

Qualification Specification

QNUK Level 3 Award in Basic Trauma and Casualty Care (BTACC) (RQF) 603/7208/4

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1. Introduction

Qualifications Network Limited (QNUK) is an Awarding Organisation recognised and regulated by the Office of Qualifications and Examinations (Ofqual) in England, the Council for Curriculum, Examinations and Assessment (CCEA) in Northern Ireland and Qualifications Wales.

This specification outlines key information required by users of the qualification to ensure they can make an informed decision about the suitability of the qualification they are taking or proposing to take for the purposes that they intend to use it.

2. Contact Us

Please get in touch if you need any advice or guidance with this qualification.

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3. Version Number

Centres should make sure they are using the most up to date document by checking the footer which will confirm the current version number.

Document owner	Qualifications Manager
Date last updated	20/02/2021
Next review	20/02/2021
Status	Approved
Version	1
Document control number	QS L3BTACC

4. Qualification Objective

The objective should specify what benefit this qualification will lead to

- preparing learners to progress to a qualification in the same subject area but at a higher level or requiring more specific knowledge, skills and understanding
- supporting a role in the workplace

5. Sector Support and Industry Recognition

This qualification has been developed in line with recommendations from The ATACC Group International Medical Advisory Group (MAG) and The ATACC Group Medical Education and Training standards and maps to Level D descriptor, as defined by the Faculty of Pre-hospital Care (FPHC) for providers.

6. Geographical Coverage of this Qualification

This qualification is available in England and Internationally

7. Benefit for Learners

The benefit to learners is that the qualification prepares them to deal with time critical trauma in a realistic and immersive way that develops skills and confidence. It is designed to support emergency services workers, security personnel and emergency responders to respond to trauma emergencies in the context of their role.

8. Progression

Learners could progress to the:

- QNUK Level 3 Award in Rescue Trauma and Casualty Care (ATACC) (RQF)

9. Recognition of Prior Learning

QNUK are unable to accept requests for recognition of prior learning (RPL) for this qualification.

10. Qualification Information

Qualification Number (QN)	603/7208/4
Learning Aim	60372084
Total Qualification Time (TQT)	32
Guided Learning Hours (GLH)	16
Credit value	3
Level	3
Validity	3 years
Assessment	Invigilated MCQ paper and observed practical tasks
Achieving the qualification	Learners must achieve the 2 mandatory units

11. Qualification Structure

Unit No.	Unit Title	Level	GLH	TQT	Credit
Mandatory units					
D/618/6580	Basic Trauma and Casualty Care (BTACC) provider	3	10	20	2

H/618/6581	Basic Life Support and medical Emergencies	3	6	12	1
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The learning outcomes for the qualification may be found in Appendix 1. The Assessment Guidance details the assessment criteria which are used to determine if a learner has met the requirements of the learning outcomes. Further depth of coverage is also provided in the Assessment Guidance.

12. Learner Entry Requirements

This qualification is aimed at those over 17 years old. Due to the language of the assessment, it is recommended that learners have sufficient command of the English language in order to understand the assessment and to undertake the recommended assessment methods.

Candidates must have an understanding of basic first aid and ideally have attended a 1 day First Aid Trauma and Casualty Care (FTACC) or Emergency First Aid at Work.

Due to the nature of this qualification, candidates should be physically capable of undertaking practical assessments in a range of environments. There are no other formal entry requirements but to benefit from the learning we advise that candidates have a minimum of Level 1 in literacy or numeracy or equivalent.

13. Delivery

This qualification is delivered in a face-to-face setting over a 2-day period. Learners should complete the qualification within 6 weeks.

13.1. Venue Requirements

The training venue should be suitable for learning and meet all relevant Health and Safety requirements.

The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: Size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise. An outside training space is essential to deliver BTACC.

13.2. Equipment Requirements

Quality education and training involves using premises conducive to learning and it is a Centre's responsibility to make sure all venues used for training and assessment purposes are suitable and adequate – whether these are hired or in-house training rooms.

