
GOVERNMENT NOTICE

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

No. 280

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**SOUTH AFRICAN QUALIFICATIONS AUTHORITY (SAQA)**

In accordance with Regulation 24(c) of the National Standards Bodies Regulations of 28 March 1998, the Task Team for

OCCUPATIONAL HEALTH & SAFETY (MEDICAL)

registered by Organising Field 09 – Health Sciences and Social Services, publishes the following Qualification and Unit Standard for public comment.

This notice contains the titles, fields, sub-fields, NQF levels, credits, and purpose of the Qualification and Unit Standard. The full Qualification and Unit Standard can be accessed via the SAQA web-site at www.saqa.org.za. Copies may also be obtained from the Directorate of Standards Setting and Development at the SAQA offices, SAQA House, 1067 Arcadia Street, Hatfield, Pretoria.

Comment on the Qualification and Unit Standard should reach SAQA at the address below and **no later than 10 may 2010**. All correspondence should be marked **Standards Setting – Task Team for Occupational Health & Safety (Medical)** and addressed to

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SOUTH AFRICAN QUALIFICATIONS AUTHORITY

QUALIFICATION:**National Certificate: Primary Response in Emergencies**

SAQA QUAL ID	QUALIFICATION TITLE		
78803	National Certificate: Primary Response in Emergencies		
ORIGINATOR	PROVIDER		
Task Team - Occupational Health & Safety (Medical)			
QUALIFICATION TYPE	FIELD	SUBFIELD	
National Certificate	9 - Health Sciences and Social Services	Preventive Health	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	130	Level 3	Regular-Unit Stds Based

New NQF Level: NQF Level 03

This qualification replaces:

Qual ID	Qualification Title	NQF Level	Min Credits	Replacement Status
60249	National Certificate: Primary Response in Emergencies	Level 3	142	Will occur as soon as 78803 is registered

PURPOSE AND RATIONALE OF THE QUALIFICATION**Purpose:**

This qualification is intended for the first responder as a member of a primary response emergency team. A primary emergency includes rescue, fire, hazardous materials incidents and health emergency incidents or accidents. This qualification enables the first responder in the workplace, community or in the emergency services to respond knowledgeably and appropriately.

Learners credited with this qualification will be able to:

- Communicate effectively to provide care and support for all in need in an emergency situation.
- Respond appropriately in a variety of primary response emergency situations.
- Participate effectively as a functioning member of a primary response emergency team.

All practical activities required throughout the qualification are expected to be carried out in terms of current recognised protocols/procedures and universal precautions.

Rationale:

This qualification is aimed at assisting all practitioners in primary emergency care/first aid to respond competently and will provide the increased capacity for the following existing categories of workers:

- Emergency services personnel i.e., ambulance, fire fighting, law enforcement, defence force, maritime, aviation and emergency call centre personnel.
- Workplace first responders, security officers, haulage operators and educators.

- Home carers, auxiliary and ancillary health care workers, lay counsellors, community workers, childcare workers and Early Childhood Development (ECD) practitioners.
- Lifesavers, tour guides, game rangers, sports science practitioners and adventure industry personnel.

Qualified learners will be able to increase their earning capabilities, and access various aligned learning pathways such as first aid instruction, ancillary health care in communities and as care-givers, emergency care, disaster management and occupational health and safety at NQF Level 4.

The impact of this qualification on the emergency coping capacity of communities is vast. Primary response emergency care is the focus for several non-governmental organisations, community based organisations, commercial emergency services, training service providers and closed corporations, with the express purpose of serving and training communities to increase their coping capacity with essential skills that would otherwise not be available. Heavy, chemical and mining industries would benefit greatly from the knowledge and skills obtained through this qualification. A further dimension to this qualification is that it helps to equip additional community members to cope effectively in disaster situations and also contributes to the possible workforce for disaster managers.

RECOGNIZE PREVIOUS LEARNING?

Y

LEARNING ASSUMED IN PLACE

Learning assumed to be in place:

- Mathematical Literacy at NQF Level 2.
- Communication skills at NQF Level 2.

Existing competence in the following unit standards is strongly recommended:

- ID 120496: Provide risk-based primary emergency care/first aid in the workplace.
- ID 7461: Use maps to access and communicate information concerning routes, location and direction.

Access to the qualification:

Qualifying learners are required to be at least eighteen years of age in order to meet government regulations related to the skills required in the qualification. For the maximum safety of both learner and victim, the learner must be physically able to meet the physical requirements for lifting and carrying and/or evacuating the sick, the injured and equipment.

