appropriate skills, knowledge and understanding, as outlined below:

Assessment	Controls	Units covered	Rationale
Multiple choice examination	<ul style="list-style-type: none"><li>Externally set</li><li>Externally marked</li><li>Internally invigilated</li><li>Externally spot checked</li></ul>	<ul style="list-style-type: none"><li>FSF1</li><li>FSF2</li></ul>	Learner's practical abilities need to be underpinned by a base of knowledge about the role of the forest school first aider, their responsibilities and basic principles of paediatric first aid in a forest school setting. This knowledge is taught from a syllabus and assessed by an MCQ exam, derived from a bank of questions.
Practical observation	<ul style="list-style-type: none"><li>Externally set</li><li>Internally marked</li><li>Externally verified</li><li>Simulation is permitted</li></ul>	<ul style="list-style-type: none"><li>FSF1</li><li>FSF2</li></ul>	Learners need to be able to demonstrate key practical skills in delivering paediatric forest school first aid, for which the most valid assessment is an observation. Due to the risks to life, learners must correctly pass all the assessment criteria and if demonstration of a skill requires a complex sequence of actions (e.g. CPR, unresponsive casualty, choking and wounds and bleeding) each step in the sequence will be assessed.

NB 'externally' refers to CTQ, 'internally' refers to the centre

All assessments must be passed in order to achieve the qualification.

## Assessment design

Assignment 1: The multiple choice examination will be taken under examination conditions online at the end of the training. Assessors may invigilate up to 12 learners simultaneously, each using one computer/tablet or smartphone.

Duration: 60 minutes

Pass mark: 71% (25/35)

Grading: Pass / Fail

Assignment 2: The practical assessment is ongoing throughout the course with the trainer/assessor making learners aware of when they are being assessed and what they are required to demonstrate.

Duration: within the practical course time

Pass mark: all assessment criteria must be achieved

Grading: Pass / Fail

[Appendix 1](#) sets out how the assignments are mapped to the unit learning outcomes and content.

## Confirming identity

Assessments take place face to face at the training venue. Therefore, the responsibility of authenticating the learner's assessment evidence falls to the trainer/assessor. Trainer/assessors must check each learner's identity against approved photographic identification at the start of the course, such as:

- a valid passport (any nationality)
- UK issued Biometric Residence Permit
- a signed UK photo card driving licence
- valid warrant card issued by HM Forces or the Police
- other photographic ID card, e.g., employee ID card (must be current employer), student ID card, travel card etc.

## Assessment language

This qualification must be assessed in English due to the need for learners to be able to complete a 999 call and communicate with their patients.

Assessment in British Sign Language (BSL) **may** be permitted for this qualification for the purpose of a reasonable adjustment.

**Prior approval from CTQ is required before any assessment is delivered through BSL through completing a request for reasonable adjustment.**

Any request received will be considered in terms of viability and there may be charges depending on the work required to meet the request.

## Assessment delivery

### Submission of assignments

Learners will undertake assessments during the training: the practical assessments throughout and the multiple choice examinations at the end.

### Grading

This qualification and its assessments are graded as pass/fail only. There are no opportunities to achieve higher grades. In order to achieve a pass in the qualification, learners must achieve a pass in each assignment.

### Results

Externally marked assessments are marked automatically by the CTQ system, applying pre-agreed pass marks that are consistent with qualifications offered by other awarding organisations.

Internally marked assessments are marked by assessors at the centre against criteria set by CTQ. Centres are required to submit learner results within 10 working days of assessment to CTQ for moderation.

### Invigilation and administration of examinations

Centres are required to ensure that the multiple-choice examinations are effectively administered and invigilated, adhering to the requirements set out in the **CTQ Controlled Assessment and Invigilation Instructions** document. Learners must not confer during the examination and no resources (eg text books) will be permitted.

The Trainer/Assessor is permitted to carry out invigilation of up to 15 learners.

There are two cases where a learner may take their MCQ test on paper, either due to a reasonable adjustment or due a technical failure.

In either case, as the individualised exam paper is generated for each learner at the point of scheduling the assessment, Centres will be able to print out a hard copy version of the questions issued against that learners record from the CTQ system. Printed questions and completed paper-based papers must be kept in sealed envelopes and stored securely, following the guidelines in the **CTQ Controlled Assessment and Invigilation Instructions** policy.

### Centre internal quality assurance

Centres are required to implement quality assurance measures to ensure reliability and consistency of assessment decisions. This includes standardisation and verification of assessment decisions.

Standardisation activities could include peer review/shadowing, through online training events using videos of assessments or face to face standardisation sessions. The purpose of standardisation is to put edge case scenarios in front of the assessors and get them to agree on the right assessment decision (pass/fail).

Verification activities could include observation (in person, over video call or of video recordings) and sampling of evidence. The purpose of verification is to check that assessors are making the correct assessment decisions with learners.

The HSE guidance<sup>5</sup> that informs this qualification sets expectations for internal quality assurance, requiring that centres have:

- a quality assurance plan
- a competent individual responsible for quality assurance (independent of training delivery)
- an annual assessment of the skills of trainers/assessors
- a course evaluation procedure
- mechanisms for obtaining feedback from learners
- a complaints procedure
- records of assessments for each learner

Centres must retain all learner documents and records for a period of 3 years and make sure these are available for review by CTQ.

### Assessing practical tasks

Apply the following general rules for all practical assessments:

Learners must:

- be aware they are being assessed and be able to demonstrate the necessary skills without prompting or referring to literature

Assessors must:

- give clear guidance before the assessment and feedback at the end
- use the **CTQ Forest School First Aid for Early Years Assessment Criteria** document
- complete the **CTQ Forest School First Aid for Early Years Evidence Log**
- only cover the elements on the assessment criteria documents
- allow the learner to carry out the task uninterrupted unless intervention is needed to prevent injury or danger. In this case the assessor should stop the learner immediately, invite the learner to explain the problem and refer the learner to retake the whole assessment
- refer a learner who fails an assessment, giving the learner feedback on their performance, and assess them again on their next practice. If the learner does not pass during the practice session allocated time, give them the chance to come back on another course to retake the assessment.
- record whether each learner has passed the practical observation. Where a learner has referred on a task or element, Assessors must record:
  - Which criteria the learner was referred on
  - Why they were referred
  - Whether they were able to pass on second attempt



## Centre Assessment Standards Scrutiny (CASS)

CTQ operate a system of ongoing monitoring, support and feedback for approved centres, using a risk-based model to decide the frequency and type of external quality assurance activity. The overall risk is a combination of a qualification risk rating and a centre risk rating.

This qualification has been rated as **medium risk**.

The validity of the practical assessment centres around those assessing being subject experts themselves. The practical assessment criteria provide the framework for assessment.

In order to assure this, CTQ will approve all trainers and assessors that deliver this qualification:

- At the point of qualification approval all trainer/assessors delivering the qualification will be checked to ensure that they have the correct qualifications and experience to deliver and/or assess the qualification.
- Centres are required to keep CTQ informed of any new trainer/assessors and any new staff will need to be approved by CTQ before they may deliver and/or assess a qualification.
- CTQ will monitor qualification expiry dates for Centre trainer/assessors and should a trainer/assessor's qualification become out of date they will not be permitted to deliver or assess until they have re-qualified.

As centre assessors are responsible for assessment decisions, the practical assessment is subject to moderation and verification.

- For new centres and those with a high risk rating, CTQ appointed EQAs will monitor performance and compliance by conducting a minimum of three separate moderation sampling activities for the qualification when the centre wishes to claim certification.
- When the EQA is satisfied that standards have been achieved the Centre's risk rating will be reduced and the Centre will be approved to mark the assessments and claim certification without the need for EQA sampling activity to take place prior to certification. All CTQ approved Centres will receive a minimum of two interactions per year, depending on their size and risk rating.

**Centres should allow for additional time for the issue of certificates where assessment decisions are being moderated.**

## Assessment regulations

### Deadlines

Assessments are completed during the training course.

### Extensions

Extensions are not permissible as all assessment is completed during the training course.

### Late submission

Late submissions are not permissible as all assessment is completed during the training course.

## Referral

For multiple choice examinations:

- Where a learner does not meet the pass mark on an examination, their assessment will be returned as a 'refer'. Learners will receive their score only.
- Learners are permitted to revise and resit the whole assessment.

For practical assessments:

- Where a learner fails to achieve one or more assessment task or scenario, they will be graded as a 'refer' with information on the failed elements only.
- Learners are permitted to revise and resit the assessment task or scenario.

## Resubmission (2<sup>nd</sup> attempt)

If a learner is unsuccessful with the multiple-choice examination, they can have a second attempt. This must be taken within the time allowed for completion of the qualification.

If a learner fails a second attempt, with or without additional training, they will have failed the qualification and will not be able to resit the assessments.

If a learner is unsuccessful with the practical observation, they can have a second attempt. This must be taken within the time allowed for completion of the qualification.

If a learner fails a second attempt, with or without additional training, they will have failed the qualification and will not be able to resit the assessments.

## Retake

Where a second re-submission is not permitted, or where permitted but the learner fails to meet the assessment criteria on the second re-submission, then the learner will be deemed to have failed to achieve the qualification.

Where a learner fails to achieve the qualification, they are permitted to take the course again. This will require payment of the appropriate enrolment fee, attendance at the training and completion of new assessments, regardless of their previous performance.

## Policies

This section summarises the policies in each of the areas below. Full details of policies and procedures are available on the CTQ website.