They must also comply with all current legislation. In addition, it is important there is a wide range of learning resources to support delivery. As a minimum, Centres should make sure their venues, equipment and other resources include:

Resource/area:	Requirements:
Audio visual (AV) equipment and training aids	Sufficient AV equipment and training aids to facilitate learning using varying teaching methods.
Learning materials	Provide Learners with clear and accurate reference books/handouts covering the topics included in the qualification. Note: BTACC manual must be used as a minimum.
Training venue	The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: Size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting,

	heating, access, exits, cleanliness, absence of distracting noise. An outside training space is essential to deliver BTACC.
Simulation	The BTACC course designed by The ATACC Group, prides itself in having the most realistic and immersive scenarios that develop skills and confidence in dealing with medical and trauma incidents. In order to meet the requirements for delivery of this course, Centres must use high fidelity manikins and/or actors in all scenarios to simulate realism.
Immediate life support equipment	<p>Immediate/Advanced Life Support manikins (must be suitable to demonstrate airway manoeuvres and accept oropharyngeal (OPA) and nasopharyngeal (NPA). 1 manikin to every 6 candidates. Or</p> <p>CPR Adult manikins, child manikins and infant manikins and</p> <p>Airway manikins (must be suitable to demonstrate airway manoeuvres and accept oropharyngeal and nasopharyngeal).</p> <p>Also</p> <ul style="list-style-type: none"> • AED or defibrillator trainer • Full set of OPA (sizes 2 to 4) • Full set of NPA (sizes 6 to 8) • Manual suction device • Oxygen cylinder • Adult B-V-M • Adult non-rebreather masks • Nasal cannulae • SpO2 monitor
Fracture immobilisation and extrication devices	<p>Various types of prehospital immobilisation devices:</p> <ul style="list-style-type: none"> • Cervical collar • Pelvic splint <p>Various types of current spinal immobilisation device:</p> <ul style="list-style-type: none"> • Orthopaedic stretcher and accessories • Extrication long board and accessories
Trauma consumables	<p>A variety of manufactured non-occlusive and occlusive chest dressings.</p> <p>A variety of manufactured tourniquets and haemostatic agents.</p> <p>Sufficient trauma bandages: various sizes and types, including triangular bandages and crepe bandages.</p> <p>A malleable splint (Aluminium/foam)</p> <p>Sufficient burns treatment kit including cling film, hand/feet bags and facial burns dressing.</p> <p>A head torch.</p> <p>A pen torch.</p> <p>A variety of blankets: various sizes and types, including cellular and foil.</p>

	<p>Clinical waste bags Eye wash pods. First aid dressings. Ambulance dressings. Gauze for wound packing and wound cleaning.</p>
Oxygen/accessories CD/D size cylinders with the relevant equipment for use.	A variety of non-re-breather masks, pocket masks and bag valve masks.
BTACC provider equipment	It is recommended BTACC providers have protective gloves, head and eye protection and suitable clothing to perform the role.

13.3. Blended Learning

Blended learning is acceptable for this qualification provided suitable controls are in place to ensure learners complete all elements.

13.4. Trainer to Learner Ratio

The maximum Trainer to learner ratio for this qualification is 1: 6

13.5. Recommended Resources

Centres **must** provide each candidate with an BTACC manual to support their progress through the qualification.

14. Centre Personnel Requirements

This qualification is only available through QNUK in collaboration with The ATACC Group and subject to joint approval requirements and procedures.

Trainer/Assessor

- Must hold the QNUK Level 3 Award in Rescue Trauma and Casualty Care (RTACC) (RQF) or be HCPC registered paramedic, NMC registered Nurse, GMC registered Doctor with prehospital care experience
- Hold an acceptable education and training qualification **and**
- Hold or be working towards an acceptable assessing qualification **and**
- Attend a two day The ATACC Group (TAG) qualification orientation and assessment course

*Registered Healthcare Professionals must attend a 1-day TAG/QNUK improving and maintaining standards event every 3 years to remain approved as a Trainer/Assessor.

Internal Quality Assurers

Internal Quality Assurers (IQAs) of this qualification must have knowledge and competency in Rescue Trauma and Casualty Care (RTACC) as well as knowledge and competency in internal quality assurance practice. An acceptable portfolio must show:

- Must hold the QNUK Level 3 Award in Rescue Trauma and Casualty Care (RTACC) (RQF) or be HCPC registered paramedic, NMC registered Nurse, GMC registered Doctor with prehospital care experience **and**
- Knowledge and competency in internal quality assurance – evidenced by holding or working towards a qualification **and**

- Attend a 1-day TAG/QNUK improving and maintaining standards event

Centre

A representative from each Centre must attend an annual 1-day TAG/QNUK improving and maintaining standards event to remain approved to offer this qualification.

Please note whilst centre personnel may be approved for both roles, those assigned the role of Trainer/Internal Verifier are not permitted to operate in both these roles for any learner.

15. Assessment Requirements

Learners are assessed for this qualification through a multiple-choice assessment paper and four practical assessments.

