



NEW ZEALAND **QUALIFICATIONS** AUTHORITY  
MANA TOHU MĀTAURANGA O AOTEAROA

## **First Aid as a Life Skill**

**Training Requirements for Quality Provision of Unit Standard-based  
First Aid Training**

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## Introduction

This document has been developed to outline requirements to training providers, learners, and employers for first aid training based on currently registered NZQA unit standards<sup>1</sup>. The document has two sections. *Section One: Framework outline* is based on the clinical framework for first aid in New Zealand developed for NZQA in 2005 by a panel of medical practitioners, researchers, first aid practitioners and Industry Training Organisations. *Section Two: First aid training requirements* is based on guidance originally found in the Department of Labour's 2001 *Guidance Notes on Providing First Aid Equipment Facilities and Training*. These guidelines were revised in 2009. In discussions between the Department of Labour and NZQA it was agreed that detailed first aid training-related guidance would be more appropriately in an NZQA-managed document. *First Aid as a Life Skill* has been developed in response.

A clinical perspective has been used to provide a simple framework for the areas of first aid that are most needed by New Zealanders, both at work and in the community, and most likely to make a significant difference to clinical outcome. Conditions for which there is no specific first aid (e.g. chest injuries, anaphylaxis, internal bleeding and poisoning) or conditions which cause death very uncommonly have been removed. This is in order to give priority to those conditions where first aid is likely to make a difference.

In order to aid recollection and retention, the knowledge and skills required should be as simple as possible. This document seeks to promote a generic approach to the unwell or injured patient.

Section Two outlines NZQA requirements for provision of unit standard-based first aid training. It is recognised that there are many factors which may impact on the length of time needed for a learner to attain the minimum level of first aid knowledge outlined here and in the individual NZQA first aid unit standards. Prior learning, class sizes, and the particular needs of individual workplaces and social situations will all affect the time needed to complete a quality programme of first aid training and assessment. Experience of quality training provision for first aid in New Zealand indicates there are minimum training times needed for quality provision of training for first-time and refresher learners. Requirements for this and other aspects of training provision are contained in this document, which should be read in conjunction with current Department of Labour guidance.

## Application date

These training requirements apply to all providers of NZQA unit standards-based first aid training from 1 December 2010.

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<sup>1</sup> At publication 'currently registered NZQA unit standards' relates to 6400, 6401 and 6402 and to the two unit standards that will replace them, 26551 and 26552.

## Section One: Framework Outline

This framework is intended to represent a minimum level of first aid knowledge that NZQA and the clinical sector would like to see all New Zealanders possess. For maximum knowledge and skill retention, first aid and CPR should be learnt at the same time. Certain groups of first aiders may, by nature of the work they are involved in or their physical location, require additional training that is more advanced. All first aid teaching must be consistent with good clinical practice as detailed in the primary references provided in NZQA unit standards including New Zealand Resuscitation Council (NZRC) guidelines and Department of Labour first aid training guidelines<sup>2</sup>.

### 1 Safety

First aiders need to be able to assess the scene by identifying potential threats to their own safety, to the safety of the patient, and to bystanders. They also need to understand appropriate ways to deal with whatever threats to safety may be present.

#### *Rationale:*

It is of paramount importance that those responding to any type of emergency first evaluate how safe it is to respond. This should include recognition of threats to the first aider themselves, so that in responding they are not placing themselves at undue risk, or risking the safety of the patient. Situations such as a road traffic accident, electrocution, drowning, fire, hazardous chemicals, and precautions in the presence of body fluids should be covered.

### 2 Severity of Illness

Basic assessment of the patient suffering illness/injury needs to be undertaken, with key emphasis on when to call 111.

First aiders must know how to recognise common life-threatening symptoms associated with acute coronary syndromes, and stroke, and the need for urgent ambulance assistance in treating this. What happens when you call 111, how to access Healthline, and how to decide whether to see a GP or go to the emergency department, are key knowledge areas for a first aider.

#### *Rationale:*

When a first aider is faced with an unwell or injured patient, one of the first decisions they have to make is whether the problem requires urgent medical attention (such as an ambulance), routine medical attention (such as a visit to the GP), or no medical attention at all. This is a basic question, and relatively simple guidelines may help people make good decisions in this area. In response to significant life-threatening illnesses such as stroke and acute coronary syndromes, people are typically slow to call an ambulance. Delays in treatment significantly increase mortality and morbidity for these two conditions. Greater public awareness is therefore needed that in the presence of chest pain, shortness of breath or symptoms of stroke, an ambulance should be called immediately. A general discussion of how to use Healthline to help assess whether or not to immediately seek medical attention would assist people in

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<sup>2</sup> Contact information for all organisations referred to in this document can be found on p.10

making a decision on whether to see a GP, go to an emergency department, or call an ambulance.