### Reasonable adjustments

CTQ endeavours to ensure that the assessment requirements and methods used are sufficiently flexible to enable the widest range of learners to access its qualifications.

However, we must also ensure that the arrangements we allow will be valid and reliable, designed to accurately reflect learner competence and meet the learning outcomes and assessment criteria of the qualifications. We must also ensure that learners are not given either a real, or a perceived, unfair advantage.

For this qualification, learners who have a disability, learning or communication difficulties may request a reasonable adjustment from their centre during the period of training by following the process set out in the Reasonable Adjustments and Special Considerations Policy.

However, to prove competence at the formal (summative) assessment stages the learner must demonstrate certain practical skills, such as CPR at ground level. In order to pass the assessment and achieve the qualification the learner must demonstrate all required practical skills without assistance from a third party.

Full details can be found in the Reasonable Adjustments and Special Considerations Policy.

### Special consideration

Special consideration may be given to learners in instances that could not have been predicted, or were outside the learner's control, which may have impacted on their performance in an assessment. Learners may apply under the Reasonable Adjustments and Special Considerations Policy. Special consideration may only be granted where the event occurred during the period that an assessment was assigned.

### Enquiries about results: centre-marked assessments

All CTQ approved centres must have their own auditable internal appeal arrangements which learners can access if they wish to make an enquiry about an assessment result or appeal against a decision taken by a centre. When a learner's internally assessed results vary considerably from the result they expect, the learner may make an enquiry about the assessment result to the centre that will follow its own internal procedures. An enquiry about results is a formal request, in writing, for a review of an assessment decision.

If a learner wishes to appeal against a decision taken by a centre it must first go through the centre's appeals process before bringing the matter to CTQ.

### Enquiries about results: CTQ-marked assessments

We recognise that a learner may wish to query or challenge the grade awarded for their assessment, normally in cases where the results vary considerably from those expected.

A centre may make an enquiry about a test or assessment result on behalf of one or more learners. Learners should discuss their case with the centre before the request is made. It is only possible to request an enquiry for an assessment that is marked by CTQ.

A request can be made for an 'assessment review' check. A fixed fee is charged when a request is made for this service. The fee is refunded if the outcome of the test or assessment is changed as a result of the enquiry.

Full details can be found in the Enquiry and Appeals Policy.

### **Malpractice and maladministration**

Any suspected incidence of malpractice or maladministration will be fully investigated in accordance with the Malpractice and Maladministration Policy.

In relation to learners, the nature of the assessments require application of skills and knowledge, and so the risk of plagiarism from external sources is limited. There is a risk of plagiarism by copying previously submitted work, or getting another individual to complete or assist the assessment.

To minimise plagiarism by learners all knowledge assessments must be invigilated by a member of centre staff, and practical assessments are observed by the assessor. CTQ reserve the right to observe assessments, which sometimes may be unannounced.

### **Appeals**

An appeal can be made about:

- the results of assessments (if the centre's internal appeals procedure is exhausted or the appeal is against an external assessment decision, learners may appeal to CTQ but only on the basis that the centre or CTQ did not apply procedures consistently or that procedures were not followed properly and fairly).
- decisions regarding reasonable adjustments
- decisions regarding special consideration
- decisions relating to any action to be taken following an investigation into malpractice
- decisions relating to a complaint

Full details can be found in the Enquiry and Appeals Policy.

## Mandatory units

### FSF1: Forest School Paediatric First Aid

Level	3
Guided Learning Hours (GLH)	8
Sector Subject Area (SSA)	Health and social care

#### Unit summary

This unit will provide learners with the understanding of how to assess an emergency situation and prioritise what action to take, the skills required to provide emergency first aid in a forest school setting for babies, infants and children as well as further Paediatric First Aid knowledge and skills. Learners will learn how to provide first aid: acting safely, promptly and effectively for unresponsive casualties, seizures, choking, shock, head injuries, electric shock and allergic reactions. They will know how to recognise the presence of major illness (including asthma, diabetes, meningitis) and provide appropriate first aid.

#### Learning outcomes

1	Understand the role of the forest school first aider
2	Assess a range of paediatric first aid situations in order to provide first aid
3	Provide appropriate first aid in a range of situations, for casualties with differing conditions

## Syllabus

Training plans must cover the following content:

Syllabus area	Teaching content	Legislation	Assessment	
			Multiple choice exam 1	Practical observation 1
Role of the First Aider	<ul style="list-style-type: none"> <li>Role &amp; Responsibility               <ul style="list-style-type: none"> <li>The <b>definitions</b><sup>1-1a</sup> of an infant, child, and adult for first aid.</li> <li><b>Attributes</b><sup>1-1b</sup> of a good first aider.</li> <li>How to seek appropriate further medical attention, including calling emergency services.</li> <li>How to prioritise what action to take, including basic triage.</li> <li>When, why and how to record and report <b>incidents</b><sup>1-1c</sup>.</li> </ul> </li> </ul>	<p><b>EYFS: Annex A, 6. Full PFA course content:</b> Understand the role and responsibilities of the paediatric first aider</p> <p><b>IOL Band 3 requirement: outdoor first aid:</b> Roles and responsibilities for first aiders</p>	X	
Role of the First Aider	<ul style="list-style-type: none"> <li><b>Infection Prevention and Control</b><sup>1-3a</sup> <ul style="list-style-type: none"> <li>The risks to both the casualty and the first aider.</li> <li>The importance of preventing cross-infection, through: hand washing practices, PPE (including gloves), disposal of clinical waste.</li> <li>Understand about effective <b>infection control measures in an outdoor environment</b><sup>1-3b</sup>.</li> </ul> </li> </ul>		X	
Role of the First Aider	<ul style="list-style-type: none"> <li>Managing Paediatric First Aid               <ul style="list-style-type: none"> <li>The role of a child's individual healthcare plan.</li> <li>Understand <b>medication management in schools</b><sup>1-4a</sup>.</li> <li>Understand the <b>management of medications</b><sup>1-4a</sup> <b>within paediatric first aid.</b></li> <li>How <b>children's needs are different in an outdoor environment</b><sup>1-4b</sup>.</li> </ul> </li> </ul>		X	
Role of the First Aider	<ul style="list-style-type: none"> <li>First Aid Kits               <ul style="list-style-type: none"> <li>Understand <b>the requirements for a first aid kit in the workplace</b><sup>1-5a</sup>:                   <ul style="list-style-type: none"> <li>what should/shouldn't be in a first aid kit.</li> <li>how often a first aid kit needs to be checked and replenished.</li> </ul> </li> <li>Know about items that <b>would be useful in an emergency</b><sup>1-5c</sup> in addition to the first aid kit.</li> </ul> </li> </ul>	<p><b>EYFS: Annex A, 6. Full PFA course content:</b> appropriate contents of a first aid box</p>	X	

<b>Unresponsive Casualty (Primary Survey)</b>	<ul style="list-style-type: none"> <li>How to conduct a Scene Survey <ul style="list-style-type: none"> <li>The importance of: assessing for danger, controlling bystanders, making the scene safe, not putting themselves at risk.</li> <li>How to assess the situation and <b>prioritise actions</b><sup>2-1a</sup> to act safely, promptly, and effectively in an emergency.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Be able to assess an emergency situation and prioritise what action to take	X	
<b>Unresponsive Casualty (Primary Survey)</b>	<ul style="list-style-type: none"> <li><b>Primary Survey</b><sup>2-2a</sup> <ul style="list-style-type: none"> <li>How to recognise when someone is breathing/not breathing.</li> <li>How to <b>recognise Agonal Breathing</b><sup>2-2b</sup>.</li> <li>How to administer first aid appropriately.</li> <li><u>Demonstrate</u> how to perform the primary survey for a child.</li> <li><u>Demonstrate</u> how to perform the primary survey for an infant.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Be able to assess an emergency situation and prioritise what action to take <b>IOL Band 3 requirement: outdoor first aid:</b> Age awareness for vital signs/CPR/bleeding	X	X
<b>Unresponsive Casualty (Breathing)</b>	<ul style="list-style-type: none"> <li>Recovery Position</li> <li><u>Demonstrate</u> putting an adult or child into the <b>Recovery Position</b><sup>2-3a</sup>.</li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: unresponsive and breathing normally <b>IOL Band 3 requirement: outdoor first aid:</b> Treatment for unconscious casualties Age awareness for vital signs/CPR/bleeding		X
<b>Unresponsive Casualty (Breathing)</b>	<ul style="list-style-type: none"> <li>Recovery Position (Infant)</li> <li><u>Demonstrate</u> <b>putting an infant into the recovery position</b><sup>2-4a</sup>.</li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: unresponsive and breathing normally <b>IOL Band 3 requirement: outdoor first aid:</b> Treatment for unconscious casualties Age awareness for vital signs/CPR/bleeding		X
<b>Unresponsive Casualty (Breathing)</b>	<ul style="list-style-type: none"> <li>Monitoring <ul style="list-style-type: none"> <li>Know how to <b>monitor a casualty's breathing</b><sup>2-5a</sup> and identify the action upon respiratory arrest, and abnormal breathing (including agonal breathing).</li> <li><u>Demonstrate</u> monitoring casualty's response levels using AVPU.</li> <li>Understand when to update the Ambulance Service.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: unresponsive and breathing normally		X