Recognition of Prior Learning:

This qualification can be achieved wholly, or in part, through Recognition of Prior Learning (RPL). The learner seeking RPL must meet the requirements agreed to between the provider and the relevant ETQA or ETQA that has a Memorandum of Understanding with the relevant ETQA. Evidence may be presented in a variety of forms, including previous international or local qualifications, portfolios including reports, testimonials, evidence of mentoring, work records and performance appraisals. The applicant will be assessed in terms of the specific outcomes and related assessment criteria.

QUALIFICATION RULES

- All 41 Fundamental Component credits are compulsory.
- All 83 Core Component credits Unit are compulsory.
- At least 6 of the Elective Component credits must be attained.

EXIT LEVEL OUTCOMES

1. Communicate effectively to provide care and support for all in need in an emergency situation.
2. Respond appropriately in a variety of primary response emergency situations.
3. Participate effectively as a functioning member of a primary response emergency team.
 - Range: Primary response emergencies include but are not limited to: Rescue, fire, hazardous materials incidents and health emergency incidents/accidents.

Critical Cross-Field Outcomes:

This qualification addresses the following Critical Cross-Field Outcomes, as detailed in the associated unit standards:

- Identifying and solving problems in which responses indicate that decisions made have utilised critical and creative thinking by analysing factors at an emergency incident and adapted practice to achieve a desired outcome.
- Working effectively with others as a member of a team, group, organisation or community by activating the appropriate response team and working with others to achieve maximum safety and rescue at an emergency incident.
- Organising and managing oneself and one's activities responsibly and effectively by effectively controlling scene observers, preserving an incident scene and ensuring free access and egress for emergency teams and vehicles.
- Collecting, analysing, organising and critically evaluating information elicited directly or indirectly, responding appropriately and summoning the correct response specialists for the type of emergency.
- Communicating effectively using visual, mathematical and/or language skills in modes of oral and/or written persuasion within the emergency team and with all those assisting during the course of an emergency incident.
- Using science and technology effectively and critically, showing responsibility towards the environment and the health of oneself and others by utilising the appropriate equipment for a given emergency situation.
- Demonstrating an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation by responding as a member of a team and by accepting and following instructions from specialists and superiors and by assistance to victims and their significant others whenever required.

ASSOCIATED ASSESSMENT CRITERIA**Associated Assessment Criteria for Exit Level Outcome 1:**

- 1.1 Information from texts, patient histories and examinations is collated and applied according to the requirements of the specific context.
 - Range of contexts: Situational, emotional and spiritual.
- 1.2 Communications with all those involved are positive, supportive and constructive.
 - Range of people includes but is not limited to: Callers to call centres, bystanders, next of kin and/or significant others, fellow team members and superiors.
- 1.3 Reactions of people arising from a traumatic event are appropriately assessed and responded to in accordance with the appropriate cultural practices.
- 1.4 All communications must demonstrate sensitivity towards diversity in individuals.
 - Range of diversity includes but is not limited to: Gender, culture, religion, race age, ethnicity and sexual orientation.

Associated Assessment Criteria Exit Level Outcome 2:

- 2.1 The immediate emergency accident/incident scene is assessed and managed according to accepted procedures/protocols.
- 2.2 An ability to identify and adapt care to meet cultural, spiritual and ethnic differences is demonstrated.
- 2.3 Recommended actions are in accordance with accepted hygiene standards/universal precautions.
- 2.4 The appropriate technical rescue service is initiated and the scene managed safely until professionals arrive.
- 2.5 The ability to make ethical decisions in emergency care situations is demonstrated.

Associated Assessment Criteria Exit Level Outcome 3:

- 3.1 The ability to work effectively is demonstrated, within the defined roles and functions of a first responder member of a primary emergency team.
- 3.2 Cultural differences are taken into account without compromising safety of self and others.
- 3.3 The activation of reactionary teams from in-bound and out-bound call centres to emergency accidents/incidents is appropriately implemented.
 - Range of incidents includes but is not limited to: Health emergency management, fire fighting and disaster management.
- 3.4 Strategies are applied to maintain on-going personal health and safety.

Integrated Assessment:

Learners may be credited for individual unit standards as and when they can demonstrate that they can achieve the required competencies.

Workplace experience may be recognised when assessing this qualification.

A range of formative and summative methods may be used in assessing learners, which may include:

- Written and oral tests/examinations.
- Case studies and assignments.
- Role-play and simulation sessions.
- Written reports/work plans.
- Peer group review.
- Feedback from patients/patient's family/significant others/community members.