It may also be beneficial if we could identify common inappropriate uses of the ambulance service, and reduce these. The most notable example is when people who have not stopped at motor vehicle accidents call for ambulances when they are not sure that anyone has been hurt.

### **3 Airway management in the unconscious patient**

First aiders must know how to open an airway using head tilt and chin lift. First aiders must know how to place a patient in the recovery position (or on their side supported), maintaining an open airway.

#### *Rationale:*

First aiders must know how to open the airway of an unconscious patient, and how to position a patient in a stable position with an open airway. These skills are potentially life-saving.

Cervical spine immobilisation is not seen as a basic first aid skill because this adds considerable complexity to airway management skills. Nor is it clear that first aiders can use jaw thrust with cervical spine stabilisation adequately to open an airway, nor determine when cervical spine immobilisation is important (i.e. determine mode of injury). But it is believed that the probability of an unconscious patient having their airway adequately maintained is increased by first aiders knowing and applying airway opening appropriately without cervical spine protection. This benefit outweighs the lesser risk of spinal trauma in the minority of patients who have collapsed as a result of blunt trauma.

### **4 CPR - Cardiopulmonary resuscitation**

First aiders need to know when CPR is required, how to assess for signs of life, and how to perform CPR. CPR will have an emphasis on adult collapse, with a focus on correct rate, depth and site of chest compressions.

Mouth-to-mouth resuscitation should only be taught as part of CPR.

#### *Rationale:*

Bystander CPR has been consistently shown to increase survival from cardiac arrest in adults, and to increase survival from respiratory arrest in children. This is a basic skill that all New Zealanders should have. Major barriers to the performance of CPR in New Zealand are a fear that harm will result, or that the rescuer will perform the technique incorrectly. The fear that harm will result from the performance of CPR needs to be addressed through the first aider knowing that ventilation and chest compression will not cause harm to a collapsed patient. The fear of performing the skill incorrectly will be addressed by simplifying the technique to a focus on the components that are most important. These are that chest compressions are performed in the correct location, at an adequate rate and depth to generate blood flow and that ventilation is performed to achieve chest rise. It is recommended that familiarisation with automatic external defibrillators (AEDs) be part of CPR instruction.

## 5 Bleeding control

First aiders should know to apply direct pressure to stop external bleeding.

### *Rationale:*

There is reasonable evidence to suggest that direct pressure will be an effective approach to dealing with external bleeding, and there is insufficient evidence that use of pressure points or elevation of extremities provide additional benefit. The use of tourniquets to control bleeding is beyond the scope of basic first aid.

## 6 Common medical emergencies

First aiders:

Chest pain – know the symptoms of acute coronary syndromes, the need to call an ambulance early rather than seeing a doctor.

Stroke – recognise symptoms, and know the importance of calling for an ambulance promptly.

Seizures – recognise symptoms, know how to protect the patient during a seizure, and when to access ambulance services.

Breathing difficulties – recognise symptoms, and know when to access ambulance services.

Diabetic emergencies – recognise and treat diabetic emergencies.

Choking – recognise choking, and know simple manoeuvres to treat choking.

### *Rationale*

It is important for first aiders to understand the most common and potentially significant medical problems, with an emphasis on recognising symptoms rather than diagnosis, and knowing when to access the ambulance service.

## 7 Common Injuries

First aiders need to know how to manage common injuries – burns, wounds, fractures, and head and eye injuries.

### *Rationale:*

The most commonly presenting injuries are fractures, lacerations and minor burns. It therefore seems important that treatments for these injuries are part of the first aider's repertoire. The emphasis is on simple management of these conditions.

## **Section Two: First aid training requirements**

### **Provision of First Aid Training**

Training of first aid personnel in workplaces shall be carried out by individuals who are employed by an organisation granted consent by NZQA to assess first aid unit standards.

### **Trainer Eligibility**

Trainers may be:

- a) Registered medical practitioners; registered general or comprehensive nurses, or registered enrolled nurses, who hold a current practising certificate; or ambulance officers, who have current first aid and New Zealand Resuscitation Council CPR qualifications as well as knowledge and experience of first aid in places of work and of modern teaching and learning methods; or
- b) Qualified teachers/graduate lecturers who hold a current first aid certificate issued by an organisation whose training and qualifications for first aid trainers are quality assured by NZQA, and who have knowledge of occupational safety and health, hazards, risks and the application of first aid in places of work; or
- c) Lay persons who hold a current first aid and CPR certificate issued by an organisation which is quality assured by NZQA, and which shows that they have a high level of practical and theoretical knowledge of first aid in the workplace and they are competent to teach.

Note: All trainers must not only qualify under points a, b, or c, but must meet the additional requirements as outlined in *Training and Qualification Requirements for a First Aid Trainer* below.

All trainers should have been active in first aid and/or employed as an occupational health and safety professional within the last three years and be competent to teach.