Unresponsive Casualty (Breathing)	<ul style="list-style-type: none"> <li>Secondary Survey <ul style="list-style-type: none"> <li>How to conduct a Secondary Survey using <b>SAMPLE<sup>2-6a</sup></b>.</li> <li>How to conduct a Head to Toe Survey.</li> </ul> </li> </ul>	<b>IOL Band 3 requirement:</b> <b>outdoor first aid:</b> Secondary survey	X	
Unresponsive Casualty (Not Breathing)	<ul style="list-style-type: none"> <li>Chain of Survival</li> <li>Understand the <b>Chain of Survival<sup>2-7a</sup></b>.</li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: unresponsive and not breathing normally. <b>IOL Band 3 requirement:</b> <b>outdoor first aid:</b> Treatment for non-breathing casualties	X	X
Unresponsive Casualty (Not Breathing)	<ul style="list-style-type: none"> <li><b>CPR<sup>2-8a</sup></b> <ul style="list-style-type: none"> <li>Understand when to stop CPR.</li> <li>What to do if someone vomits during CPR.</li> <li>Understand the differences between CPR for an adult/child/infant.</li> <li><u>Demonstrate</u> at least 2 minutes of CPR for a child.</li> <li><u>Demonstrate</u> at least 2 minutes of CPR for an infant.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: unresponsive and not breathing normally. <b>IOL Band 3 requirement:</b> <b>outdoor first aid:</b> Age awareness for vital signs/CPR/bleeding		X
Unresponsive Casualty (Not Breathing)	<ul style="list-style-type: none"> <li>AED Awareness <ul style="list-style-type: none"> <li>What an AED is, safety considerations &amp; where to find one.</li> <li><u>Demonstrate</u> how to use an AED.</li> <li><u>Demonstrate</u> <b>safe pad placement for a child<sup>2-9a</sup></b>.</li> <li><u>Demonstrate</u> <b>safe pad placement for an infant<sup>2-9b</sup></b>.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: unresponsive and not breathing normally. <b>IOL Band 3 requirement:</b> <b>outdoor first aid:</b> Use of an AED	X	X
Seizures	<ul style="list-style-type: none"> <li>Seizures <ul style="list-style-type: none"> <li>How to recognise a seizure (whether epileptic or non-epileptic).</li> <li>What an absence seizure is.</li> <li>What an Aura is.</li> <li>Understand when to call 999/112.</li> <li><u>Demonstrate</u> how to <b>administer first aid when a seizure occurs<sup>3-1a</sup></b>.</li> <li>Understand what a febrile convulsion is and what to do when it occurs.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: having a seizure	X	X
Choking	<ul style="list-style-type: none"> <li>Mild Choking <ul style="list-style-type: none"> <li>What mild choking is and how to recognise it.</li> <li>How to administer <b>first aid for mild choking<sup>4-1a</sup></b>.</li> <li>How to administer first aid for a swallowed object.</li> <li>Understand when to call 999/112.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: choking	X	



Choking	<ul style="list-style-type: none"> <li>• Severe Choking <ul style="list-style-type: none"> <li>○ What severe choking is and how to recognise it.</li> <li>○ How to administer <b>first aid for severe choking</b><sup>4-2a</sup>.</li> <li>○ Understand when to call 999/112.</li> <li>○ How to recognise when to seek medical advice after a choking incident.</li> <li>○ <u>Demonstrate</u> how to perform back blows and abdominal thrusts for a child.</li> <li>○ <u>Demonstrate</u> how to perform back blows and chest thrusts for an infant.</li> </ul> </li> </ul>	EYFS: Annex A, 5. EPFA course content: Help a baby/child who is: choking		X
Bleeding	<ul style="list-style-type: none"> <li>• Shock (Hypovolemic) <ul style="list-style-type: none"> <li>○ What shock is and how to recognise it.</li> <li>○ <u>Demonstrate</u> putting a casualty into the <b>correct position for shock</b><sup>5-3a</sup>.</li> </ul> </li> </ul>	EYFS: Annex A, 5. EPFA course content: Help a baby/child who is: suffering from shock caused by severe blood loss (hypovolemic shock) IOL Band 3 requirement: outdoor first aid: Treatment for bleeding/shock		X
Further Wounds & Bleeding	<ul style="list-style-type: none"> <li>• Eye Injuries <ul style="list-style-type: none"> <li>○ How to provide first aid for an eye injury.</li> <li>○ How to <b>remove dirt or dust from the eye</b><sup>7-9a</sup>.</li> </ul> </li> </ul>	EYFS: Annex A, 6. Full PFA course content: Help a baby/child: with an eye injury	X	
Head Injuries	<ul style="list-style-type: none"> <li>• Minor Head Injury, Severe Head Injury <ul style="list-style-type: none"> <li>○ How to recognise both <b>minor and severe head injuries</b><sup>8-1a</sup>.</li> <li>○ How to respond to minor and severe head injuries.</li> <li>○ Understand how head injuries can deteriorate and the need for monitoring.</li> </ul> </li> </ul>	EYFS: Annex A, 6. Full PFA course content: Help a baby/child who: with head, neck or back injuries IOL Band 3 requirement: outdoor first aid: Bone, joint and soft tissue injuries	X	
Electric Shock	<ul style="list-style-type: none"> <li>• Electric Shock <ul style="list-style-type: none"> <li>○ The difference between <b>low voltage and high voltage electric shocks</b><sup>12-1a</sup>.</li> <li>○ Understand what an electric shock can do to a casualty.</li> <li>○ How to administer first aid for a casualty for both high and low voltage electric shocks.</li> <li>○ Understand the dangers associated with Plugin Safety Socket Covers.</li> </ul> </li> </ul>	EYFS: Annex A, 6. Full PFA course content: Help a baby/child who: has had an electric shock	X	

Anaphylaxis and allergic reactions	<ul style="list-style-type: none"> <li>Anaphylaxis <ul style="list-style-type: none"> <li>What Anaphylaxis is and how to recognise it.</li> <li>Common triggers for Anaphylaxis, including allergic reactions.</li> <li>How to administer first aid for Anaphylaxis.</li> <li>Understand best practice for <b>managing anaphylaxis in a paediatric outdoors setting</b><sup>14-1a</sup>, including management of allergens and medication.</li> </ul> </li> </ul>	EYFS: Annex A, 6. Full PFA course content: Help a baby/child with: an allergic reaction	X	
Anaphylaxis and allergic reactions	<ul style="list-style-type: none"> <li>Adrenaline Auto Injectors (AAI) <ul style="list-style-type: none"> <li><u>Demonstrate</u> how to <b>administer an AAI correctly</b><sup>14-2a</sup>.</li> </ul> </li> </ul>	EYFS: Annex A, 6. Full PFA course content: Help a baby/child who: is suffering from anaphylactic shock		X
Major Illness	<ul style="list-style-type: none"> <li>Asthma <ul style="list-style-type: none"> <li>What asthma is and how to recognise the signs and symptoms.</li> <li>How to prevent asthma attacks and prepare for asthma attacks.</li> <li>How to administer <b>first aid for an asthma attack</b><sup>17-3a</sup>.</li> <li>How to recognise when to seek further medical attention for an asthma attack.</li> </ul> </li> </ul>	EYFS: Annex A, 6. Full PFA course content: Help a baby/child having: an asthma attack <b>IOL Band 3 requirement: outdoor first aid:</b> Recognition and management of life threatening illness	X	
Major Illness	<ul style="list-style-type: none"> <li><b>Hypoglycaemia, Hyperglycaemia</b><sup>17-4a</sup> <ul style="list-style-type: none"> <li>What diabetes is.</li> <li>How to manage diabetes in the setting/workplace.</li> <li>How to recognise when someone is having a diabetic emergency.</li> <li>How to administer first aid for a diabetic emergency.</li> </ul> </li> </ul>	EYFS: Annex A, 6. Full PFA course content: Help a baby/child having: a diabetic emergency <b>IOL Band 3 requirement: outdoor first aid:</b> Recognition and management of life threatening illness	X	
Meningitis and Sepsis	<ul style="list-style-type: none"> <li>Meningitis <ul style="list-style-type: none"> <li>What meningitis is.</li> <li>How to recognise the <b>signs and symptoms of meningitis</b><sup>17-5a</sup> in different age groups.</li> <li>How to administer first aid for suspected meningitis.</li> </ul> </li> </ul>	EYFS: Annex A, 6. Full PFA course content: Help a baby/child having: meningitis <b>IOL Band 3 requirement: outdoor first aid:</b> Recognition and management of life threatening illness	X	
Meningitis and Sepsis	<ul style="list-style-type: none"> <li>Sepsis <ul style="list-style-type: none"> <li>What sepsis is and <b>how to recognise it</b><sup>18-1a</sup>.</li> <li>How to administer first aid for suspected sepsis.</li> </ul> </li> </ul>		X	

<b>Fever and Childhood Illness</b>	<ul style="list-style-type: none"> <li>• <b>Fever<sup>20-1a</sup></b> <ul style="list-style-type: none"> <li>○ What a fever is and how to recognise it.</li> <li>○ How to administer first aid for a fever.</li> <li>○ How to recognise when to seek further medical attention for a fever.</li> <li>○ Understand how to take the temperature of an infant and child.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 6. Full PFA course content:</b> Help a baby/child having: febrile convulsions	X	
<b>Fever and Childhood Illness</b>	<ul style="list-style-type: none"> <li>• <b>Febrile Convulsion<sup>20-2a</sup></b> <ul style="list-style-type: none"> <li>○ What a febrile convulsion is and how to recognise it.</li> <li>○ How to administer first aid for febrile convulsions.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 6. Full PFA course content:</b> Help a baby/child having: febrile convulsions	X	
<b>Fever and Childhood Illness</b>	<ul style="list-style-type: none"> <li>• <b>Croup and Epiglottitis<sup>20-3a</sup></b> <ul style="list-style-type: none"> <li>○ What croup &amp; epiglottitis are and how to recognise them.</li> <li>○ How to administer first aid for croup &amp; epiglottitis.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: having a seizure	X	

Further guidance:

**1-1a. Definitions of an infant, child and adult** (Resuscitation Council UK guidelines (2021): page 3 section 1)

- An infant is under the age of 1 year.
- A child is between 1 year and 18 years of age.
- An adult is over 18 years of age.