Assessment should be carried out at regular intervals as well as at the end of the periods of study and should be offered in an integrated manner.

INTERNATIONAL COMPARABILITY

This qualification and the components for this qualification have been compared with other countries of both developed and developing economies. Primary Emergency Care/First Aid is taught as short courses in many countries but there is no full qualification at this level such as is proposed here. This Qualification bridges the gap between the traditional Primary Emergency Care/First Aid and the first responder care required to meet emergency needs in rural areas, inaccessible areas, major industries, sea and air and disaster situations. Countries such as India, Cuba, Brazil, Uganda, China and Botswana have not yet developed any courses or qualifications for emergency medical care. Countries such as Canada, the Republic of Ireland, the United Kingdom and the United States of America seem to have more structured courses, but none seem to be at National level.

Canada:

In Canada the scope of practice of Paramedics is described by the National Occupational Competency Profile (NOCP) for Paramedics document developed by the Paramedic Association of Canada. Most providers that work in ambulances will be identified as 'Paramedics'. However,

in many cases, the most prevalent level of emergency prehospital care is that which is provided by the Emergency Medical Responder (EMR). This is a level of practice recognised under the NOCP, although unlike the next 3 successive levels of practice, the EMR is not specifically considered a Paramedic, per se. The high number of EMRs across Canada contribute a critical role in the chain of survival, although it is a level of practice that is least clinically comprehensive and is also generally not consistent with any medical acts beyond advanced first-aid, with the exception of automated external defibrillation (AED) which is still considered a regulated medical act in most Provinces in Canada.

Regulatory frameworks vary from Province to Province, and include direct government regulation, such as Ontario's method of giving its practitioners the title of Advanced Emergency Medical Care Assistant (A-EMCA), to professional self-regulating bodies, such as the Alberta College of Paramedics. Although the title of Paramedic is a generic description of a category of practitioners, Provincial variability in regulatory methods accounts for ongoing differences in actual titles ascribed to different levels of practitioners. For example, the Province of Alberta uses the title "Emergency Medical Technician", or 'EMT' for the Primary Care Paramedic and that of "Paramedic" only for those qualified as Advanced Care Paramedics who provide advanced life support (ALS). However, almost all Provinces are gradually moving to adopting the new titles, or have at least recognised the NOCP document as a bench-marking document to permit inter-Provincial labour mobility of practitioners, regardless of how titles are specifically regulated within their own Provincial systems.

Primary Care Paramedics (PCP) are the entry-level of paramedic practice in Canadian Provinces. The scope of practice includes performing semi-automated external defibrillation, interpretation of 4-lead or 12 lead ECG's, depending on the area, administration of Symptom Relief Medication for a variety of emergency medical conditions (including oxygen, epinephrine, glucagon salbutamol, acetylsalicylic acid (aspirin) and nitroglycerine), performing trauma immobilisation (including cervical immobilisation), and other fundamental basic medical care. Primary Care Paramedics may also receive additional training in order to perform certain skills that are normally in the scope of practice of Advanced Care Paramedics. This is regulated both Provincially (by Statute) and locally (by the Medical Director), and ordinarily entails an aspect of medical oversight by a specific body or group of physicians. This is often referred to as Medical Control, and may also be provided by a base hospital. For example, in the Province of Ontario many paramedic services allow Primary Care Paramedics to perform 12-lead ECG interpretation, or initiate intravenous therapy to deliver a few additional medications, such as 50% Dextrose.

Paramedic training in Canada is intense, as Paramedics are seen as health professionals, equal in importance to, inter alia, nurses, respiratory therapists and cardiac perfusionists. Nevertheless, the nature of training and how it is regulated, like actual paramedic practice, varies from Province to Province. Primary Care training varies regionally in length from, e.g., three months British Columbia to three years in Quebec.

Ireland:

Emergency Medical Technician (EMT) is a legally defined title in Republic of Ireland, based on the standard set down by the Pre-Hospital Emergency Council (PHECC). EMT is the entry-level standard of practitioner for employment within the ambulance service. Currently, EMTs are authorised to work on non-emergency ambulances only because the standard for emergency calls is a minimum of a two-paramedic crew. EMTs are a vital part of the voluntary and auxiliary services where a practitioner must be on board any ambulance in the process of transporting a patient to hospital.