Organisations with consent to assess first aid unit standards will be subject to the appropriate Accreditation and Moderation Action Plan (AMAP) approved by NZQA. All organisation training and assessment staff will comply with the industry or sector-specific requirements for consent to assess as outlined in Criterion 3 of the Accreditation Information (AI) of the AMAP. In cases where the requirements are not maintained, the non-compliance procedure as specified in the Moderation Information (MI) of the AMAP will be followed.

### **Unit Standard-based First Aid Training**

These are the minimum requirements for both the initial and refresher training.

Training may be conducted either centrally, away from the place of work or, where suitable training facilities exist, at the place of work.

Quality assured training will be monitored by NZQA through organisational evaluation. For training, where assessment is against unit standards, then this assessment will also be moderated by NZQA through national external moderation as per the Accreditation and Moderation Action Plan (AMAP).

The duration and content of a workplace first aid training should take account of:

- class sizes
- capabilities of the people being trained
- the identified hazards and risk associated with the workplace they will be working in (where practicable).

The minimum duration of first aid training and assessment will be, for training based on:

- 6400, 6401 and 6402 a minimum of 12 hours training and assessment;
- 6401 and 6402 **or** 26551 and 26552 a minimum of 8 hours training and assessment
- for refresher training, where the learner's certificate is no older than two years and three months from date of issue, a minimum of six hours training and assessment.

First aid training must cover the outcomes of the NZQA first aid unit standards being assessed and any additional modules identified through the workplace risk assessment process as outlined in Department of Labour guidelines.

Unit standard achievement is recorded on the candidate's Record of Achievement, maintained by NZQA.

### **First Aid Certificates**

The first aid certificate issued by a training provider is evidence that the holder has completed the training requirements of the training provider and is current in first aid practice. First aid certificates should be valid for a period of up to two years.

### **First Aid Refresher Training**

Refresher training is required every two years to maintain the certificates. The refresher training should ensure the certificate holder is current in first aid practice appropriate to their individual workplace requirements.

If a certificate is not renewed for more than three calendar months from the second anniversary date of issue, it will be necessary for the certificate holder to complete full first aid training to maintain currency.

For the purposes of workplace first aid emergency management, employers will need to ensure that their first aid personnel maintain competency.

### **Training and Qualification Requirements for a First Aid Trainer**

Organisations offering first aid training must be able to ensure that teaching and assessing staff have had training in standards-based assessment. They will either have

obtained credit for unit standard 4098, *Use standards to assess candidate performance*, or will be able to demonstrate equivalent skills and knowledge.

The organisations must be able to ensure that teaching and assessing staff have obtained credit for adult education unit standards or have evidence of their ability to use learner centred techniques consistent with unit standards such as those found in the Delivery of Adult Education and Training domain on the Directory of Assessment Standards (DAS).

The organisations must be able to ensure that instructors have:

- achieved current NZQA first aid unit standards
- achieved unit standard 4098, and unit standards in adult education, or will be able to demonstrate equivalent skills and knowledge
- achieved unit standards in the Pre-hospital Emergency Care domain (unit standard 14473 and unit standards 14470-14472, or their replacements, unit standards 25411 and 25412), or comparable knowledge and skills
- a current Level 2 New Zealand Resuscitation Council *Instructor's Certificate for Resuscitation* or *Emergency Care Instructor Certificate* at Level 2 (ECI 2) as specified in the New Zealand Resuscitation Council guidelines; or equivalent skills and knowledge.

Teaching and/or assessing staff must be given opportunities to maintain currency and must provide evidence of up-skilling in best practice in first aid tutoring and first aid practice. Currency must be demonstrated through participation in refresher training and other professional development programmes annually.

## **Links**

For *Department of Labour* guidance on first aid visit: <http://www.dol.govt.nz/>

For *New Zealand Resuscitation Council* guidance and resources visit:  
<http://www.nzrc.org.nz/>.

For copies of current NZQA first aid unit standards, AMAP, and assessment support material visit: <http://www.nzqa.govt.nz/>

The *Health and Safety in Employment Act 1992* is accessible from:  
<http://www.legislation.govt.nz/>.

## **Further Information**

Information on anaphylaxis emergency response plans for at-risk children is available from the Australasian Society of Clinical Immunology and Allergy (<http://www.allergy.org.au/>) and from Allergy New Zealand (<http://www.allergy.org.nz/>).

Information on Healthline (0800 611 116), a free, 24-hour telephone health advice service for all New Zealanders is available from: <http://www.moh.govt.nz/healthline>

Information on the international MedicAlert service, as it applies to New Zealanders and visitors to New Zealand, is available from: <http://www.medicalert.co.nz/>

New Zealand emergency services guidance on when to seek help is available from:  
<http://www.111.govt.nz/>

Guidance on seeking help relating to poisoning is available from: <http://poisons.co.nz>