

Cambridge NATIONALS LEVEL 1/2



HEALTH AND SOCIAL CARE

Sample Learner Work
with commentary

Unit R031: Using Basic First Aid Procedures

Version 1

CONTENTS

Introduction	4
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Sample Learner Work Marking Band 1

Learning Objective 1 – Be able to assess scenes of accidents to identify risks and continuing dangers	4
--	---

Marking commentary on MB1 sample learner work	4
---	---

Suggested improvements to progress sample learner work to MB2	4
---	---

Learning Objective 2 – Understand the first aid procedures for a range of injuries	6
---	---

Marking commentary on MB1 sample learner work	6
---	---

Suggested improvements to progress sample learner work to MB2	6
---	---

Learning Objective 3 – Be able to apply basic first aid procedures	7
---	---

Marking commentary on MB1 sample learner work	12
---	----

Suggested improvements to progress sample learner work to MB2	12
---	----

Marking Band 3

Learning Objective 1 – Be able to assess scenes of accidents to identify risks and continuing dangers	13
--	----

Marking commentary on MB3 sample learner work	16
---	----

Why it was awarded MB3 not MB2	16
--------------------------------	----

Learning Objective 2 – Understand the first aid procedures for a range of injuries	17
---	----

Marking commentary on MB3 sample learner work	24
---	----

Why it was awarded MB3 not MB2	24
--------------------------------	----

Learning Objective 3 – Be able to apply basic first aid procedures	25
---	----

Marking commentary on MB3 sample learner work	27
---	----

Why it was awarded MB3 not MB2	27
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INTRODUCTION

This is a guide for teachers so that you can see how we would mark work, Cambridge Nationals are designed to give the learners the project and let them create the work.

The guide contains sample learner work for this unit and covers all learning objectives, graded at Marking Band 1 (MB1) and Marking Band 3 (MB3).

The accompanying commentary explains why each piece of work was awarded its grade.

For MB1 graded work, additional guidance has been added to suggest improvements that could be made to make it an MB2 graded piece of work.

For MB3 graded work, additional guidance has been added to explain why it was awarded that grade and not the lower grade of MB2.

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Sample Learner Work Marking Band 1

Learning Objective 1 – Be able to assess scenes of accidents to identify risks and continuing dangers

SAMPLE LEARNER WORK

LO1

- Check the area around the casualty, there could be danger around. E.g. sharp objects in the ground. This could be dangerous to them and the people around
- Any cuts
- Other people running around could cause other accidents.

How to make the area Safe

- Make sure people do not crowd around him
- Make sure he is warm until the emergency services arrive.

Also speak to the casualty so he knows what you are doing and going to do.

When dealing with accidents you may need to seek additional support from anyone who may have first aid training or who can get messages to others.

The emergency services will need to be informed as soon as possible and the next of kin if appropriate depending on where the accident has taken place.

The information I will supply to the emergency services would be the location, the number of casualties and what has happened at the scene of the accident.

Marking commentary on MB1 sample learner work

Learning objective 1a) - there is very basic limited evidence of how to demonstrate how to assess dangers.

Learning objective 1b) - no depth of understanding given in the evidence provided as no demonstration was carried out to show the candidate's competency.

This would be assessed at LB1.

Suggested improvements to progress sample learner work to MB2

Learning objective 1a) - to strengthen this evidence the candidate should take part in a scenario of a scene of an accident (role play) with supporting written evidence of how to assess dangers to the casualty, first aider and others and how the area could be made safe. This should cover the specification requirements. A supporting witness statement would further support the candidate's evidence.

Learning objective 1b) - again a role play would clearly demonstrate this action, with supporting written evidence from the candidate and a witness statement from the tutor.

Sample Learner Work Marking Band 1**Learning Objective 2** – Understand the first aid procedures for a range of injuries**Task 3****Conscious and breathing**

a possible cause of this could be a broken leg or a broken arm, this would be classed as a mild injury. A symptom of a broken arm or leg could be pain in the arm or can't walk fully or apply pressure. The first step is trying to keep the arm as still as possible, while the arm is kept still make your way to a hospital for additional help. While doing this make sure you are keeping them calm and keep talking to them and reassuring them at all times. It is important you do these steps and persevere because you need to make sure they are calm so they don't go into shock or have a panic attack. You also need to make sure they keep their arm still so they don't cause themselves any more pain or any more damage.

Unconscious and not breathing

A possible cause of this could be a heart failure or electric shock, this would be classed as life threatening as they are not breathing and no oxygen is going round the body. A symptom of this could be no response at all no movement and also no chest movements. If this ever happened the first thing to do would be to start CPR it is also important to make sure you ring 999 for help as soon as possible, make sure you ask for ambulance services. Make sure you are continuing CPR and even mouth to mouth at all times this could be the only way you can save their life in time. The reasons for these steps is to keep their chance of surviving as high as possible.

