Cambridge TECHNICALS

Accredited

OCR LEVEL 2 CAMBRIDGE TECHNICAL

CERTIFICATE/DIPLOMA IN

HEALTH AND SOCIAL CARE

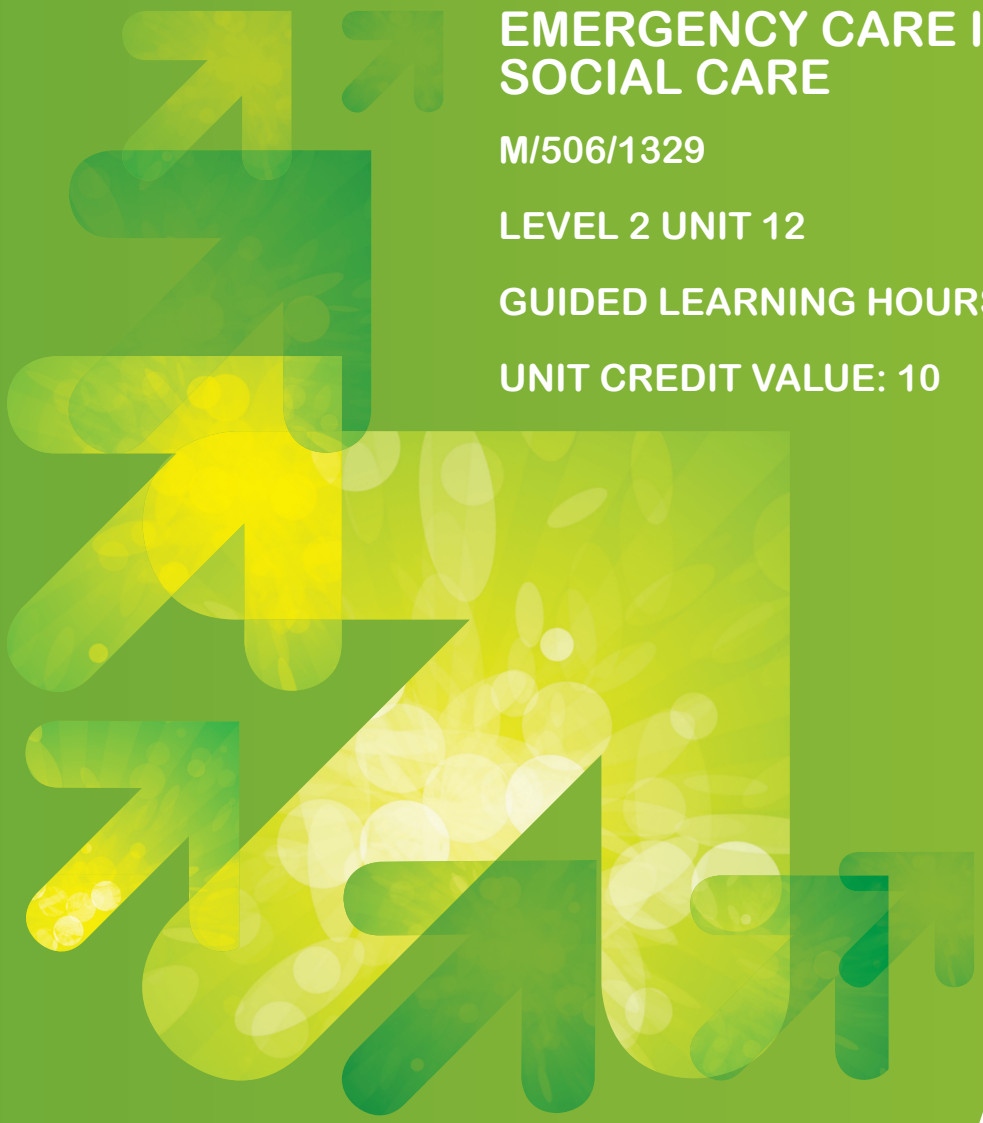
EMERGENCY CARE IN HEALTH AND SOCIAL CARE

M/506/1329

LEVEL 2 UNIT 12

GUIDED LEARNING HOURS: 60

UNIT CREDIT VALUE: 10



OCR

EMERGENCY CARE IN HEALTH AND SOCIAL CARE

M/506/1329

LEVEL 2

AIM AND PURPOSE OF THE UNIT

As we go about our daily business at school, work or when we are at leisure, there are times when without warning an individual or group of people suddenly become at risk because of an emergency situation.

This unit allows learners the opportunity to examine the different types of emergency situations that can occur and how they can in certain circumstances assist in saving life. Learners will gain an understanding of the types of emergency situations that may result in serious injury or loss of life. Learners will understand that there are limitations to the assistance they can give and why some of these limiting factors may be beyond their control.