15.1. Multiple-Choice Question Paper

The MCQ papers will be taken under examination conditions, i.e. learners will sit a minimum of 1.25 metres apart, will not confer during the examination and no electronic devices (such as mobile phones) or books, including dictionaries, will be permitted.

Language of assessment	English
Duration	45 minutes
Pass mark	70% (21/30)
Grading	Pass/Fail

Example MCQ is included at Appendix 3

15.2. Practical observation

Learners are assessed for this qualification through the completion of several practical assessments.

Language of assessment	English
Duration	As required
Pass mark	100%
Grading	Pass/Fail

16. Moderation

The level of external moderation required for this qualification will be risk based and in line with the Centre Assessment Standards Scrutiny Strategy applicable to this qualification.

There may be situations within the centre devised assessment methodology that require observations, in these situations QNUK EQA Department will also require to conduct verification visits to ensure the accuracy and consistency of assessment decisions.

QNUK EQA Department will advise the centre of the required levels of moderation/verification to anticipate for this qualification upon centre approval for delivery.

17. Resits

Due to the nature of this qualification and the standard or care expected, learners have no more than 3 attempts on each practical assessment. If a learner fails to meet the criteria on a practical assessment the Trainer/Assessor should give the learner feedback on the performance and share the assessment result.

After 3 attempts resulting in failure their registration will cease, and they will be unable to achieve certification on their current course. However, learners may re-register on the qualification and begin again (additional fees will apply). Contact QNUK if further information is needed.

18. Reasonable Adjustments

Learners are required to complete the assessments in a manner appropriate to the purpose of the qualification.

The prescribed assessment methods for this qualification should not unfairly disadvantage learners who would otherwise be able to demonstrate competence in line with the purpose of the qualification. Learners should contact their centre to discuss reasonable adjustment if they feel the prescribed assessment methods would disadvantage them.

19. Results

The centre is required to submit learner results within 10 working days of assessment to Qualifications Network UK for moderation. We will issue verified results and appropriate certification to the approved centre within 7 working days of receiving the results. Centres will forward results and/or certificates to learners, who can expect to receive them within 20 working days of taking the assessment. If learners have not received results and/or certificates within 25 working days, they should contact the centre in the first instance.

Appendix 1: Units

Unit title:	Basic Trauma and Casualty Care (BTACC) provider
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1. The learner will: Understand the role and responsibilities of a Basic Trauma and Casualty Care (BTACC) provider

Assessment Criteria:		Types of Evidence
1.1	Summarise the role and responsibilities of an BTACC provider	MCQ

2. The learner will: Be able to safely approach, assess and make a scene safe

Assessment Criteria:		Types of Evidence
2.1	Demonstrate safe approach to a scene	Observation
2.2	Perform a scene assessment	Observation
2.3	Select and use appropriate personal protective equipment	Observation
2.4	Make a scene safe	Observation
2.5	Assess mechanism of injury	Observation
2.6	Apply appropriate infection prevention and control techniques	Observation

3. The learner will: Be able to assess and manage massive haemorrhage

Assessment Criteria:		Types of Evidence
3.1	Recognise massive haemorrhage	MCQ
3.2	Assess the point of bleeding	Observation
3.3	Communicate with the casualty	Observation
3.4	Implement step wise approach to control haemorrhage	Observation
3.5	Apply bleeding control techniques including: <ul style="list-style-type: none"> • Direct pressure • Tourniquet application • Wound packing 	Observation

4. The learner will: Be able to assess and manage a casualty's airway

Assessment Criteria:		Types of Evidence
4.1	Identify when the airway is at risk	MCQ
4.2	Assess a casualty's airway	Observation
4.3	Demonstrate airway management techniques	Observation
4.4	Demonstrate how to select, size and insert an airway adjunct	Observation

5. The learner will: Be able to assess and treat chest injuries		
Assessment Criteria:		Types of Evidence
5.1	Explain the pathophysiology of chest injuries	MCQ
5.2	Apply R U IN SHAPE mnemonic to assessing a casualty	Observation
5.3	Demonstrate the management of: <ul style="list-style-type: none"> • Rib and chest wall injuries • Penetrating chest injuries 	Observation

6. The learner will: Be able to assess and manage potential compromised circulation		
Assessment Criteria		Types of Evidence
6.1	State how coagulopathy and hypothermia influences casualty care	MCQ
6.2	Recognise hypovolaemic shock	MCQ, Observation
6.3	Identify where blood can be lost internally	MCQ, Observation
6.4	Assess a casualty's pulse and capillary refill time	Observation
6.5	Manage deviation from 'normal' physiological parameters	Observation