PHECC Responder Levels:

- **CARDIAC FIRST RESPONDER (CFR)**; Trained in Basic Life Support (BLS) with emphasis on Cardio-pulmonary resuscitation (CPR) and the Automated External Defibrillator (AED).

- Occupational First Aider (OFA); Trained as CFR with additional training in management of, e.g., bleeding, fractures-especially in the workplace.
- Emergency First Responder (EFR); Extensive First Aid and BLS training with introduction to Oxygen therapy and assisting practitioners with patient care.

PHECC Practitioner Levels:

- Emergency Medical Technician (EMT); At entry level-trained in BLS, anatomy, pharmacology, ECG monitoring and spinal immobilisation.
- Paramedic (P); Emergency Ambulance Practitioner-trained in advanced pharmacology and advanced airway management.
- Advanced Paramedic (AP); Trained to Paramedic level plus intravenous access, a wide range of medications, endo-tracheal intubation and manual defibrillation.

United Kingdom (UK):

The UK has no legal definition of an emergency medical technician, more frequently called an ambulance technician. There is no legal requirement to have any particular qualification, or indeed, any qualification at all. This is in contrast to the higher Paramedic level which is protected in law, and the inappropriate usage of the title can lead to prosecution.

The most widely recognised qualification for a technician is the Institute of Healthcare Development (IHCD) Ambulance Technician qualification, which has been used by every National Health Service (NHS) ambulance service. It has also been offered by a number of universities as part of a pre-hospital care course. This qualification generally takes approximately three months to complete, including three weeks of driver training. It is split into five modules, of which two are driving-related and three focus on clinical care. The higher paramedic qualification involves three additional modules.

There are many private companies also offering courses with titles of emergency medical technician or ambulance technician, with lengths ranging from five days to several weeks, as well as other courses such as the Pre-Hospital Care course accredited by the Royal College of Surgeons of Edinburgh for which is awarded the "Pre-Hospital Emergency Care Certificate". These courses are not recognised by the statutory ambulance services, and any person moving from a private company to the NHS would be required to take an IHCD qualification. These private service technicians are most likely to work in patient transport, or as medical cover for public or private events. They may provide contracted work to the statutory ambulance service, usually as second-line support units, although they may in some circumstances and respond to emergency calls.

United States of America (USA):

In the USA, Emergency Medical Technicians (EMTs) are certified according to their level of training. Individual States set their own standards of certification or licensure, and all EMT training must meet the minimum requirements as set by the National Highway Traffic Safety Administration's (NHTSA) standards for curriculum. The National Registry of Emergency Medical Technicians (NREMT) is a private organization which offers certification examinations based on NHTSA education guidelines. Currently, NREMT examinations are used by 46 States as the sole basis for certification at one or more EMT certification levels.

The NHTSA recognises four levels of EMTs:

- EMT-B (Basic).
- EMT-1/85 (Intermediate).
- EMT-1/99 (Intermediate).
- EMT-P (Paramedic).

Some States also recognize the Advanced Practice or Critical Care Paramedic level as a State-specific licensure above that of the Paramedic. In addition, EMTs can seek out specialty certifications such as Wilderness Paramedic and Flight Paramedic. EMTs and paramedics use special equipment, such as back boards, to immobilise patients before placing them on stretchers and securing them in the ambulance for transport to a medical facility. These workers generally work in teams. During the transport of a patient, one EMT or Paramedic drives, while the other monitors the patient's vital signs and gives additional care as needed. Some Paramedics work as part of a helicopter flight crew to quickly transport critically ill or injured patients to hospital trauma centres. At the medical facility, EMTs and Paramedics help transfer patients to the emergency department, report their observations and actions to emergency department staff, and may also provide additional emergency treatment. After each run, EMTs and Paramedics document the trip, replace used supplies and check equipment. If a transported patient has a contagious disease, EMTs and Paramedics decontaminate the interior of the ambulance and report cases to the proper authorities. EMTs and Paramedics also provide transportation for patients from one medical facility to another, particularly if they work for private ambulance services. Patients often need to be transferred to a hospital that specialises in treating their injury or illness or to facility that provides long-term care. Beyond these general duties, the specific responsibilities of EMTs and Paramedics depend on their level of qualification and training.

The National Registry of Emergency Medical Technicians (NREMT) certifies emergency medical service providers at five levels:

- First Responder.
- EMT-Basic.
- EMT-Intermediate (which has two levels called 1985 and 1999).
- Paramedic.

Some States, however, have their own certification programmes and use distinct names and titles.