Learners will have the opportunity to recognise the necessity for the body's vital systems to function in order to sustain life.

Learners will gain knowledge of how the body's vital systems can become compromised by injury or illness and will learn how they can be monitored manually and with the help of technology.

Learners undertaking this unit will benefit from having access to first responders, paramedics, fire services and the police. The shared experiences of qualified first aid practitioners will also support learning.

ASSESSMENT AND GRADING CRITERIA

Learning Outcome (LO) The learner will:	Pass The assessment criteria are the pass requirements for this unit. The learner can:	Merit To achieve a merit the evidence must show that, in addition to the pass criteria, the learner is able to:	Distinction To achieve a distinction the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
1 Know what limitations apply in emergency health situations	P1 identify emergency health situations		
	P2 describe limitations for dealing with emergency health situations	M1 explain why there are limitations for dealing with emergency health situations	D1 evaluate how failing to adhere to limitations can compromise individuals
2 Know how to deal with an emergency health situation	P3 explain why the emergency services need to be utilised in emergency health situations		
	P4 outline the information required by the emergency services		
	P5 explain how to assist casualties until the emergency services arrive		
	P6 identify life-saving techniques	M2 explain how to protect self when involved in life-saving techniques	
3 Understand the basic checks to be undertaken in emergency health situations	P7 identify factors affecting breathing efficiency	M3 outline the relevance of assessing oxygen saturation in a casualty	
	P8 identify ways circulation is assessed		
	P9 state the normal range of body temperature		

TEACHING CONTENT

The unit content describes what has to be taught to ensure that learners are able to access the highest grade.

Anything which follows an i.e. details what must be taught as part of that area of content.

Anything which follows an e.g. is illustrative, it should be noted that where e.g. is used, learners must know and be able to apply relevant examples to their work though these do not need to be the same ones specified in the unit content.

Learning Outcome 1:

P1 – Emergency health situations: An emergency is any situation that requires an immediate police, fire, coast guard or medical response to preserve life or property (e.g. serious injury or illness, fire, chemical spillage, drowning, fight / assault / suicide, crime in progress, electrocution, road traffic collisions and a train or plane crash)

P2 – Limitations:

Personal: (e.g. fear of failure, lack of confidence, lack of knowledge, not wishing to get involved, scared or frightened by scene, fear of litigation)

Corporate: (e.g. no equipment available, unable to contact emergency services, delays in response from emergency services, no emergency services available due to environmental factors or lack of provision)

Casualty: (e.g. injuries too severe, location of casualty inaccessible, refusal to be helped)

M1 – Why there are limitations:

Personal: (e.g. too much responsibility, no experience, never received training, no sense of community responsibility or lack of community spirit, risk of failure or making and mistake resulting in criminal or civil litigation. risk of personal harm.

Corporate: (e.g. equipment unsuitable or inadequate, equipment not provided or available, no means of communication or communication failure, emergency services over stretched causing delays, withdrawal of essential services, misdirection of emergency services to the scene, human error)

Casualty: (e.g. religious beliefs, fear, injuries already fatal or near fatal, casualty may be trapped or access to casualty too dangerous for rescue)

D1 – Failing to adhere:

Prosecution and Litigation: (e.g. carrying out techniques without training, qualification or experience, failing to maintain equipment)

Safety: (e.g. compromising safety of self or others, taking unnecessary risks, statistical data to show the number of lay and professional emergency responders severely or fatally injured whilst assisting in life saving techniques or rescues)

Learning Outcome 2:

P3 – Utilisation of the Emergency Services: expertise, extensive training, experience, specialist equipment, communication capabilities with other services, co-ordination of rescue efforts or continuing provision of life saving care.

P4 – Information needed: (e.g. location of incident, type of incident, number of casualties, age and sex of casualties, time elapsed since incident began, what assistance is being provided and by whom, contact telephone number of person reporting, condition of the casualties, information regarding obvious safety issues)

P5 – How to assist casualties:

Danger: minimising or removing any danger to the casualty, making the area or vehicle safe if possible.

Assessment of casualty: identify the most seriously injured.

Check: casualty's responsiveness (consciousness level), whether breathing or bleeding and responding accordingly, extinguishing small fires or removing casualty from water if drowning (rescuer safety being paramount at all times).

Protecting: giving Cardio-Pulmonary Resuscitation (CPR), placing in recovery position, applying pressure and a dressing to severe bleeding, protect from the cold.

Guide: direct bystanders to meet emergency services, get others to assist with emergency care, give reassurance to casualty and others, make written notes to assist with continuing care.