Unconscious and breathing

A possible cause of this could be a head injury. This would not be severe but you would need medical attention. A symptom of this would be they can move a little and respond but not stand up. When doing this make sure you can see that they are breathing at all times and keep checking this is important so you know the problem isn't getting serious. To check this you can pinch them on the arm to see if they respond. Put them in recovery position by carefully moving them on to the side.

Choking (food)

A cause of choking could be on food or on allergies. This would be a mild problem less you can't get the food out and they stop breathing. A symptom of this could be face going red a lot of movement panicking. To help the person you should hit them firmly on the back 5 times, if nothing comes up you should then wrap your arm around stomach area and do 5 tummy pulls if nothing comes up repeat this again. If this does not work call for help.

Asthma attack (allergies)

Allergies could cause a asthma attack it could be food allergies or animal allergies or others. This would be classed as a life thretining problem. This first thing you would do is sit the person up so there sat straight and make sure they are taking their innaier. if there breathing isn't slowing or getting better than it is time to call 999 cause it could get worse and be a risk of life and death

Burns and scalds (boiling water, burn from fire)

A cause of a scald or burn could be very hot water fire or other hot things. A burn would be mild but can be painful but a would only be mild and scalds on the other had could be serious and could even have life changing effects. With a burn you should run the burn under the cold tap for about 5-10 minutes and if you can still feel it burning run for a thither 5 minutes.

Bleeding: small cut, large wound, embedded wound *further*

A cause of a cut bleeding or an embedded wound could be a sharp object left around or sticking out of things. Depending on what the cut is like depends on how serious the cut or bleeding is if its is an embedded wound and is bleeding fast this could be more urgent them a small cut. You need to make sure you are keeping them calm and applying pressure to the persons wound if you feel that her injury looks serious and the bleeding is not slowing down make your way to am hospital or if its that bad call 999.

Marking commentary on MB1 sample learner work

There was a basic understanding with limited information given linked to the identity the nature and severity of the injuries listed in the specification. Some causes listed but no depth of understanding linked to the rationale.

There was limited information on the correct sequence of events. Few relevant examples included.

Suggested improvements to progress sample learner work to MB2

To improve work to meet MB2 assessment evidence, there needs to be a sound understanding on how to identify the nature and severity of a range of injuries given in the specification. Symptoms need to relate specifically to the injury and appropriate detailed examples need to be included.

Current first aid procedures must be included and showing the correct sequence of steps for each of the procedures.

There will also be a sound rationale with clear examples which will illustrate the candidates understanding.

Sample Learner Work Marking Band 1

Learning Objective 3 – Be able to apply basic first aid procedures

Evaluation of practical's

CPR –

What I done in this practical am that I checked if there was any danger around the person and checked for any danger that might harm them or any sharp things on them. After that I checked for their breathing. Then I put my left hand in front of my right hand on the other then pressed down deep about 5-6cm into the person's chest and I done this for about 30 seconds I also done it to staying alive the song so that I was able to keep in time.

Recovery position –

This is used when the person is unconscious and you do this to ensure that the individual's airway is open. For this practical the first thing I done was call an ambulance after, I looked around to see if there was any danger that could harm them. I also asked if they could hear me to see what response I could get because they might be sleeping. When they didn't I checked their airway to see if there was anything blocking it because that could be the cause of them not responding. Checked for breathing because if they are not then I would have to perform CPR on them, last thing I checked if there was any bleeding anywhere and it if was really bad. After I started to put them in the recovery position laying them on their back and putting their right arm up and then putting their left arm across onto their cheek that was nearest to their right arm. After I lifted their left knee making sure it is bent and rolled them over towards my side then lifted their chin so that their airway is clear and see if I could feel their breath on my cheek.

In my opinion what I done well on this is that I made sure I called the ambulance first because that's the main thing. I also checked for any danger that may harm the person. The other thing I done well on is making checks on their breathing and airway and seeing if they could respond or not. My other strength was being able to put them in the recovery position I remembered all the steps that should happen for it. What I could do better on was checking on their circulation to see if they were bleeding because I nearly forgot to do that also I nearly forgot to check the airways at the end of the practical.

Chocking –

For this one what I done was that asked the person if they could say something just in case it wasn't that deep and they probably could cough it out after they weren't able to do it and was not able to speak I then went on to lean the person forward and to cough in that position, after since that didn't work I then went onto give them back blows. To do that I had to ask them to lean forward and then hit their back 5 times in between their shoulder blades. I then checked the mouth to see if anything was there and see if it was able to be taken out. Since that was not working I then decided to give them abdominal thrusts, 5 was the number I done for this one. To do this link your hands between their tummy button and the bottom of their check, with your lower hand clenched in a fist. Pull sharply inwards and upwards, if the person is still choking then the abdominal thrusts should be repeated two or three times more since that didn't work then I called an ambulance.