7. The learner will: Be able to provide casualty care to someone with potential head, spine and musculoskeletal injuries		
Assessment Criteria		Types of Evidence
7.1	Identify the trauma risk factors to the neck	MCQ, Observation
7.2	State the need to: <ul style="list-style-type: none"> • Estimate kinematics • Read the scene 	MCQ
7.3	Recognise suspected spinal injuries	Observation
7.4	Recognise when not to immobilise potential spinal injuries	Observation
7.5	Apply 3-point spine immobilisation	Observation
7.6	Demonstrate helmet removal with continual airway assessment	Observation
7.7	Demonstrate correct sizing and application of immobilisation devices	Observation
7.8	Demonstrate safe use of spinal immobilisation devices	Observation
7.9	Recognise suspected spinal injuries	Observation

8. The learner will: Be able to assess and manage life threatening or life changing injuries		
Assessment Criteria		Types of Evidence
8.1	Identify potential and actual time critical features of trauma	MCQ, Observation
8.2	Recognise features of injuries	MCQ
8.3	Assess a casualty's level of conscious	Observation
8.4	Apply MARCH mnemonic to assess a casualty: <ul style="list-style-type: none"> • Time critical injuries • Potentially life changing injuries 	Observation
8.5	Demonstrate management of a casualty with: <ul style="list-style-type: none"> • Time critical injuries • Potentially life changing injuries 	Observation
8.6	Perform a casualty handover	Observation
8.7	Classify casualties with actual or potential time critical injuries	Observation

Rationale for level			
	Level	Emphasis	Comments
Knowledge	3	Strong	
Skills	3	Strong	
Overall	3		

Rationale for TUT and credit			
	Hours	Comments	
Guided learning	10		
Directed study	5		
Independent study	5		
Non invigilated assessment	N/A		
TQT:	20	Credit:	2

Unit title:	Basic Life Support and Medical Emergencies
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1. The learner will: Be able to assess and manage a choking casualty		
Assessment Criteria:		Types of Evidence
1.1	Differentiate between mild and severe choking	MCQ
1.2	Administer emergency care to a casualty who is choking	Observation

2. The learner will: Be able to assess and manage a casualty with an altered level of consciousness		
Assessment Criteria:		Types of Evidence
2.1	Identify contributory factors associated with unconsciousness	MCQ
2.2	Manage an unconscious casualty using simple measures	Observation

3. The learner will: Be able to assess and manage an adult in cardiorespiratory arrest		
Assessment Criteria:		Types of Evidence
3.1	Identify the definition of a cardiac arrest	MCQ
3.2	Identify potential causes of cardiac arrest	MCQ
3.3	Justify when to commence basic life support	Observation
3.4	Demonstrate basic life support on an adult	Observation
3.5	Demonstrate return of spontaneous circulation procedures	Observation
3.6	Perform a casualty handover	Observation
3.7	State when resuscitation should be ceased	Observation

4. The learner will: Know how to administer emergency oxygen		
Assessment Criteria:		Types of Evidence
4.1	Identify the health and safety principles when using oxygen	MCQ, Observation
4.2	Identify indications and contraindications for administering oxygen	MCQ, Observation
4.3	Clarify dosage and method of administering oxygen to casualties	Observation
4.4	Administer emergency oxygen and monitor the effects	Observation

5. The learner will: Know how to assess and manage suspected medical emergencies and major illness		
Assessment Criteria:		Types of Evidence
5.1	Identify recognition features that may indicate major illness	MCQ
5.2	Identify severity factors based on warning indicators	MCQ
5.3	Identify how to manage medical emergencies and major illness	MCQ

Rationale for level			
	Level	Emphasis	Comments
Knowledge	3	Strong	
Skills	3	Strong	
Overall	3		

Rationale for TUT and credit			
	Hours	Comments	
Guided learning	6		
Directed study	3		
Independent study	3		
Non invigilated assessment	N/A		
TUT:	12	Credit:	1

Appendix 2: Specimen Assessment Material

1 Which of the following is the most likely cause of cardiac arrest

- A** Asphyxiation
- B** Hypoglycaemia
- C** Laceration
- D** Fracture

2 In hypovolaemic shock, the casualty's pulse will typically be:

- A** Rapid and strong
- B** Rapid and weak
- C** Slow and weak
- D** Slow and bounding

3 Key responsibilities of a BTACC provider are to:

- A** Ensure they are up to date with their inoculation
- B** Record the contact details of patients before helping them
- C** Wait for an ambulance to arrive before dealing with casualties
- D** Gain consent from a casualty and minimise the risk of infection when treating them