The EMT-Basic represents the first response of the emergency medical system. An EMT trained at this level is prepared to care for patients at the scene of an accident and while transporting patients by ambulance to the hospital under the direction of more highly trained medical personnel. The EMT-Basic has the emergency skills to assess a patient's condition and manage respiratory, cardiac, and trauma emergencies. The EMT-Intermediate has more advanced training. However, the specific tasks that those certified at this level are allowed to perform varies greatly from State to State.

China:

The past events of the severe, acute respiratory syndrome (SARS) outbreak in 2003 and the Beijing Olympic Games mark China as an important country in terms of its emergency medicine system. China is a developing country whose emergency medicine system is also in its early development. While prehospital emergency care is an important part of the emergency medicine system in China, it does not share the same high priority as other health professions.

China's Ministry of Health established a National Medical Emergency Training Centre (NMETC) in Shanghai Medical Emergency Centre in 1993. This NMETC also train staff members who work in the prehospital emergency care system all over China. Participants have included transport drivers, transport policemen, fire fighters, university students, as well as doctors and nurses working in the emergency departments of hospitals or in prehospital care. The short term training duration varies between different groups of participants, e.g., approximately 66 hours for doctors and nurses, and 40 hours for others. The NMETC has trained approximately 1800 personnel over the past six years.

Kenya:

The Kenyan Emergency Triage Assessment and Treatment plus Admission Care (ETAT+) is a 5 day course, expanding the scope of the World Health Organisation's (WHO) original ETAT course.

(Triage is a process of prioritising patients based on the severity of their individual conditions. It allows the most severely injured/ill to be treated first-based on the probable expectation of survival if treated. It derives from the French word meaning to separate, sort, sift or select).

ETAT+ is aimed at all health workers providing initial care in a typical African hospital setting and offers training in the following areas:

- Outpatient triage for sick young infants and children.
- Emergency care including technologically appropriate life support for babies, children and the newborn.
- Immediate and admission care for children with hypoglycaemia, convulsions, dehydration and shock, malaria, severe anaemia, meningitis, pneumonia, severe malnutrition, neonatal sepsis and care of the pre-term infant.

The course aims to provide training in line with international best practice and uses well-established teaching methods employed by the European Resuscitation Council. This includes end-of-course theory and practical examinations. The course was developed in 2006 by the Kenya Medical Research Institute (KEMRI)/Wellcome Trust Research Programme in collaboration with the Division of Child Health in the Kenyan Ministry of Health and the University of Nairobi. It has also received support from the Royal College of Paediatrics and Child Health (UK) and from WHO.

Botswana:

All emergency services in Botswana are run by private organisations, staffed by professional personnel who have received their training outside of Botswana.

MRI Botswana (Ltd) is the leading provider of Emergency Medical Services (EMS) in Botswana.

Conclusion:

There is no known qualification at the equivalent Level in any other country that offers emergency care training. All full qualifications are at a higher Level and training that is offered at the same Level takes the form of short courses that vary in length from several hours to several months. This qualification has been developed for South Africa to suit the requirements of the holistic and comprehensive health care and delivery services offered here. As the content of this Qualification makes it applicable in countries with both developed and developing economies, it may well be used by any other country, on any of the Continents, offering emergency care training.

ARTICULATION OPTIONS

This qualification articulates vertically with:

- ID 64697: Further Education and Training Certificate: Community Health Work, NQF Level 4, 156 Credits.
- ID 57803: Further Education and Training Certificate: Fire and Rescue Operations, NQF Level 4, 148 Credits.

This qualification articulates horizontally with:

- ID 50062: National Certificate: Hygiene and Safety, NQF Level 3, 144 Credits.
- ID 64769: National Certificate: Community Health Work, NQF Level 3, 140 Credits.

CRITERIA FOR THE REGISTRATION OF ASSESSORS

Anyone assessing a learner against this qualification or against any of the unit standards that make up this qualification must:

- Be in possession of a relevant qualification at a minimum of NQF Level 4.
- Be experienced in the relevant area of emergency care.
- Be accredited by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

All moderation must be carried out by moderators accredited by and in accordance with the requirements of the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

Any provider wishing to offer this qualification or of the associated unit standards that make up this qualification must be accredited by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

NOTES

This qualification replaces qualification 60249, "National Certificate: Primary Response in Emergencies", Level 3, 142 credits.