Strengths

Weaknesses

Burns and scalds –

Both occur from heat damage, burns are usually from dry heat damage such as fire, the sun or hot iron, scalds are usually from wet heat damage such as hot water or steam. For this if the burn/scald is bigger than the person's hand you would just put it under cool water for 10 minutes. Since the burn on the person's hand was bigger than my hand I had to cover the burn with cling film so that it doesn't get infected by anything and make it worse you can also use other plastic materials like a plastic bag but it should not be fluffy. The individual should be treated for shock till help arrives.

Severe bleeding –

Firstly I called an ambulance and then assessed if there was any danger around and removed any objects that could harm. I then asked the individual if they could sit down, I then placed a sterile bandage on the wound. Pressing it firmly with the palm of my hand to control the bleeding, then by maintaining that same pressure I wrapped the bandage around the wound ending it with a tight knot. If the participant bled through the bandage I would have applied another one and kept reapplying until it couldn't come through after this they would be treated for shock.

Shock –

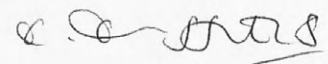
Shock is when the body is not getting enough flow of the blood, this can be caused by the loss of bodily fluids heart attack and heart failure and internal bleeding this can result in the body suffering from severe organ damage. For this practical the first thing I did was making sure I called the ambulance made the person lay down with their legs raised and kept checking for their breathing.

The good thing I did in this practical was call the ambulance, also was to lay the person down making sure their legs were raised. My weaknesses were that I didn't lose their clothing also I didn't cover them with a blanket to avoid pain.


OCR Level 1/Level 2 Cambridge Nationals in Health and Social Care

Witness Statement – Task 4**LO3** Be able to apply basic first aid procedures**LEARNER NAME****WITNESS NAME****ASSESSOR NAME****WITNESS
ROLE/POSITION:****ASSESSOR
SIGNATURE**ST JOHN AMBULANCE
FIRST AIDER.




Date: 20/07/15



Date: 20/07/15.

Skills to be demonstrated	WITNESS observations on candidate interaction	ASSESSOR decisions based on witness observations (circle decision)		
		MB1	MB2	MB3
Conscious/unconscious and breathing/not breathing	Witness Signature:			
First aid procedures are carried out.				Independently
Carries out the correct sequence of steps.	Date:			
Understanding of practical application.	20/7/15	With support and guidance	Limited support and guidance	
		With limited confidence	With some confidence	Confidently and effectively
		With some guidance	With limited guidance	Independently
		Basic	Sound	Thorough

OCR Level 1/Level 2 Cambridge Nationals in Health and Social Care

Skills to be demonstrated	WITNESS observations on candidate interaction		ASSESSOR decisions based on witness observations (circle decision)		
	Demonstrating first aid procedures		MB1	MB2	MB3
Choking First aid procedures are carried out. Carries out the correct sequence of steps. Understanding of practical application.	Witness Signature: 	Date: 20/7/15	With support and guidance With limited confidence With some guidance Basic	Limited support and guidance With some confidence With limited guidance Sound	Independently Confidently and effectively Independently Thorough
Asthma Attack First aid procedures are carried out. Carries out the correct sequence of steps. Understanding of practical application.	Witness Signature: 	Date:	With support and guidance With limited confidence With some guidance Basic	Limited support and guidance With some confidence With limited guidance Sound	Independently Confidently and effectively Independently Thorough
Burns or Scald First aid procedures are carried out.	Witness Signature: 	Date:	With support and guidance With limited confidence	Limited support and guidance With some confidence	Independently Confidently and effectively

18

Live Assessment Material
Unit R031: Using basic first aid procedures

OCR Level 1/Level 2 Cambridge Nationals in Health and Social Care

	WITNESS observations on candidate interaction	ASSESSOR decisions based on witness observations (circle decision)		
Skills to be demonstrated	Demonstrating first aid procedures	MB1	MB2	MB3
Carries out the correct sequence of steps.		With some guidance	With limited guidance	Independently
Understanding of practical application.		Basic	Sound	Thorough
Bleeding	Witness Signature:	Date:		
First aid procedures are carried out.		With support and guidance	Limited support and guidance	Independently
		With limited confidence	With some confidence	Confidently and effectively
Carries out the correct sequence of steps.		With some guidance	With limited guidance	Independently
Understanding of practical application.		Basic	Sound	Thorough
Shock	Witness Signature:	Date:		
First aid procedures are carried out.		With support and guidance	Limited support and guidance	Independently
		With limited confidence	With some confidence	Confidently and effectively
Carries out the correct sequence of steps.		With some guidance	With limited guidance	Independently
Understanding of practical application.		Basic	Sound	Thorough

Marking commentary on MB1 sample learner work

Although there is evidence that the first aid procedures were carried out by the inclusion of a witness statement the witness statement reflected competency across the mark bands but there were no supporting comments from the tutor/assessor to support the higher mark bands.

For the second part of learning objective 3 the review of their practical activities was very basic and was more of how each procedure had been carried out rather than looking at strengths, weaknesses and improvements to their performance. There was no evidence of synopticity.

MB1 was awarded.

Suggested improvements to progress sample learner work to MB2

To improve evidence a detailed witness statement reinforcing competence of procedures should be included, focusing on the correct sequence for the procedures with some guidance given.

