Your Logo

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**1. Learning achievement record**

|  |  |  |
| --- | --- | --- |
| Name: | Tel No. | |
| Email: | | D.O.B |
| Contact address: | | Post code: |
| Company: | | |

Information will be processed in line with your rights under GDPR and as the highlighted in our fair processing notice.

**2. Course** Driving licence number: N/A

|  |  |  |  |
| --- | --- | --- | --- |
| Course title: Emergency First Aid at Work | | Dates: | |
| Inc. | | Venue: | |
| Trainer/Assessor: | | Certificate checked: N/A | ID Checked: |
| Contact Hours 6 | E-learning hours 0 | Ref N/A | |

**3. Practical Competencies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unconscious** | ✓ | **CPR performance score %** | ✓ | **Bleeding** | ✓ |
| Check for danger | | Check for danger | | Check for danger | |
| Try to get a response | | Try to get a response | | Try to get a response, Obtain brief History | |
| Open airway | | Open airway | | Expose and examine wound (Foreign object) | |
| Check breathing (10 seconds) | | Check breathing (for up to10 seconds) | | Q1 how would you deal with foreign object? | |
| Call for help & request AED | | Call for help & request AED | | Direct Pressure to wound & Control bleeding | |
| Secondary Survey (as below) | | Child /Infant, 5 initial rescue breaths | | Call for help & request first aid kit | |
| Leave on Back or recovery position | | 30 chest compressions | | Use gloves or take suitable precautions | |
| Nearside arm placed correctly | | 2 rescue breaths | | Q2. What if bleeding is not controlled? | |
| Far arm brought across by face | | Is hand position on chest correct | | When controlled apply Pressure dressing | |
| Crook far leg | | Is depth & rate of compressions correct | | Support & check circulation every 10 mins | |
| Turn with support of head | | **AED** | ✓ | Treat for shock and monitor and record. | |
| Stabilise with upper leg | | Switches AED on & attaches electrodes in acceptable positions | | Secondary Survey | |
| Re-establish Airway Recheck Breathing (10 seconds) | | Allows rhythm analysis without touching victim or AED or as per instructions of AED | | Arrange transport to hospital | |
| Monitor casualty until professional help arrives. Turn every 30 Mins Child held in a head down position | | Demonstrates rapid and safe delivery of a single shock (including visual check and verbal instruction to stand clear) | | Q3: How would you proceed if bleeding persists? | |
| **Seizures** | ✓ | Resumes CPR immediately, as guided by the voice prompts, starting with chest compressions | | **Haemostatic Dressings** | D |
| **Management of fractures** | X | Minimises’ interruptions in chest compressions | | **Tourniquets** | D |
| Support sling or improvise | | **Secondary Survey D & E** | ✓ | **Choking** | ✓ |
| Elevation sling or improvise | | A.V.O.U & Head to Toe Examination | | Identifies and removes dangers | |
| MILS on Prone casualty | | Pockets & external clues | | Encourage to cough | |
| MILS whilst turning casualty | | Monitoring/ record vital signs | | Position, lean forward or Across Thigh | |
| **Anaphylactic Shock** | X | S.A.M.P.L.E | | 5 Back blows | |
| Help lie down or sit up (breathing) | | S.C.A.T, Concussion assessment tool | x | 5 Abdominal/chest Thrusts | |
| Aid or administer Auto inject | | **HSE** | ✓ | Call for help then repeat Blows/Thrusts | |
| Call 999 (state Anaphylaxis) | | RIDDOR | | Q1 Should they go to hospital? | |
| Q1, when would you repeat dose? | | Accident reporting | | Q2 what if they collapse? | |

**√** = assessed and competent for the level of the course **x** or Cross through = not covered **D** = discussed/information only **N** = not yet competent.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: EFAW Date: 20/09/21

**~~4. Knowledge check~~** ~~Paper No. N/A Achievement N/A out of N/A~~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ~~1~~ | ~~A B C D~~ | ~~2~~ | ~~A B C D~~ | ~~3~~ | ~~A B C D~~ | ~~4~~ | ~~A B C D~~ | ~~5~~ | ~~A B C D~~ |
| ~~6~~ | ~~A B C D~~ | ~~7~~ | ~~A B C D~~ | ~~8~~ | ~~A B C D~~ | ~~9~~ | ~~A B C D~~ | ~~10~~ | ~~A B C D~~ |
| ~~11~~ | ~~A B C D~~ | ~~12~~ | ~~A B C D~~ | ~~13~~ | ~~A B C D~~ | ~~14~~ | ~~A B C D~~ | ~~15~~ | ~~A B C D~~ |
| ~~16~~ | ~~A B C D~~ | ~~17~~ | ~~A B C D~~ | ~~18~~ | ~~A B C D~~ | ~~19~~ | ~~A B C D~~ | ~~20~~ | ~~A B C D~~ |

~~(Please circle correct answer)~~

**5. Course Evaluation**

We are keen to ensure that you receive the best quality training. We would find it very helpful if you would spare a few moments to give us your views.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Please tick the appropriate box) | Excellent | Very good | Good | Satisfactory | Poor |
| Course, information given before course & any request for support |  |  |  |  |  |
| Location, Day, and time |  |  |  |  |  |
| Introduction, (You understand) complaints procedure, Health & Safety, Diversity & trainers code of conduct, Feedback form. |  |  |  |  |  |
| Course content |  |  |  |  |  |
| Course materials |  |  |  |  |  |
| Venue |  |  |  |  |  |
| Trainer |  |  |  |  |  |
| Pace of course (If English is not your first language, please indicate the pace & understanding of the course). |  |  |  |  |  |
| How do you rate your confidence now to carry out first aid |  |  |  |  |  |
| Any further comments | | | | | |

**6. Candidate’s statement:** I declare that I have sufficient understanding and use of English to fully engage with the course and fully understand the role and expectations of a first aider. I will be able to ensure the well-being of a casualty in my care. keep records in English, summon emergency help, and follow instructions such Emergency medicines, AED and as directed by the emergency services. I Completed the hours required for the course and the record above is a true and accurate account of my learning and achievement. I consent to my personal data being processed and retained for the purpose of complying with the first aid regulations in line with my rights under GDPR

**Candidate’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: 20/09/21.

**7. Trainer/assessors statement:** I confirm that the course was conducted as per the requirements laid down by HSE, Ofsted or JAUPT and that the candidate met the required learning outcomes as recorded.

|  |
| --- |
| Trainers’ comments: Risk/Covid Assessment completed.  HSE Guidelines First aid during the COVID-19 pandemic 31 Aug 21 Rescue breaths were not carried out but a practical demonstration by the trainer themselves and/or a video demonstration of rescue breath techniques, full training in the theory of giving rescue breaths, assurance from the training provider that the student is competent to give rescue breaths |

**Trainer/assessors signature:** Date: 20/09/21

SMP FAIB ltd.