**1-1b. Attributes of a good first aider**

- Promoting equality and diversity within first aid, eg being willing to provide first aid to all people regardless of their characteristics.

**1-1c. Record and report incidents** (HSE, Reporting accidents and Incidents at work (2013))

- Which phone numbers are required to contact next of kin.
- Definition of a work related accident.
- Types of injury that need to be reported.
- Over 7 day incapacitation.
- Injuries to non workers.
- Reportable dangerous occurrences.

- How to report an accident or dangerous occurrence and reporting times.
- Recording requirements:
  - accident forms
  - incident forms
  - medical forms
  - safeguarding reporting
- For children: follow school policies, usually:
  - for small injuries inform parents/carers
  - if a child has gone from school straight to a medical establishment ie doctors/hospital following an injury at school, then they will report it via RIDDOR and to parents/carers

**1-3a. Effective infection control** (First Responder Care Essentials (2022): chapter 5, health and safety, section 3, Infection prevention and control, sections 3.6, 3.7)

- Hand hygiene, hand washing/gloves/antibac gel.
- Personal protective equipment.
- Gloves.
- Aprons.
- Face masks.
- Eye protection.
- Disposal of clinical waste.
- Tetanus.

**1-3b. Effective infection control measures in an outdoor environment**

- Doing the best you can in an outdoor environment, prioritising treatment .
- Treat casualty on a groundsheet/tarp/foil blanket.

**1-4a. Management of medications** (DfE, EYFS (2024): medicines, paragraph 3.55)

- Medicines only to be administered with permission from parent/carer.

- Must keep a written record and inform parent/carer.
- Access to medications when off site.
- If bringing medications, ensuring they are kept secure/safe from children.

#### **1-4b. How children's needs are different in an outdoor environment**

- Get colder quicker.
- Feel more vulnerable.
- Need more food.

#### **1-5a. Requirements for a first aid kit (HSE, First Aid at Work, L74, third edition)**

- The list of contents of a first aid box is determined by first aid assessment.
- The first aid box contents should be regularly checked by a person appointed by the employer.
- The first aid box should not contain medication (over the counter or POM), sharps or needles
- Useful to have:
  - a tick remover and mini plastic bags
  - burn Gel and/or dressing (or separate fire first aid kit
  - zinc oxide tape/plaster alternative/dressing holder
  - foil blanket
  - resus mask
  - single use ice pack

#### **1-5c. What is useful in an emergency**

- Phone.
- Knowing the location of the nearest AED.
- Cling film (noting problems with keeping it clean).
- Site map with highlighted coordinates, to provide to emergency services of exact location if needed.
- Bottles of water: to extinguish camp fires, for cleaning, for drinking.

**2-1a. Prioritise what action to take** (First Responder Care Essentials (2022): chapter 8, scene assessment section 1.3-1.31)

- Safety of yourself and the casualty.
- Assessing the scene.
- Rapid triage, breathing and non-breathing casualty.
- Calling for assistance.
- Managing multiple casualties.
- What risks do you need to manage for others so you can focus on the casualty?
  - fire
  - fallen trees/branches
  - tools

**2-2a. Primary survey** (First Responder Care Essentials (2022): chapter 9, patient assessment section, 1.3, primary survey)

- Address life-threatening bleeding.
- Danger, check for dangers to yourself and the casualty.
- Response level as per A.V.P.U. – Alert, Voice, Pain/Pressure, Unresponsive.
- Shout for help.
- Airway, does the patient have an open airway? If not the airway may need to be opened.
- Breathing, if breathing is absent 5 rescue breaths must be given.
- Circulation, commence CPR, 30 chest compressions.
- Continue CPR at a ratio of 2 rescue breaths to 30 chest compressions.

**2-2b. React to Agonal Breathing** (Resuscitation Council UK guidelines (2021): In hospital cardiac arrest, page 38, section 3b)

- Agonal breathing (agonal gasping) is common in the early stages of cardiac arrest, these can be occasional gasps, or slow and noisy breathing, these should not be confused with signs of life.

**2-3a. Putting a child into the recovery position** (First Responder Care Essentials (2022): chapter 10 section 2.5.4, the recovery position for adults and children 1-18 years)

- Recovery position for children.
- Positioning and cautions.

**2-4a. Putting an infant into the recovery position** (Resuscitation council UK (2021): Paediatric basic life support guidelines, recovery position infants)

- Ensure the position is stable, in an infant, this may require the support of a small pillow or a rolled up blanket placed behind their back to maintain their position.
- Check breathing at least every minute.
- Turn the casualty every 30 minutes.

Note. When the child or infant is breathing spontaneously but requires airway management or when the child has a traumatic injury, the recovery position is not recommended. In these circumstances keep the patient flat, maintain an open airway (Resuscitation Council UK guidelines, 2021, Paediatric basic life support).

**2-5a. Monitor a casualty's breathing** (First Responder Care Essentials (2022): chapter 10, airway, section 2.3 assessing the airway and breathing)

- Look at the position of the casualty.
- Listen for abnormal sounds.
- Feel for breath against your cheek or the rise and fall of their chest.
- Assess breathing rate.
- Assess breathing depth.

**2-6a. Secondary Survey** (First Responder Care Essentials (2022): chapter 9 section 9.4, sample history and top to toe examination)

- Signs and symptoms.
- Allergies.
- Medications.
- Previous history.
- Last meal.
- Events that led to the current illness or injury.
- Procedure for a comprehensive top to toe examination to rule out further injury (Head to Toe Survey not to be demonstrated on a learner).

**2-7a. Chain of Survival** (First Responder Care Essentials (2022): chapter 20, cardiac arrest, section 1.2.1 chain of survival)

- Early recognition and call for help.
- Early CPR.
- Early defibrillation.
- Post resuscitation care.

**2-8a. CPR - Child & Infant** (Resuscitation Council UK (2021): Paediatric basic life support guidelines, Infant and child sequence, pages 5-14)

- The responsive child.
- Child does not respond.
- Child breathing normally.
- Child breathing abnormally or absent.
- Obstructed airway.
- Rescue breathing.
- Chest compressions Infant and child.
- Calling for assistance.
- Paediatric BLS modified.
- The recovery position Infant and child.
- The use of the AED.
- Paediatric BLS in case of traumatic cardiac arrest.

**2-9a. Pad placement for a child** (First Responder Care Essentials (2022): chapter 20, cardiac arrest, paediatric defibrillation, section 3.3.5)

- Adult pads can be used on a child if there is no alternative, but they must not touch. Place the pads in the posterior/anterior position (back and front) in this situation.

**2-9b. Pad placement for an infant** (Resus Council (2021): Paediatric basic life support Guidelines)

- Use paediatric pads with an inbuilt paediatric attenuator in infants and children below 8 years (energy reduced to 50-75 J).
- There have been continuing reports of safe and successful use of AEDs in children less than 8 years demonstrating that AEDs can identify arrhythmias accurately in children and are extremely unlikely to advise a shock inappropriately.



**3-1a. First aid actions to take when a seizure occurs** (NHS, “What to do if someone has a seizure” (2020))

- Remove and hard objects around the casualty, especially around the head.
- Cushion the head if near a wall or some other hard object.
- Loosed tight clothing around the neck.
- Do not place objects into the casualty's mouth.
- Record the time the seizure started.
- When the seizure has finished remove any padding around the casualty.
- Call 999 if they are injured, if it is their first seizure, they are pregnant or if they are having repeated seizures.

**4-1a. Mild choking – what action to take** (Resuscitation Council UK guidelines (2021): Paediatric BLS choking)

- In cases of mild choking the casualty will be able to cough, speak, cry and breathe, encourage them to cough while using back slaps, if you are unsuccessful, take them to a treatment centre.

**4-2a. Severe choking – what action to take** (Resuscitation Council UK guidelines (2021): Paediatric BLS choking)

- Encourage the casualty to cough while performing 5 back slaps.
- If you are unsuccessful, perform 5 abdominal thrusts.
- If unsuccessful return to 5 back slaps.
- Repeat in a cycle.
- Prepare to perform CPR if the casualty becomes unconscious.
- If abdominal thrusts have been performed ensure the casualty is taken to hospital for a check up.

**5-3a. Correct position for shock** (First Responder Care Essentials (2022): chapter 12, cardiovascular system disorders, section 3.7.6 management of shock)

- Identify and control sources of external bleeding.
- Place the casualty supine and, if there is no history of trauma, raise their legs. Note this only likely to provide transient improvement in vital signs, typically only 7 minutes.

**7-9a. How to remove dirt or dust from the eye** (First Aid Manual (2021): page 198)

- Examine the eye.
- If you can see the object, try to irrigate the object from the eye using clean water or saline.
- If this fails, dry to pick up or swipe away the object with the corner of a damp, clean handkerchief.
- If this fails, seek medical help.