When reviewing the activities these should be detailed and show some competency.

Detailed strengths and weaknesses should also be included any improvements given should be relevant to their own performance.

Sample Learner Work Marking Band 3

Learning Objective 1 – Be able to assess scenes of accidents to identify risks and continuing dangers

SAMPLE LEARNER WORK

Task 2 R031

When and how you would seek additional help largely depends on the casualty you are dealing with, and how serious the injury is. You would need to see additional help when you are no longer capable to help the casualty. This could either be because it is a major injury, you don't know how to help them or the casualty isn't giving you consent to help them. Then you would seek additional help by contacting the ambulance service or another emergency service that would be able to help. You could also seek additional help by shouting for help and waiting for someone to come or in some cases you could try looking for the person who is responsible for caring for the casualty eg a parent or carer. However if you are not certain how to help the casualty and you can see that the injury is serious you should just call the ambulance. For example in scenario 1: Sally has Down's syndrome and she lives in a supported lodging. She works as a waitress in the local café. She was ironing her waitress uniform when accidentally she burns her arm on the iron. In this case you would need to contact a carer that works in the supported lodgings and then if needed to also call the ambulance, because the burns could be more serious than it looks and because of that she could start panicking especially because she has Down's syndrome.

The person you report the accident to would need to be appropriate because they might know the person a bit more than you do, or have more knowledge about dealing with those kinds of injuries. Also if the casualty has a major injury like a broken arm, there would be no point in calling for help if you are able to call the ambulance yourself. For example in scenario 1 the carer at the lodging would understand that Sally has Down's syndrome and they would be able to calm Sally down as well as then being able to support her because they have to deal with situations all the time. They would be the most appropriate people to contact because they know her but they are most probably also trained in first aid at a higher level than you so they would be able to make the decision if Sally does need an ambulance or if she just needs to go and see the doctor.

When contacting an emergency service you would need to give the following information. The information you would give are, how many casualties are there, the current state of the casualty the details of how the accident happened and the address or location that you are at and your and the casualty's name (if you know it). When giving an address the more accurate the address the faster the ambulance will turn up. For example if Sally from scenario 1 needed the ambulance to come then you would call 999 and say that a girl with Down's syndrome has burned herself on an iron and she is in pain. This happened in the supported lodging (postcode or full address would be given if possible).

When assessing the danger you will need to see if there is anything that will put you at risk, or put the casualty or other people at risk. This is important because if you go and help the person you could be at risk of hurting yourself, this is a problem because there will be an extra casualty that will need to be dealt with. You will have to check if there is any direct danger like glass or cars in the area that the casualty is and if there is you will first have to make the area safe before starting first aid. If the carers are a danger you could call the police, so that they could stop the traffic so that you could do the first aid. If the glass is that danger in the situation you would move the glass out of the way or try to move the casualty out of the way. People that are round you are a danger in some cases because they might have sharp objects for example if there has just been a fight the attacker might have some kind of a weapon that could hurt you when you try to help the casualty. In this case you would ask the person/people to move away or call the police, so that they could move the person that is a danger to you. Finally the casualty could also be a danger. For example the casualty could be a danger if they have some kind of a mental illness that might make them panic and they might try to attack you when you try to help them. In this case you would need to speak to the casualty in a calm manner and make sure they are fine with you helping them. If they don't want your help and they don't give you consent then you call the ambulance if you have already.

When getting consent from a casualty you would need to speak to them in a calm manner to make sure that they actually want your help because if they don't and you help them then you would be the one that gets in trouble. If the casualty is unconscious or unable to give consent and you can see that it is a life threatening situation then you should perform first aid anyway.

OCR Level 1/Level 2 Cambridge Nationals in Health and Social Care

16

Witness Statement – Task 1

LO3	Be able to assess scenes of accidents to identify risks and continuing dangers
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LEARNER NAME			
WITNESS NAME		WITNESS ROLE/POSITION:	Teacher
ASSESSOR NAME		ASSESSOR SIGNATURE	f. All
		Date:	10/9/15
		Date:	10/9/15

Skills to be demonstrated	WITNESS observations on candidate interaction	ASSESSOR decisions based on witness observations (circle decision)		
	Assessing the scene of an accident	MB1	MB2	MB3
Guidance and support needed when demonstrating how to assess dangers to the casualty, first aider and others at the scene of an accident.	Equipment & other people. Good independent assessment.	Guidance and support needed	Limited guidance and support needed	Independent demonstration
Consideration given on how to make the area safe.	Make sure play is stopped	Basic	Clear	Thorough
Understanding of the necessary action.	Correct action taken	Limited	Sound	Thorough

OCR Level 1/Level 2 Cambridge Nationals in Health and Social Care

Confidence in obtaining informed consent.	Excellent under understanding of how consent is obtained.	Limited	Confident	Confident and competent
Understanding of how to communicate clearly.	knows how to speak to the elderly & is very clear.	Basic	Sound	Thorough

GENERAL COMMENTS/STRENGTHS/WEAKNESSES

You must only comment on strengths and weaknesses and not suggest areas for improvement

Excellent response to the scenario given. Prompt action taken.