UNIT STANDARDS

	ID	UNIT STANDARD TITLE	LEVEL	CREDITS
Fundamental	119472	Accommodate audience and context needs in oral/signed communication	Level 3	5
Fundamental	9010	Demonstrate an understanding of the use of different number bases and measurement units and an awareness of error in the context of relevant calculations	Level 3	2
Fundamental	9013	Describe, apply, analyse and calculate shape and motion in 2-and 3-dimensional space in different contexts	Level 3	4
Fundamental	119457	Interpret and use information from texts	Level 3	5
Fundamental	9012	Investigate life and work related problems using data and probabilities	Level 3	5
Fundamental	119078	Use a GUI-based word processor to enhance a document through the use of tables and columns	Level 3	5
Fundamental	119467	Use language and communication in occupational learning programmes	Level 3	5
Fundamental	7456	Use mathematics to investigate and monitor the financial aspects of personal, business and national issues	Level 3	5
Fundamental	119465	Write/present/sign texts for a range of communicative contexts	Level 3	5
Core	116987	Apply active listening skills in the care and support environment	Level 3	6
Core	254223	Apply emergency scene safety measures	Level 3	4
Core	13884	Apply in-bound and out-bound Contact Centre operations within an emergency context	Level 3	16
Core	120331	Demonstrate knowledge pertaining to fires in working places	Level 3	3
Core	254217	Describe evacuation procedures for all affected persons and movable critical resources/effects	Level 3	3
Core	244578	Describe how to manage reactions arising from a traumatic event	Level 3	2
Core	254219	Describe the holistic care and support for the patient, family and/or significant others at a scene of death	Level 3	5
Core	254214	Describe the role(s) and functions of a team member within an emergency team.	Level 3	3
Core	262449	Devise strategies for the maintenance of a healthy lifestyle	Level 3	4
Core	116490	Identify key ethical values for human conduct	Level 3	6

	ID	UNIT STANDARD TITLE	LEVEL	CREDITS
Core	254215	Maintain and operate a range of emergency equipment	Level 3	4
Core	254218	Manage mentally ill patients in an emergency	Level 3	3
Core	254221	Prevent musculoskeletal injuries to self during lifting and carrying activities	Level 3	3
Core	376480	Provide first aid as an advanced first responder	Level 3	8
Core	260597	Provide information about HIV and AIDS and treatment options in community care and support situations	Level 3	8
Core	254216	Recognise hazards at technical rescue incidents and initiate the appropriate rescue process	Level 3	5
Elective	260497	Participate in health promotion activities	Level 2	8
Elective	254222	Demonstrate stress management techniques as a self-help tool	Level 3	4
Elective	260558	Identify and refer an abused person	Level 3	6
Elective	244584	Investigate ways of contributing towards community development	Level 3	5
Elective	119725	Provide support to victims of sexual offences	Level 3	4
Elective	120329	Respond to, implement and manage emergencies according to an emergency action plan in a workplace	Level 3	2

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION

None



SOUTH AFRICAN QUALIFICATIONS AUTHORITY

UNIT STANDARD:*Provide first aid as an advanced first responder*

SAQA US ID	UNIT STANDARD TITLE		
376480	Provide first aid as an advanced first responder		
ORIGINATOR	PROVIDER		
Task Team - Occupational Health & Safety (Medical)			
FIELD	SUBFIELD		
9 - Health Sciences and Social Services	Preventive Health		
ABET BAND	UNIT STANDARD TYPE	NQF LEVEL	CREDITS
Undefined	Regular	Level 3	8

New NQF Level: NQF Level 03

This unit standard replaces:

US ID	Unit Standard Title	NQF Level	Credits	Replacement Status
254220	Provide primary emergency care/first aid as an advanced first responder	Level 3	8	Will occur as soon as 376480 is registered

SPECIFIC OUTCOME 1

Explain the principles of advanced first aid in emergencies.

SPECIFIC OUTCOME 2

Demonstrate an advanced level of preparedness to deal with sudden illness or emergency.

SPECIFIC OUTCOME 3

Assess and manage an emergency scene/disaster.

SPECIFIC OUTCOME 4

Describe the anatomy and explain the physiology of the human body systems in terms of injury and sudden illness.

SPECIFIC OUTCOME 5

Apply primary emergency life support for adults, children and infants according to accepted current protocols.

SPECIFIC OUTCOME 6

Explain the causes of shock and the emergency treatment thereof.

QUALIFICATIONS UTILISING THIS UNIT STANDARD

	ID	QUALIFICATION TITLE	LEVEL
Core	78803	National Certificate: Primary Response in Emergencies	Level 3