P6 – Life saving techniques: early recognition of danger to self and to the casualty, primary survey of each casualty, maintenance of casualty's airway, ensuring adequate breathing, early identification of internal or external bleeding, control of bleeding, giving CPR, recovery position, use of automated external defibrillator (AED) if available,

protection of neck and spine from excess movement, effective communication with emergency services, extinguishing a person on fire, extraction of drowning person from water, Heimlich manoeuvre.

M2 – Protecting self: (e.g. removing any risk of danger to oneself before approaching the casualty or scene, wearing protective barrier gloves to prevent cross infection, use of resuscitation masks or shields during CPR, switching off the supply of electricity when electrocution is suspected, use of ropes, lifebuoys and poles to avoid entry into water when assisting persons that are drowning)

Learning Outcome 3:

P7 – Effective breathing:

Factors: (e.g. oxygen percentage available in the environment, air passages unobstructed, breathing mechanism impaired by either the environmental obstruction or failure of the central nervous system)

M3 – Relevance: ensuring cells are able to function, prevention of cellular necrosis, normal saturation levels, identify low saturation levels and consequences.

P8 – Assessing Circulation:

Definition of a pulse:

Manual: (e.g. use of two fingers to depress the artery to detect expansion and contraction and thus blood flow through the artery, location of common pulse detection points (radial, brachial, carotid and femoral), use of timing device to measure number of beats (recorded over 30 seconds and doubled) per minute.

Skin colour: observation of skin colour, pink complexion, pallor, ashen grey or cyanosis (blueness) of the extremities.

Electronic pulse detection: (e.g. use of Echo- Cardiogram (ECG), Automatic External Defibrillators (AED), blood pressure machines, some pulse oximeters)

P9 – Body Temperature:

Normal: 98.6*F or 37*C.

Variable factors: age, activity, time of the day, person to person.

DELIVERY GUIDANCE

It would be beneficial for learners undertaking this unit to have access to Qualified First Aid Personnel, Emergency First Responders or other suitably qualified Medical Professional either in the Classroom or by External Visits to Police, Fire or Ambulance Stations.

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LO1 – Understand how to assess emergency health situations

P1 – Explain the definition of an emergency health situation. Learners may benefit from Group discussion allowing them to collectively identify the types of emergency health situations that they may encounter.

Learners should be encouraged to identify scenarios whereby different emergencies may materialise.

P2 – Through discussion, learners could identify reasons why they may not be able to react or assist at the scene of an emergency situation. Development of the discussion could allow learners to identify limitations to the assistance that can be offered and recognise factors outside their control.

M1 – Learners could explore the types of emergency they may be able to assist with and those which they may not. They should be directed to explore both personal reasons and corporate reasons preventing their action.

D1 – Through discussion learners will begin to evaluate how the safety of individuals may be compromised when the limitations of their actions are exceeded. Case studies or examples will serve as discussion topics.

LO2 – Know how to deal with an emergency health situation

P3 – Learners could be encouraged to research independently the qualifications, skills and qualities needed for each of the emergency services. They could examine the equipment available to each service and identify what equipment can be found aboard emergency vehicles. Visits to local emergency service stations or the opportunity to view emergency vehicles at the place of learning would be beneficial.

Learning could be consolidated by group discussion or by each learner presenting a short power point to their peers.

P4 – Learners may obtain sufficient information from independent research. This can be consolidated by role play which could be peer assessed or tutor assessed.

P5 – Learners may be encouraged to develop their knowledge through independent research which can then be consolidated with the participation in role play of suitably prepared scenarios.

P6 – Learners would benefit from observing practical demonstrations of a Primary Survey carried out on a casualty, CPR and the recovery position. This should be demonstrated by a qualified or competent person. Suitable DVD clips are available from St. Johns Ambulance and other life saving organisations. These would consolidate knowledge gained.

Learners would benefit from practical role play using a resuscitation manikin.

M2- Learners would benefit from group discussions supported by suitable DVD clips available from St. Johns Ambulance or other Life Saving organisations.

LO3 – Understand the basic checks to be undertaken in emergency health

P7 – Learners need to understand the mechanics of breathing and the anatomy of the body in relation to breathing and respiration. Working in groups or pairs, learners could recognise on each other what actions and movements are taking place during inhalation and exhalation.

Group discussions would help identify what environmental factors have an affect on the efficiency of breathing.

Independent research will help learners to identify the anatomy and physiology of breathing and respiration.

M3 – Learners should be encouraged to investigate the meaning of oxygen saturation and how it serves only to indicate the amount of Oxygen in the blood and not to the efficiency and metabolism of oxygen by the body.