Marking commentary on MB3 sample learner work

Written evidence and a detailed supporting witness statement demonstrate how the candidate independently had demonstrated the assessment criteria. The candidate showed confidence and competence when obtaining informed consent and how to communicate thoroughly.

Information to emergency services was appropriate showing good application of knowledge. Again this was supported with written evidence and via the witness statement.

Why it was awarded MB3 not MB2

It met MB3 criteria as the candidate showed more than a clear consideration and the witness statement reinforces that there was no guidance given and the written evidence met more than a sound understanding.

Sample Learner Work Marking Band 3

Learning Objective 2 – Understand the first aid procedures for a range of injuries

Task 3 R031

	<u>Possible Cause</u>	<u>Severity</u>	<u>Symptoms</u>	<u>Sequence of steps</u>	<u>Rationale</u>
<u>Conscious/Unconscious</u>	If a person is unconscious it could be caused because they got hit by something in the head, or they have overdosed on alcohol or drugs, or they could have a medical problem such as low blood pressure, or low blood sugar levels. The person could also lose consciousness if they are dehydrated.	The severity of the loss of consciousness in a person depends on the situation. The person might be unconscious for a few seconds or minutes, or the person could be unconscious for much longer with might cause permanent brain damage or a coma.	The person will be unresponsive (does not respond to activity, touch, sound, or other stimulation).	1) You would need to put the person into recovery position. 1a) to put a person into recovery position you would need to kneel down beside them and place the arm nearest to you at a right angle to their body with their hand upwards towards the head. 1b) take the arm furthest away from you and put it beside their cheek and hold it there. 1c) Now take the leg that's furthest away from you and bend the top leg so both hip and knee are at right angles. 1d) finally apply a little force onto that leg until the person has rolled over to their side, and use the hand that was on the cheek to keep the airways open. 2) If you haven't already, call the ambulance and inform them that you have an unconscious casualty and he is breathing. (If the person wasn't breathing you wouldn't put them into recovery position, you would do CPR.)	It would be important to put a person into recovery position because you will be sure that the casualty's airway remains clear and open. It also ensures that any vomit or fluid will not cause them to choke. This would mean that the person might stop breathing. By calling the ambulance you are sure that help is on its way and that you won't be left with the casualty for a long time because someone will soon arrive and help you.

<p>Breathing / Not breathing</p>	<p>There are several causes why an adult or child wouldn't be breathing. A child could not be breathing because they have the following conditions:</p> <ul style="list-style-type: none"> ■Asthma ■Bronchiolitis ■They are Choking ■Gastroesophageal reflux (heartburn) ■Holding one's breath ■Meningitis ■Pneumonia ■Premature birth ■Seizures <p>The following reasons display why an adult might not be breathing:</p> <ul style="list-style-type: none"> ■Asthma or other lung diseases ■Cardiac arrest ■Choking ■Drug overdose, ■Obstructive sleep apnea 	<p>The severity of breathing/not breathing would be that the person could be in a state that they are having difficulties breathing to not being able to breathe at all.</p>	<p>The person won't be breathing, they want have a pulse and they are likely to be unconsciousness. The signs that a person is not breathing are that the person's chest isn't moving and that you can hear or feel air coming out of their mouth. But you need to be careful to not mistake a breath for a little gasp of air that was trapped in the lungs and that had just been released because you opened the air ways.</p>	<p>1) Check of a response, if the person isn't responding call for help. Open the person's airways by lifting their chin gently with 2 fingers (If you think the person has a neck injury then go behind the person, put your hands round their head and tilt the head backwards very carefully.)</p> <p>2) While keeping the airways open put your face towards theirs and look down the chest.</p> <p>3) Wait up to 10 seconds to see if you can feel them breathing or if you see the face moving up and down.</p> <p>3) Place the heel of your hand on the centre of the person's chest, then place the other hand on top and press down by 5-6cm at a steady rate, 4) Do 30 chest compressions, and then 2 breaths.</p> <p>Continue cycles of 2 breaths and 30 compressions.</p>	<p>1) By checking for response you know the person isn't just sleeping and they do need help. You would call for help because you would need someone to call the ambulance for you, while you are doing CPR.</p> <p>2) The compressions will</p> <p>By opening the airways you are getting air into the lungs.</p> <p>2) by doing this you can check if the person</p>
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Bleeding

There are many causes of bleeding. These can be anything from a paper to glass cutting arm open.

Because there are many causes of bleeding the severity of them can also vary a lot. A low severity cause could be a paper cut and. The World Health Organization made a grading scale to measure the severity of bleeding.