**8-1a. Severe head injuries** (First Responder Care Essentials (2022): chapter 16, section 4.5)

- Traumatic brain injury (TBI).
- Recognition of severe head injuries: visible fractures, problems with senses, difficulty speaking or staying awake, fluid from nose or ears.

**12-1a. Low voltage and high voltage electric shocks** (First Responder Care Essentials (2022): chapter 16, section 6.7)

- Definition: Low Voltage - up to 1000V AC (IEC 60038, BS7671).
- Electrical injuries: burns (entry and exit points), cardiac arrest, muscle spasm.
- High voltage = keep clear, call 999.

**14-1a. Managing anaphylaxis in a paediatric outdoors setting**

- When to use prescribed antihistamines
- When to go straight for an EpiPen.
- Ensuring children have their EpiPens with them.

**14-2a. How to administer an AAI correctly** (First Responder Care Essentials (2022): chapter 15, medical and surgical emergencies, section 1.4.1 Auto Injectors, AAI's)

- Grab the AAI in your dominant hand with your hand closest to the cap.
- Pull off the cap with your other hand.
- Identify the middle third of the thigh.
- Place the injector tip against the outer thigh, holding the injector at a right angle (approx 90 degrees) to the thigh.
- Push the tip of the injector into the outer thigh until you hear a click confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The tip will extend automatically and hide the needle.
- Massage the injection area for 10 seconds.
- A second AAI can be used if there is no improvement in the casualty's condition after 5 minutes.

**17-3a. How to treat asthma attacks** (First Responder Care Essentials (2022): chapter 11, section 4.2.4)

- Assessment of asthma severity: moderate, severe, life threatening.
- Management – own inhaler, oxygen.

**17-4a. Hypoglycaemia, Hyperglycaemia**

- Hypoglycaemia (First Responder Care Essentials (2022): chapter 15, section 3.5-3.6)
  - hypoglycaemia symptoms include: weakness or hunger, headache, rapid pulse, confusion or out of character behaviour
  - if you observe hypoglycaemia symptoms, help them sit down, give them sugary drinks or high glucose sweets
  - if they recover, give them more sugary drinks until they recover, keep them at rest
  - do a blood glucose test if you or the casualty have one
  - call 999/112 as they might deteriorate again quickly
- Hyperglycaemia (First Responder Care Essentials (2022): chapter 15, section 3.5-3.6)
  - hyperglycaemia symptoms include: warm dry skin, rapid pulse, fruity sweet breath, excessive thirst, confusion and lethargy
  - if you suspect hyperglycaemia, call 999/112 and monitor the casualty until help arrives

**17-5a. Signs and symptoms of Meningitis** (First Aid Manual (2021), pages 223, 272-273)

- Adults (18+) and Children (1-18 years):
  - any of the signs and symptoms of sepsis (as meningitis can be a cause of sepsis)
  - flu like illness with a high temperature
  - severe headache
  - neck stiffness (the casualty will not be able to touch their chest with their chin)
  - vomiting
  - eyes are sensitive to light (photophobia)
- Infants (0-1 years of age) may have additional signs and symptoms specific to that age group:
  - high pitched moaning or a whimpering cry
  - floppiness of the limbs
  - a bulging fontanelle (soft part of the skull)

- in later stages a distinctive rash or red or purple spots that do not fade when pressed with a glass tumbler. The infant is critically ill at this stage.

**18-1a. Signs and symptoms of Sepsis** (First Responder Care Essentials (2022): chapter 13, section 3.53-3.7) (First Aid Manual (2021), pages 192, 200-204)

- Leg pain.
- Abnormal skin colour.
- Cold hands and feet.
- Sometimes: thirst, drowsiness, low output of urine.

**20-1a. Fever** (First Aid Manual (2021), page 221)

- Keep the casualty cool and comfortable.
- Give them plenty of cool drinks to replace body fluids lost through sweating.
- Administer the recommended dose of paracetamol suspension (not aspirin) if the child is distressed or unwell.
- Monitor and record the casualty's vital signs.

**20-2a. Febrile Convulsion** (First Aid Manual (2021), page 220)

- Protect the child from injury.
- Cool the child.
- Reassure the parents.
- Arrange removal to hospital.

**20-3a. Croup and Epiglottitis** (First Aid Manual (2021), pages 92 and 105)

- Comfort and support the child.
- How to recognise epiglottitis.
- Do not place your fingers inside the child's mouth.

- Arrange for medical help.

## Links to other units

- FSF2 Delivering Forest School First Aid for Early Years

## Learning and teaching strategies

The qualification is delivered directly by centres. Centres should refer to the qualification specification for delivery instructions.

See the assessment section of the qualification specification for full details on the assessment strategy.

## Resources/indicative texts

### Required equipment

Child & Infant CPR Manikins, Training AEDs, Training Dressings, Triangular Bandages.  
Laptop, Projector

### Required reading

*Selecting a first-aid training provider* (2018) *Selecting a first-aid training provider: A guide for employers*. Health and Safety Executive. Available at: <https://www.hse.gov.uk/pubns/geis3.htm> (Accessed: April 3, 2023).

First aid at work: The Health and Safety (First-Aid) Regulations 1981. Guidance on Regulations L74 (Third edition) HSE Books 2013 ISBN 978 0 7176 6560 0 [www.hse.gov.uk/pubns/books/L74.htm](http://www.hse.gov.uk/pubns/books/L74.htm)

First aid at work: Your questions answered Leaflet INDG214 HSE Books 2014  
[www.hse.gov.uk/pubns/indg214.htm](http://www.hse.gov.uk/pubns/indg214.htm)

Basic advice on first aid at work Leaflet INDG347 HSE Books 2017 [www.hse.gov.uk/pubns/indg347.htm](http://www.hse.gov.uk/pubns/indg347.htm)

HSE's first aid at work website: [www.hse.gov.uk/firstaid](http://www.hse.gov.uk/firstaid)

Statutory framework for the early years foundation stage (2021). Department for Education. Available at: <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Paediatric basic life support Guidelines (2012). Resuscitation Council UK. Available at: <https://www.resus.org.uk/library/2021-resuscitation-guidelines/paediatric-basic-life-support-guidelines>

11<sup>th</sup> Edition First Aid Manual. Dorking Kindersley Ltd. 2021. ISBN 978-0-2414-4630-0

## FSF2: Delivering Forest School First Aid for Early Years

Level	3
Guided Learning Hours (GLH)	8
Sector Subject Area (SSA)	Health and social care

### Unit summary

This unit will provide learners with the understanding of the potential for injury in a forest school setting and what they could do to mitigate and how to be prepared. Learners will have basic skills in providing paediatric first aid for the most common forest school first aid scenarios: bleeding, bone and joint injuries, fractures, spinal injuries, burns, poisoning, drowning and extremes of temperature.

Ideally this unit will be delivered in a forest school setting, outdoors.

### Learning outcomes

1	Understand the role of the forest school first aider
2	Assess a range of first aid situations in order to provide emergency first aid in a forest school setting
3	Provide appropriate paediatric first aid for a range of emergency situations and casualties in a forest school setting

## Syllabus

Training plans must cover the following content:

Syllabus area	Teaching content	Legislation	Assessment	
			Multiple choice exam 1	Practical observation 1
Administering First Aid Outdoors	<ul style="list-style-type: none"> <li>The main risks<sup>1-6a</sup> that could result in injury in a forest school setting:               <ul style="list-style-type: none"> <li>Using tools.</li> <li>Fires.</li> <li>Climbing.</li> </ul> </li> <li>Know how to mitigate the potential for injury.</li> <li>Know how to <b>manage defined risks</b><sup>1-6b</sup> in order to improve the learning experience.</li> </ul>		X	
Administering First Aid Outdoors	<ul style="list-style-type: none"> <li><b>How to deal with incidents when far from help</b><sup>1-7a</sup>:               <ul style="list-style-type: none"> <li>Keeping casualties stable.</li> <li>Managing environmental factors.</li> <li><u>Demonstrate</u> how to summon help.</li> <li>Providing location to emergency services.</li> <li><u>Demonstrate</u> how to provide shelter and insulation in an outdoor environment.</li> </ul> </li> </ul>	<b>IOL Band 3 requirement: outdoor first aid:</b> Summoning appropriate help/rescue services Insulation and shelter Ongoing monitoring and casualty care whilst awaiting help. Stabilising/insulating/monitoring over time	X	X
Administering First Aid Outdoors	<ul style="list-style-type: none"> <li>Promoting the wellbeing and mental health of First Aiders               <ul style="list-style-type: none"> <li><b>How a first aider might feel after an incident</b><sup>1-8a</sup>.</li> <li><b>Emotional support for first aiders post incident</b><sup>1-8b</sup>.</li> </ul> </li> </ul>	<b>IOL Band 3 requirement: outdoor first aid:</b> Providing emotional support and promoting the wellbeing and mental health of first aiders post incident	X	
Bleeding	<ul style="list-style-type: none"> <li><b>Minor Bleeding</b><sup>5-1a</sup> <ul style="list-style-type: none"> <li>The definition of a minor bleed.</li> <li>How to administer first aid for a minor bleed.</li> <li>How to recognise when to seek further medical attention for a minor bleed.</li> <li><b>Nosebleeds</b><sup>5-1b</sup>.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 5. EPFA course content:</b> Help a baby/child who is: bleeding <b>IOL Band 3 requirement: outdoor first aid:</b> Treatment for bleeding/shock	X	