Pulse Oximeters or pictures of such could be used to help learners familiarise themselves with the equipment used for this purpose. Demonstrations by qualified personnel may support learning.

P8 – Demonstration of how to take a pulse correctly. Explanation of how to calculate pulse rate per minute (taking for 30 seconds and multiplying by 2). Identification of pulse sites around the body concentrating on those commonly used for adults and infants. Identify possible anomalies when using the thumb to take the pulse.

Discuss the reasons behind recording the rate, depth and regularity of the pulse and explore what these may indicate in relation to circulatory efficiency.

Demonstrate electrical devices used to record pulse rates. These could include blood pressure monitors, AED training devices, and some pulse oximeters.

Learners would benefit from taking the radial pulse of their peers, recording rate, depth and regularity.

P9 – Learners are encouraged to independently research and investigate the average body temperature. Discussion could consolidate learning and introduce learners to the variables affecting body temperature.

GENERIC ASSESSMENT GUIDANCE

Assessment evidence is likely to be Learning Outcome based and be written in the form of assignments, essays or where appropriate reflective accounts. The use of tables is acceptable, for example when responding to command verbs such as identify or list. Tables can be useful for recording data. However, tables are best supplemented with continuous prose. Where role play or case studies are used as the mode of assessment, supporting evidence should be included, with the learner clearly identified. Where group work/activities contribute to assessment evidence the individual contribution of each learner must be identified.

Display work or posters may be used as evidence, as can photographic or video evidence. All evidence must be available for the visiting moderator to review. Where learners are able to use real situations or observations from work placement, care should be taken to ensure that the record of observation accurately reflects the learner's performance, this should be signed and dated and included in the evidence. It is best practice to record another individual's perspective of how a practical activity was carried out. Centres may wish to use a witness statement as a record of observation, this should be signed and dated and included in the evidence.

ASSESSMENT GUIDANCE

P1
Learners could provide Posters or a Power point presentation **identifying** the types of emergencies that may be encountered. If a presentation is given the learner would be expected to provide evidence of the content of their presentation and a witness testimony might be provided.

P2, M1, D1
Learners could **demonstrate** understanding by completing a report describing limitations to giving assistance, they could then **explain** why these limitations may present themselves and **evaluate** the consequences of failing to adhere to the limitations. Learners should present their own opinions when concluding the report in order to satisfy D1.

P3
Learners could present, to their peers, an explanation of why the emergency services must be utilised.

P4
Evidence of role play, outlining the information to be given to emergency services, will show learning and acquired knowledge. Witness testimony from tutor or suitable notes from peer assessment could support this task. Video / DVD recordings will also serve as sufficient evidence.

P5, P6
Evidence of role play identifying life saving techniques will show learning and acquired knowledge. Witness testimony from tutor or suitable notes from peer assessment or an explanation of how to assist casualties until the emergency services arrive will support this task. Video / DVD recordings will also serve as sufficient evidence.

M2
Evidence of role play will show learning and acquired knowledge. Witness testimony from tutor or suitable notes from peer assessment will support this task. Video / DVD recordings will also serve as sufficient evidence. Learners could produce a written report explaining the actions taken by them to ensure their own safety when carrying out life saving techniques.

P7, M3
Learners could produce an annotated poster that identifies the factors that affect breathing efficiency.

A report outlining the relevance of assessing oxygen saturation could be produced.

P8
Evidence of practical participation will show acquired skills and knowledge. Witness testimony from tutor or suitable notes from peer assessment will support this task. Video / DVD recordings will also serve as sufficient evidence.

P9
Learners will need to discuss the average body temperatures and how and what factors may change these norms.

A poster/display of normal temperature ranges for variable factors could be produced.

RESOURCES

Textbooks

Caroline, Nancy. (2013) Emergency Care in the Streets in the UK. 7th Edition. ISBN-13: 978-1449649296

Ross and Wilson, (2010) Anatomy and Physiology. 10th Edition. ISBN-13: 978-0702032271

Dorling Kindersley, First Aid Manual. 10th Edition. ISBN-10: 140934200X

Journals

Nursing Times

Websites

St. Johns Ambulance www.sja.org.uk

British Red Cross www.redcross.org.uk

Videos

http://www.redcross.org.uk/What-we-do/First-aid/

http://www.sja.org.uk/sja/first-aid-advice/videos.aspx

Phone Apps

St Johns first aid app info – http://www.sja.org.uk/sja/support-us/the-difference/helpless/mobile-phone-app.aspx

Red Cross first aid app – http://www.redcross.org.uk/What-we-do/First-aid/Mobile-app

CONTACT US

Staff at the OCR Customer Contact Centre are available to take your call between 8am and 5.30pm, Monday to Friday.
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