Grade 0	No bleeding
Grade 1	petechial bleeding
Grade 2	mild blood loss (clinically significant);
Grade 3	gross blood loss, requires transfusion (severe);
Grade 4	debilitating blood loss, retinal or cerebral associated with fatality

The symptoms of bleeding are:

- Bleeding

Depending on how serious the bleeding is depends on what steps you take in order to help the casualty. Below I have listed 2 examples of bleeding in different severities. But each of them follow the same principle.

- ✚ Barrier
- ✚ Lay
- ✚ Elevate
- ✚ Examination
- ✚ Dressing

1) For a paper Cut

A) Clean the wound and apply a dressing if needed.

2) Surface Knife Cut

A) Create a barrier by the use of gloves

B) Lay the person down

C) Elevate the place that is effected

D) Have a look at the wound to see if anything is in it.

E) Apply direct pressure to the wound with a sterile dressing.

F) Apply a tight dressing. (if the blood starts to go through the dressing then apply a second one. Do this up to 3 times. If still bleeding call the ambulance.)

Barrier it is important to create a barrier to reduce the changes of cross contamination and the changes of bringing bacteria into the wound.

You would lay the person down because there is a high chance that if the person has lost a lot of blood they could end up collapsing. So if they are already laid down on the floor they won't be able to fall and hurt themselves anymore.

You would elevate the wound so that it is above the heart. This will reduce the blood flow to that place because gravity is pushing it down.

You need to examine the wound to see if there is anything in it. Because if there is glass in the wound you would need to do a different type of dressing.

By applying a dressing you are applying pressure to the wound as well as covering the wound to stop infections from getting in.

<h2>Burns /Scald</h2>	<p>The causes of a burn/scald could be anything from a person burning their finger on a pan while cooking to a person suffering from major body burns because of a house fire.</p>	<p>Burns are assessed by how seriously your skin is damaged. There are four main types of burn :</p> <ul style="list-style-type: none"> ■superficial epidermal burns (epidermis is damaged, skin will be red, slightly swollen and painful, but not blistered.) ■superficial dermal burns (the epidermis and part of the dermis are damaged, skin will be pale pink and painful, and there may be small blisters.) ■deep dermal or partial thickness burns (the epidermis and the dermis are damaged, skin turn red and blotchy, skin may be dry or moist, become swollen and blistered, and it may be very painful or painless.) ■full thickness burns (all three layers of skin are damaged, skin is often burnt away and the tissue underneath may appear pale or blackened, remaining skin will be dry and white, brown or black with no blisters. The texture may also be leathery or waxy. <p>If the burn covers more that 10% of the body it is a serious burn. 10% of the body is about the size of the persons hand.</p>	<p>Symptoms of a burn may include:</p> <ul style="list-style-type: none"> ■red skin ■peeling skin ■blisters ■swelling ■white or charred skin 	<ol style="list-style-type: none"> 1) Remove the cause of the burn. 2) Remove any clothing or jewellery near the burnt area of skin. Don't remove anything that is stuck to the burnt skin 3) Cool the burn with cool or lukewarm water for 10 to 30 minutes. 4) Keep the person warm. Use a blanket or layers of clothing, but avoid putting them on the injured area. 5) Cover the burn with special burn dressing or apply cling film. <p>If the burn is sever covers more than 10% of the body, they are chemical burns or they are deep burns, or the burn has blister) you should call the ambulance or seek medical advice.</p>	<p>By removing the cause of the burn you are reducing the chances of getting burned again.</p> <p>By removing the clothing you can get better access to the burn. Don't remove clothing that is stuck on or melted on because it could cause more damage.</p> <p>Cooling the burn to help with the pain</p> <p>By keeping warm will prevent hypothermia, where a person's body temperature drops below 35°C. This is a risk if you are cooling a large burnt area, particularly in young children and elderly people.</p> <p>By wrapping the burn you are reducing the changes of a n infection.</p>
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Asthma Attack

An asthma attack is caused by some kind of trigger, this trigger could be anything from dust, fur, pollution or even exercise.

Severities for asthma attack are:

During a moderate asthma attack the person will have minor difficulties breathing, they will be able to talk in full sentences, they will be able to walk/move.

During a severe asthma attack you will see the person had obvious difficulties breathing, and therefore they won't be able to talk in full sentences, they may cough or wheeze, and the reliever inhaler might not be enough to help them.

During a life threatening asthma attack the casualty will be gasping for breath, they won't be able to say a word or two in one breath, they would be confused or exhausted, they might start turning blue, and the fact they might not be able to breathe might cause them to collapse. During this kind of an asthma attack the person may no longer be wheezing or coughing and they won't be responding to their inhaler.

The main symptoms of asthma attack are:

- wheezing (a whistling sound when you breathe)
- shortness of breath
- coughing
- a tight chest – which may feel like a band is tightening around it

Signs of a particularly severe asthma attack can include:

- your reliever inhaler (which is usually blue) is not helping symptoms as much as usual, or at all
- wheezing, coughing and chest tightness becoming severe and constant
- being too breathless to eat, speak or sleep
- breathing faster
- a rapid heartbeat
- feeling drowsy, exhausted or dizzy
- your lips or fingers turning blue (cyanosis)

1) When treating an asthma attack you will first need to reassure them and ask them to breathe slowly and deeply.