Bleeding	<ul style="list-style-type: none"> <li>● <b>Severe Bleeding<sup>5-2a</sup></b> <ul style="list-style-type: none"> <li>○ The difference between a capillary, venous, and arterial bleed.</li> <li>○ How to administer first aid, including the need for pressure, positioning the casualty and need to get help.</li> <li>○ <u>Demonstrate</u> how to stop a severe bleed, including how to apply a Limb Bandage.</li> <li>○ <u>Demonstrate</u> how to apply a sling (both elevated and support), and when this would be appropriate for bleeding and other injuries.</li> </ul> </li> </ul>	<p>EYFS: Annex A, 5. EPFA course  <b>content:</b> Help a baby/child who is: bleeding  <b>IOL Band 3 requirement: outdoor first aid:</b> Treatment for bleeding/shock</p>		X
Further Wounds & Bleeding	<ul style="list-style-type: none"> <li>● Foreign Bodies (Eye, Nose, or Ear) <ul style="list-style-type: none"> <li>○ How to administer first aid if a <b>foreign body<sup>7-10a</sup></b> is in the eye, nose or ear.</li> <li>○ How to administer first aid for a swallowed object.</li> </ul> </li> </ul>	<p>EYFS: Annex A, 6. Full PFA course  <b>content:</b> Help a baby/child: with a foreign body in eyes, ears or nose</p>	X	
Bone, Muscle & Joint Injuries	<ul style="list-style-type: none"> <li>● Fractures &amp; Dislocations <ul style="list-style-type: none"> <li>○ What a fracture is and how to recognise it.</li> <li>○ What a dislocation is and how to recognise it.</li> <li>○ What a greenstick fracture is.</li> <li>○ Common causes for fractures and dislocations.</li> <li>○ Understand the need to seek further medical assistance.</li> <li>○ <u>Demonstrate</u> treatment including <b>use of a Support Sling<sup>10-1a</sup></b>.</li> <li>○ Understand how to recognise when a child may have sustained a fracture.</li> </ul> </li> </ul>	<p>EYFS: Annex A, 6. Full PFA course  <b>content:</b> Help a baby/child who: has a suspected fracture  <b>IOL Band 3 requirement: outdoor first aid:</b> Bone, joint and soft tissue injuries</p>	X	X
Bone, Muscle & Joint Injuries	<ul style="list-style-type: none"> <li>● Sprains &amp; Strains <ul style="list-style-type: none"> <li>○ What a sprain and a strain is and how to recognise them.</li> <li>○ Understand the similarity of signs and symptoms to a fracture.</li> <li>○ How to administer first aid for sprains and strains.</li> </ul> </li> </ul>	<p><b>IOL Band 3 requirement: outdoor first aid:</b> Bone, joint and soft tissue injuries</p>	X	
Bone, Muscle & Joint Injuries	<ul style="list-style-type: none"> <li>● Spinal Injuries <ul style="list-style-type: none"> <li>○ What a spinal injury is and how to recognise it.</li> <li>○ What can cause a spinal injury.</li> <li>○ <b>How to treat responsive and unresponsive casualties<sup>10-3a</sup></b>, including on the floor and in a car.</li> <li>○ How to recognise when it is necessary to put someone into the Spinal Recovery Position.</li> </ul> </li> </ul>	<p>EYFS: Annex A, 6. Full PFA course  <b>content:</b> Help a baby/child with: head, neck or back injuries  <b>IOL Band 3 requirement: outdoor first aid:</b> Bone, joint and soft tissue injuries</p>	X	

<b>Bone, Muscle &amp; Joint Injuries</b>	<ul style="list-style-type: none"> <li>• Spinal Recovery Position <ul style="list-style-type: none"> <li>○ <u>Demonstrate</u> how to place someone with a suspected spinal injury into the <b>recovery position as a lone rescuer</b><sup>10-4a</sup>.</li> <li>○ <u>Demonstrate</u> how to monitor the breathing of a child with a Spinal Injury.</li> <li>○ <u>Demonstrate</u> how to open the airway of a child who is not breathing with a jaw thrust manoeuvre.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 6. Full PFA course content:</b> Help a baby/child with: head, neck or back injuries		X
<b>Burns and Scalds</b>	<ul style="list-style-type: none"> <li>• Heat Burns, Electrical Burns, Chemical Burns, Chemical Burns (Eye), Sunburn <ul style="list-style-type: none"> <li>○ The <b>different types of burn</b><sup>11-1a</sup> (Heat Burns, Electrical Burns, Chemical Burns, Chemical Burns (Eye), Sunburn) and how to recognise them.</li> <li>○ What can be done in the workplace to prevent burns.</li> <li>○ How to assess the severity of burns.</li> <li>○ How to administer first aid for different varieties of burn.</li> <li>○ How to recognise when to seek further medical attention for a burn.</li> <li>○ What can be done at Forest School to prevent burns.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 6. Full PFA course content:</b> Help a baby/child who: has burns or scalds <b>IOL Band 3 requirement: outdoor first aid:</b> burns	X	
<b>Poisoning</b>	<ul style="list-style-type: none"> <li>• <b>Poisoning</b><sup>13-1a</sup> <ul style="list-style-type: none"> <li>○ What poisoning is and the different routes of entry to the body (ingested, injected, inhaled).</li> <li>○ How to recognise when someone has been poisoned.</li> <li>○ How to administer first aid for someone who has been poisoned.</li> <li>○ Understand how to prevent poisoning.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 6. Full PFA course content:</b> Help a baby/child who: is suspected of being poisoned <b>IOL Band 3 requirement: outdoor first aid:</b> Poisons	X	
<b>Poisoning</b>	<ul style="list-style-type: none"> <li>• Mammal, Human, Reptile and Insect Bites &amp; Stings <ul style="list-style-type: none"> <li>○ <b>What can bite or sting you in the UK</b><sup>13-2a</sup>.</li> <li>○ How to recognise when someone has been bitten or stung.</li> <li>○ How to administer first aid for bites and stings.</li> <li>○ How to recognise when to seek further medical attention for a bite or sting.</li> <li>○ Signs and symptoms of Lyme Disease.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 6. Full PFA course content:</b> Help a baby/child; with a bite or sting <b>IOL Band 3 requirement: outdoor first aid:</b> Treatment of minor issues, e.g. small cuts, blisters, bites, stings, etc.	X	

<b>Extreme Temperatures</b>	<ul style="list-style-type: none"> <li>• <b>Heat Exhaustion, Heat Stroke, Hypothermia<sup>15-1a</sup></b> <ul style="list-style-type: none"> <li>○ How extreme body temperature can happen.</li> <li>○ How to recognise extreme body temperature.</li> <li>○ How to prevent extreme body temperature.</li> <li>○ How to provide first aid for someone with both extremes of body temperature, including preventing deterioration.</li> </ul> </li> </ul>	<b>EYFS: Annex A, 6. Full PFA course content:</b> Help a baby/child who: is suffering from the effects of extreme heat or cold <b>IOL Band 3 requirement: outdoor first aid:</b> Recognition and management of drowning/hypothermia Hypo/hyperthermia	X	
<b>Drowning</b>	<ul style="list-style-type: none"> <li>• <b>Hazards &amp; Rescue, Drowning, Near Drowning Incidents (including Secondary Drowning)<sup>16-1a</sup></b> <ul style="list-style-type: none"> <li>○ How to keep themselves safe when dealing with a drowning incident.</li> <li>○ How to perform resuscitation for a drowning victim.</li> <li>○ Understand the dangers of a near drowning incident and the risk of Secondary Drowning.</li> </ul> </li> </ul>	<b>IOL Band 3 requirement: outdoor first aid:</b> Recognition and management of drowning/hypothermia	X	

Further guidance:

#### 1-6a. Risks

- Using tools, for example: hammer, hacksaw, bowsaw, loppers, secateurs, knives.
- Fires, for example risks to the eyes, of smoke inhalation, not wearing flammable clothing, putting bungs in kettles.
- Climbing, for example risks such as falling, arm fracture.
- Ropes and Ropework, for example rope burn, strangulation/crushing injuries, injuries from knots failing.

#### 1-6b. Risk management

- Risk assessments and risk/benefit assessments.
- The use of dynamic risk assessments (assessing risk as you go, putting safety measures in place).
- How to manage defined risks in order to improve the learning experience i.e ensure the learner is able to demonstrate how to use tools with a child using the “respect position”, using tools with a child (under 8 years) on a 1:1 basis at all times.
- Appropriate techniques to ensure safe use of tools and storage of tools (i.e which tools to use with bare hands/gloves, knives cleaned safely, re-sheathed, tools kept safe when not in use).
- Knowledge of children, weather and environment – eg triggers for asthma in the children in the group.

### 1-7a. How to deal with incidents when far from help

- Keeping casualties stable until help arrives:
  - Ongoing monitoring.
  - Casualty care.
- Protecting a casualty from environmental factors:
  - Hypothermia.
  - Hyperthermia.
  - Dehydration.
- Providing shelter and insulation:
  - Insulating from the ground and the elements
  - Preventing further heat loss
  - Using body heat
  - Group shelters
  - Improvised shelters
- Communicating location to emergency services, eg what three words, grid reference, nearest road.