2) Then get the casualty to use their reliever inhaler straight away.

3) Sit them down in a comfortable position. (on a chair if possible and tell them to lean forwards and rest)

4) If it doesn't get better within a few minutes, get them to take one or two puffs of their inhaler every two minutes, until they've had 10 puffs.

5) If the attack is severe and they are getting worse or becoming exhausted, or if this is their first attack, then call 999/112 for an ambulance.

6) Help them to keep using their inhaler if they need to. Keep checking their breathing, pulse and level of response.

7) They might lose consciousness at open their airway, check their breathing. If not breathing do CPR, if they are breathing then put them into recovery position.

By telling them to breathe slowly and deeply you are helping them control their breathing. The reliever inhaler should help the casualty relieve the attack. Leaning forwards should help them open their airways. If it doesn't get better this might be a sign of a severe asthma attack.

In a case of a severe asthma attack only the ambulance will be able to help them.

By checking if they are still talking you know they are still breathing.

Choking	<p>Choking accrues when some kind of object gets stuck down the airway instead of the esophagus.</p>	<p>The severity of choking could be a chock that can be easily coughed up, to a severe choking accident that causes the person to lose conscious. And therefore have to have CPR preformed on them to keep them alive</p>	<p>The person might start coughing, gagging, and bluish lips or skin colour.</p>	<p>1) Get the person to try and cough the thing out. 2) If coughing doesn't work, help the casualty bend forward. With the heel of your hand give up to five sharp back blows between their shoulder blades. After each one see if the thing has fallen out. Or it can get taken out. 3) If back blows don't work, give up to five abdominal thrusts. ■ Stand behind them. ■ Link your hands between their tummy button and the bottom of their chest, with your lower hand clenched in a fist. ■ Pull sharply inwards and upwards. Repeat steps 2 and 3 – back blows and abdominal thrusts – up to three times or until you've dislodged what's in there and they can breathe again. 4) If you done it 3 times then call the ambulance at 999 or 112 and tell them you have a non-breathing casualty. By this time the person has most probably loss conscious and you can start to do CPR.</p>	<p>By getting the person to cough they might be able to move the object out of their air way. Back slaps should move the object out of the airways as the hard slap might be enough to move it. By telling them to bend forward you are getting gravity to help you move the object.</p> <p>Abdominal thrusts will help you move the object out of the airway.</p> <p>If the back slaps and abdominal thrusts don't work then only the ambulance service will be able to help the casualty.</p>
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<h1>Shock</h1>	<p>The possible causes of shock can vary. Shock can accrue with any major injury. This can be due to severe blood loss, but it can also happen after severe burns, severe vomiting, a heart attack, bacterial infection or severe allergic reaction (anaphylaxis).</p>	<p>There are 5 different types of shock. However it is important to remember that shock is a fatal condition, if not treated!</p> <ul style="list-style-type: none"> ■Septic shock from bacteria multiplying in the blood and releasing toxins. ■Anaphylactic shock is a type of severe hypersensitivity or allergic reaction. ■Cardiogenic shock happens when the heart is damaged and unable to supply sufficient blood to the body. ■Hypovolemic shock is caused by severe blood and fluid loss, or severe anemia where there is not enough blood to carry oxygen through the body. ■Neurogenic shock is caused by spinal cord injury, 	<p>The symptom of shock are:</p> <ul style="list-style-type: none"> ■ Low blood pressure ■Rapid, shallow breathing; ■Cold, clammy skin; ■Rapid, weak pulse; ■Dizziness, ■Fainting, or weakness. ■sweating ■feeling sick and possibly vomiting ■thirst ■yawning ■sighing 	<ol style="list-style-type: none"> 1) Call 999 or 112 as soon as possible ask for an ambulance. 2) Treat any obvious injuries. 3) Lay the person down (if their injuries allow you to) and if possible, elevate and support their legs. 4) Keep them warm. 5) Do not give them anything to eat or drink. 5) Monitor the person, this can be done by talking to them and making sure they respond. (If they stop breathing, start CPR.) 	<p>You would call 999 because shock is a fatal condition and it should be treated immediately. By treating any obvious injury's you are making the job for the ambulance service much easier. You are also reducing the possible cause of the shock. By laying the casualty down and elevating their legs, you are making it easier to get the blood to go to the essential organs like the lung heart and brain. (However you shouldn't do this if the casualty as a head injury. You shouldn't let the casualty eat or drink because that means they won't be able to receive the lifesaving operation if needed. Casualties often ask for food or drink and it should not be given. By talking to the person you know that they are still breathing and by reassuring them and telling them that help is on its way you will reduce the chance of emotional shock.</p>
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Marking commentary on MB3 sample learner work

There was a thorough understanding of all the first aid procedures taken from the specification. A detailed chart was included identifying the nature, range and most causes of the injuries. Comprehensive examples are included supported by thorough descriptions of the symptoms of all the injuries from the specification.

Correct sequence of steps for first aid procedures is also included. A good knowledge and understanding is shown.

Why it was awarded MB3 not MB2

The evidence provided for assessment demonstrates a thorough understanding of how to identify the nature and severity of all the injuries including a thorough description of symptoms.

The description of the current first aid procedures was detailed and was considered to meet all the MB3 criteria.

Sample Learner Work Marking Band 3

Learning Objective 3 – Be able to apply basic first aid procedures

SAMPLE LEARNER WORK

During my First Aid course I learned and demonstrated many new skills, that would help me perform First Aid in a real life situation. I learned how to deal with many conditions such as shock, choking, unconsciousness, asthma, burns, and what to do if I come across a casualty that isn't breathing. By doing the First Aid course I know that if a person collapses and they are still breathing, I should put them into recovery position and then call the ambulance. This was a key factor to learn, because if I wasn't First Aid trained I could have panicked and left the casualty lying on the floor, which would be very dangerous because their tongue could fall back and cause them to choke because it would block the air ways. Overall I think my competency has increased now that I have completed the course, and I feel that if I came across a situation and any of these conditions that I have stated above were the problem, I would be able to help the injured person.

After doing my first aid I am able to highlight some of my strengths and weaknesses.

Strengths	Weaknesses
Putting a person into recovery position – I think this is one of my strengths because I can quickly and easily perform them, as I have learned the steps very well.	Giving breaths – When doing breaths, I found it difficult to keep the air ways open, give breaths and hold the nose in order to perform a good breath.
Compressions – My compressions are hard enough and fast enough to keep the blood going round the body.	Abdominal Thrusts – I struggled to do the abdominal thrusts as I find it difficult to push in and up.
Dressings – My dressings are neat and tight, they put good pressure on the place with the wound. I can also demonstrate a wide range of dressing.	
Helping with an asthma attack – I know the basic steps of how to deal with an asthma attack and I would know what steps to perform in order to help the casualty.	

⑦

A way that I could improve my weakness of giving breaths would be if I could practice more and if I was able to use a face shield, because I might not want to give breaths to someone, especially if I don't know them. The second problem I found was that it was difficult to give breaths and keep the airways open. To improve my performance I could practice more so if I did come across a real life situation, or I might be able ask for the assistance of another person.

Another weakness was that I struggled to do the abdominal thrusts. When doing the abdominal thrust I wasn't able to push my hand in and up again in a hard enough motion. I would improve my performance by practicing doing the motion

This unit R031 was the first unit I completed from the, Health and Social Care Cambridge Nationals. And it was a unit about first aid.

However as this is the first unit I have completed, I had no skills to pass on to help my complete this unit. However the following shows how the knowledge and understanding, which I gained from R031, can be transformed and used in the remaining 3 units.

One of the skills that I have taken out that of this unit that I could use in the other units would be that I learned how important communication is. Communication is covered in R022. In R031 I had to be able to communicate with the casualty and the emergency service in order to get help as soon as possible, and as effectively as possible. So the skill of how to communicate with a person that is injured and the emergency service can be used when completing R022.

Another skill that I learned in R031 was how important body language and approach is. This links in with R022. I have learned that when approaching a casualty you should talk calmly and try to keep the injured person as calm as possible. You should try to make the person feel safe and make them aware that you are willing to help them. And most importantly you have to be able to ask the person for consent before starting First Aid and a good body language and approach can help you achieve this.

Another thing that we covered in unit R031 that I could use in future units would be that I learned that during an emergency, different people at different stages, need different kind of care. This links in with R025. We learned that the care provided to babies will differ to the care we will provide to an elderly person. For example if a baby is choking severely you would do chest thrusts instead of abdominal thrusts. So these skills could help me when looking at life stages and care required for different life stages.

Health and safety was another thing that we covered in First aid which is also mentioned in Legislations and care values, which is R021. We covered how to make the place safe before starting first aid. This will help me when doing R021 because we cover health and safety.

In R031 we also covered care values. Care values are also mentioned in R021. Care values are the actions that we take when looking after a person. We had to know the care values when doing the First Aid Course.

Marking commentary on MB3 sample learner work

It was evident from the detailed witness statement that the first aid procedures were carried out independently, confidently and effectively. All steps carried out in the correct sequence demonstrating a thorough understanding of practical application.

A first aid certificate was also submitted from a first aid training organisation/trainer.

There is a comprehensive review of all the practical activities. A chart shows their strengths and weaknesses and all relevant to their individual performance.

There was a clear understanding of synopticity showing how to draw on skills knowledge and understanding from other units.

Spelling, punctuation and grammar (SPAG) was also assessed as MB3.

Why it was awarded MB3 not MB2

The candidate did not have any support and would have shown limited confidence.

The evidence presented was more than detailed for strengths and weaknesses and was more than partly relevant to their performance.

Candidate's evidence met all MB3 assessment criteria.



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