### 1-8a. How a first aider might feel after an incident:

- Shock
- PTSD

### 1-8b. Emotional support for first aiders could include:

- A mental health first aider
- Employee assistance programmes (where provided by their employer)
- Occupational health (in larger organisations)
- Their GP, who might refer to a counselling service
- Counselling
- Organisations/charities: Samaritans/Mind/Rethink Mental Illness

### 5-1a. Minor Bleeding (Ambulance Care Essentials (2019): chapter 16, trauma, minor bleeding, capillary bleeding)

- Capillary, these are the smallest blood vessels and carry a mixture of oxygenated and deoxygenated blood, so the colour of bleeding will vary. Blood loss tends to be small and soon stops as blood only oozes from the wound.

#### **5-1b. Nosebleeds** (NHS, Nosebleeds (2017))

- Sit the casualty down.
- Get them to pinch the bridge of their nose and exert pressure.
- Ask them to tip their head forward (not backwards).
- If bleeding hasn't stopped after 10 minutes take them to a treatment centre, especially if they are taking blood thinning medication.

#### **5-2a. Severe Bleeding** (Ambulance Care Essentials (2019): chapter 16, wounds and bleeding, section 3.2 to section 3.4.1)

- Severe bleeding tends to be either venous or arterial in origin.
- Estimation of blood loss.
- Life-threatening haemorrhage management.
- Non life-threatening bleeding.
- Direct pressure.
- Limb bandaging.
- Application of a sling.
- How to use a sleeve or cuff to act as a sling in an emergency.

#### Bleeding

This subject includes teaching and assessing the learner's understanding about how to use slings. Whilst it is noted that slings are not a mandatory part of treatment for all types of bleed, they still form part of currently recognised first aid practice

They also form part of first aid treatment for fractures, dislocations, sprains and strains, therefore this has been added to this unit to satisfy the need to practically teach and assess both elevation and support slings.

#### **7-10a. Foreign body**

- Understand the dangers associated with button batteries.
- Potential foreign bodies in a forest school setting include dust/dirt/sand in the eye.

**10-1a. Effective first aid to manage a fracture** (First Responder Care Essentials (2022): chapter 16, section 4.10)

- Types of fractures.
- When to use a sling – to minimise movement.

**10-3a. Spinal injuries** (First Responder Care Essentials (2022): chapter 16, section 5.1-5.3)

- Manual In-Line Stabilisation – correct procedure to follow.

**10-4a. Spinal Recovery Position** (First Responder Care Essentials (2022): chapter 10 airway, section 2.5.2, airway maintenance of a casualty with a suspected cervical spine fracture), (First Aid for life website (2021))

- Maintain mid line and neutral alignment while using a jaw thrust manoeuvre to maintain the airway of a casualty with a suspected cervical spine fracture.
- If you are on your own, and you are concerned about the casualty's airway or they have vomited, consider turning them on their side into the spinal recovery position.
- Make sure the casualty's cervical spine is in mid alignment.
- Cross the casualty's leg with the furthest from you uppermost.
- Ensure you are on the side of the casualty you want to turn them onto.
- Place the casualty's nearest hand above their head.
- Place your hand underneath the casualty's neck and gently lift the head no more than 20mm.
- Slide the casualty's hand, palm side up, in behind their head so it comes to rest under the occipital part of their skull.
- Gently lower the casualty's head onto the palm of their hand.
- Place the casualty's other arm across their chest.
- Hold the casualty's shoulder and hip and simultaneously pull them towards you until they are lying on their side with their head resting on their arm in a mid line position.
- Bring the casualty's knee up to maintain stability.

**11-1a. Different types of burn** (First Aid Manual 11th edition (2021): pages174-183)

- Assessment:
  - heat burns
  - electrical burns
  - chemical burns

- eye burns (including chemical)
- minor burns and scalds
- severe burns and scalds
- sunburn
- swallowed poisons
- burns to the airway
- Depth.
- Dressing.
- Heat burns
  - sources of heat burns include fires
  - treatment would usually be with running water, but there may not be water available so a Burn Gel may be used

**13-1a. Poisoning** (First Aid Manual (2021), pages 192, 200-204)

- Prevention – safe storage of chemicals.
- What have you eaten? When did you eat it? How much did you eat?
- Causes of poisoning: toxic substances, drugs/alcohol, overdose, wild plants.
- Being aware of contaminants when treating casualties.
- Chemical safety data sheets/COSHH.
- Potential poisons in a forest school setting include: conkers, berries/nuts, yew trees.

**13-2a. Bites and Stings**

- What can bite you:
  - reptile:
    - adders – immediate hospital attention
    - grass snakes – immediate hospital attention
  - insect:
    - water boatmen (aquatic), bees, wasps, ants, ticks
  - mammal
  - human
- Awareness of potential for anaphylaxis and the implications of this in a forest school setting.

- Awareness of leptospirosis (veils disease).
- Implications of Lyme Disease.

**15-1a. Heat Exhaustion, Heat Stroke, Hypothermia** (First Responder Care Essentials (2022): chapter 14, section 1.4)

- The importance of attempting recovery: “warm and dead”.
- There should be reference to the learner’s own workplace risks and treatment options.
- Returning to base, warm drinks, extra clothes.
- Understanding that small children will not be able to communicate so need to be looking for physical symptoms.

**16-1a. Hazards & Rescue, Drowning, Near Drowning Incidents (including Secondary Drowning)** (First Responder Care Essentials (2022): chapter 14, exposure/environment, section 2.4)

- First aid for drowning incidents:
  - reach or throw, don’t go.
  - after removing the casualty from the water perform a primary survey.
  - shout for help, ask for an AED.
  - if not breathing start CPR with five rescue breaths, attach AED.
  - if the casualty starts to breathe for themselves, treat for hypothermia.
  - monitor the casualty until help arrives.
- Secondary drowning: all drowning casualties must be observed in hospital in case secondary drowning occurs.



## Links to other units

- FSF1 Forest School Paediatric First Aid

## Learning and teaching strategies

The qualification is delivered directly by centres. Centres should refer to the qualification specification for delivery instructions.

See the assessment section of the qualification specification for full details on the assessment strategy.

## Resources/indicative texts

It is recommended that this unit is delivered in a forest school type setting, which consists of a woodland or wooded area.

### Required equipment

Child & Infant CPR Manikins, Training AEDs, Training Dressings, Triangular Bandages.

The training venue must also allow for outdoor contextualised training and assessment relevant to the qualification, with access to a 'forest school area' or similar:

- Lightly wooded, eg a forest clearing
- Not far from shelter
- Easy access for emergency services

### Outdoor specific equipment:

- Emergency shelter/bivvy bag
- Mat/insulating material
- Outdoor first aid kit content

### Required reading

*Selecting a first-aid training provider* (2018) *Selecting a first-aid training provider: A guide for employers*. Health and Safety Executive. Available at: <https://www.hse.gov.uk/pubns/geis3.htm> (Accessed: April 3, 2023).

First aid at work: The Health and Safety (First-Aid) Regulations 1981. Guidance on Regulations L74 (Third edition) HSE Books 2013 ISBN 978 0 7176 6560 0 [www.hse.gov.uk/pubns/books/L74.htm](http://www.hse.gov.uk/pubns/books/L74.htm)

First aid at work: Your questions answered Leaflet INDG214 HSE Books 2014 [www.hse.gov.uk/pubns/indg214.htm](http://www.hse.gov.uk/pubns/indg214.htm)

Basic advice on first aid at work Leaflet INDG347 HSE Books 2017 [www.hse.gov.uk/pubns/indg347.htm](http://www.hse.gov.uk/pubns/indg347.htm)

HSE's first aid at work website: [www.hse.gov.uk/firstaid](http://www.hse.gov.uk/firstaid)

Statutory framework for the early years foundation stage (2021). Department for Education. Available at:

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Paediatric basic life support Guidelines (2012). Resuscitation Council UK. Available at:

<https://www.resus.org.uk/library/2021-resuscitation-guidelines/paediatric-basic-life-support-guidelines>

11<sup>th</sup> Edition First Aid Manual. Dorking Kindersley Ltd. 2021. ISBN 978-0-2414-4630-0

## Appendix 1 – assessment mapping

Unit	Learning Outcome			Topic area	Syllabus content		Assessment 1	Assessment 2
	Understand the role of the forest school first aider	Assess a range of paediatric first aid situations in order to provide first aid	Provide appropriate first aid in a range of situations, for casualties with differing conditions				Assessing knowledge: multiple choice examination	Assessing skills: practical observation
FSF1 Forest School Paediatric First Aid	X			Role of the First Aider	FA01-01	Role & Responsibility	X	
	X				FA01-03	Infection Prevention and Control	X	
	X				FA01-04	Managing Paediatric First Aid	X	
	X				FA01-05	First Aid Kits	X	
	X	X		Unresponsive Casualty (Primary Survey)	FA02-01	Scene Survey	X	
		X			FA02-02	Primary Survey	X	X
			X	Unresponsive Casualty (Breathing)	FA02-03	Recovery Position		X
			X		FA02-04	Recovery Position (Infant)		X
		X	X		FA02-05	Monitoring		X
		X			FA02-06	Secondary Survey	X	
	X	X	X	Unresponsive Casualty (Not Breathing)	FA02-07	Chain of Survival	X	X
			X		FA02-08	CPR		X
			X		FA02-09	AED Awareness	X	X
		X	X	Seizures	FA03-01	Seizures	X	X
		X	X	Choking	FA04-01	Mild Choking	X	
		X	X		FA04-02	Severe Choking		X
		X	X	Bleeding	FA05-03	Shock (Hypovolemic)		X
		X		Further Wounds & Bleeding	FA07-09	Eye Injuries	X	
		X		Head Injuries	FA08-01	Head Injury	X	
		X		Electric Shock	FA12-01	Electric Shock	X	
		X		Anaphylaxis and allergic reactions	FA14-01	Anaphylaxis	X	
		X	X		FA14-02	Adrenaline Auto Injectors (AAI)		X
		X		Major Illness	FA17-03	Asthma	X	
	X		FA17-04		Diabetes	X		
	X		Meningitis and Sepsis	FA17-05	Meningitis	X		

	X			FA18-01	Sepsis	X	
	X		Fever and Childhood Illness	FA20-01	Fever	X	
	X			FA20-02	Febrile Convulsion	X	
	X			FA20-03	Croup and Epiglottitis	X	

Unit	Learning Outcome			Topic area	Syllabus content		Assessment 1	Assessment 2
	Understand the role of the forest school first aider	Assess a range of paediatric first aid situations in order to provide first aid	Provide appropriate first aid in a range of situations, for casualties with differing conditions				Assessing knowledge: multiple choice examination	Assessing skills: practical observation
FSF2 Delivering Forest School Paediatric First Aid	X			Administering First Aid Outdoors	FA01-06	Risk Management	X	
	X				FA01-07	Far from help	X	X
	X				FA01-08	Emotional support for the first aider	X	
		X	X	Bleeding	FA05-01	Minor Bleeding	X	
		X	X		FA05-02	Severe Bleeding		X
		X		Further Wounds & Bleeding	FA07-10	Foreign Bodies (Eye, Nose, or Ear)	X	
		X	X	Bone, Muscle & Joint Injuries	FA10-01	Fractures & Dislocations	X	X
		X			FA10-02	Sprains & Strains	X	
		X			FA10-03	Spinal Injuries	X	
			X		FA10-04	Spinal Recovery Position		X
		X		Burns and Scalds	FA11-01	Heat Burns, Electrical Burns, Chemical Burns, Chemical Burns (Eye), Sunburn	X	
		X		Poisoning	FA13-01	Poisoning	X	
		X			FA13-02	Mammal, Human, Reptile and Insect Bites & Stings	X	
		X		Extreme Temperatures	FA15-01	Extreme Temperatures	X	
	X		Drowning	FA16-01	Drowning	X		

## Appendix 2 – qualification to DfE course content mapping

Topic areas:		Unit: FSF1: Forest School Paediatric First Aid												FSF2: Delivering Forest School Paediatric First Aid										
		Role of the First Aider	Unresponsive Casualty (Primary Survey)	Unresponsive Casualty (Breathing)	Unresponsive Casualty (Not Breathing)	Seizures	Choking	Bleeding	Further Wounds & Bleeding	Head Injuries	Electric Shock	Anaphylaxis and allergic reactions	Major Illness	Meningitis & Sepsis	Fever & Childhood Illness	Administering First Aid Outdoors	Bleeding	Further Wounds & Bleeding	Bone, Muscle & Joint Injuries	Burns and Scalds	Poisoning	Extreme Temperatures	Drowning	
Content of an emergency paediatric first aid (EPFA)	Be able to assess an emergency situation and prioritise what action to take	X													X									
	Help a baby or child who is unresponsive and breathing normally		X	X																				
	Help a baby or child who is unresponsive and not breathing normally				X																			
	Help a baby or child who is having a seizure					X																		
	Help a baby or child who is choking						X																	
	Help a baby or child who is bleeding															X								
	Help a baby or child who is suffering from shock caused by severe blood loss (hypovolemic shock)							X																
Addition	Help a baby or child who is suffering from anaphylactic shock										X													
	Help a baby or child who has had an electric shock									X														

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

### Appendix 3 - subject specific qualifications for centre staff

All Trainers, Assessors, Internal Quality Assurers and External Quality Assurers must have occupational knowledge and competence in First Aid.

This may be evidenced by:

- Holding an in-date **First Aid at Work** qualification issued by:
  - an Ofqual/SQA Accreditation/Qualifications Wales/CCEA Regulation recognised Awarding Organisation/Body
  - a Voluntary Accreditation Scheme (such as a recognised trade/industry body)
  - St John Ambulance
  - British Red Cross
  - St Andrews First Aid
  - Independently Recognised Training Centres

Or

- Or a qualification at an equivalent or higher level to the Paediatric First Aid Qualification, which must be mapped.

Or

- Current registration as a Doctor with the General Medical Council (GMC)<sup>6</sup>

Or

- Current registration as a Nurse with the Nursing and Midwifery Council (NMC)<sup>3</sup>

Or

- Current registration as a Paramedic with the Health and Care Professions Council (HCPC)<sup>3</sup>

**NB it is highly recommended that trainers, assessors, IQAs and EQAs hold a Paediatric First Aid qualification rather than a First Aid at Work qualification**

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<sup>6</sup> Registered healthcare professionals must act within their scope of practice and therefore have current expertise in First Aid to teach/assess the subject.

## Appendix 4 – teaching, assessing and quality assurance qualifications for centre staff

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

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

Qualification	Train	Assess
Current qualifications (available for new trainers/assessors to take)		
Level 3 Award in Education and Training	✓	✓
Level 4 Certificate in Education and Training	✓	✓
Level 5 Diploma in Education and Training	✓	✓
Level 3 Award in Teaching and Assessing in First Aid Qualifications (RQF)	✓	✓
Cert Ed/PGCE/B Ed/M Ed	✓	✓
SVQ 3 Learning and Development SCQF Level 8	✓	✓
SVQ 4 Learning and Development SCQF Level 9	✓	✓
TQFE (Teaching Qualification for Further Education)	✓	✓
Planning and Delivering Learning Sessions to Groups SCQF Level 6 (SQA Unit)	✓	✓
Planning and Delivering Training sessions to Groups SCQF Level 6 (SQA Unit)	✓	✓
SCQF Level 6 Award in Planning and Delivering Learning Sessions to Groups (SQA Accredited)	✓	✓
L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	✓	
L&D Unit 7 Facilitate Individual Learning and Development SCQF Level 8 (SQA Accredited)	✓	
L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (SQA Accredited)	✓	
Carry Out the Assessment Process SCQF Level 7 (SQA Unit)		✓
Level 3 Award in Assessing Competence in the Work Environment		✓
Level 3 Award in Assessing Vocationally Related Achievement		✓
Level 3 Award in Understanding the Principles and Practices of Assessment		✓



Level 3 Certificate in Assessing Vocational Achievement		✓
L&D Unit 9DI Assess Workplace Competence Using Direct and Indirect Methods SCQF Level 8 (SQA Accredited)		✓
L&D Unit 9D Assess Workplace Competence Using Direct Methods SCQF Level 7 (SQA Accredited)		✓
CTQ Level 3 Award in Teaching and Assessing First Aid Qualifications	✓	✓
Other acceptable qualifications:		
CTLLS/DTLLS	✓	✓
PTLLS with unit 'Principles and Practice of Assessment' (12 credits)	✓	✓
Further and Adult Education Teacher's Certificate	✓	✓
IHCD Instructional Methods	✓	✓
IHCD Instructor Certificate	✓	✓
English National Board 998	✓	✓
Nursing mentorship qualifications	✓	✓
NOCN Tutor Assessor Award	✓	✓
S/NVQ level 3 in training and development	✓	✓
S/NVQ level 4 in training and development	✓	✓
PDA Developing Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	✓	✓
PDA Teaching Practice in Scotland's Colleges SCQF Level 9 (SQA Qualification)	✓	
PTLLS (6 credits)	✓	
Regulated Qualifications based on the Learning and Development NOS 7 Facilitate Individual Learning and Development or NOS 6 Manage Learning and Development in Groups	✓	
Training Group A22, B22, C21, C23, C24	✓	
Learning and Teaching – Assessment and Quality Standards SCQF Level 9 (SQA Unit)		✓
A1 Assess Candidates Using a Range of Methods or D33 Assess Candidates Using Differing Sources of Evidence		✓
Conduct the Assessment Process SCQF Level 7 (SQA Unit)		✓

A2 Assess Candidate Performance through Observation or D32 Assess Candidate Performance		✓
Regulated Qualifications based on the Learning and Development NOS 9 Assess Learner Achievement		✓

### Qualifications suitable for Internal Quality Assurance

This list is not exhaustive but provides a guide to acceptable IQA qualifications.

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

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

## Appendix 5 – forest school first aid qualifications and experience

All Trainers, Assessors, Internal Quality Assurers and External Quality Assurers must have occupational knowledge and competence in Forest School First Aid.

This may be evidenced by:

- Holding an in-date **Forest School First Aid** qualification that covers IOL Band 3 Outdoor First Aid requirements, such as:
  - CTQ Level 3 Award in Forest School First Aid for Early Years
  - CTQ Level 3 Award in Forest School First Aid
  - Quallsafe Level 3 Award in Outdoor First Aid
  - ITC Level 3 Award in Forest School First Aid

All Trainers and Assessors must have knowledge of the outdoor sector and application of first aid skills pertinent to an outdoor/remote environment. Acceptable evidence includes one of the following:

- Holding a regulated Band 4 outdoor first aid certificate (or equivalent)
- Holding an intermediate or advanced level National Governing Body (NGB) award such as Mountain Training – Mountain Leader; Mountain Training – Rock Climbing Instructor; British Canoeing – Coach (Moderate Water); British Cycling – Level 2 Mountain Bike Leadership Award; British Caving Association – Local Cave and Mine Leader. This must be evidenced.
- Providing verifiable evidence of working as an outdoor activity instructor or outdoor learning specialist for at least 2 years.