SAMPLE BOOKLET: QCTO First Aid Sp-230801

OVERVIEW

FILE LIST

WHAT'S IN THE BOX?

DOC ID	DOCUMENT	DESCRIPTION
LGTAFA000	**Document register**	Register of documents in this set (This document).
LGTAFA001	**Product code**	Product code. The product containing all these components. A zip folder.
LGTAFA002	**Course Matrix**	Visual map of the entire course for zooming in and out and for planning.
LGTAFA010	**Crucial Notes**	Guidance notes from the author to the purchaser. Considered required reading.
LGTAFA020	**Unbranded Cover**	Cover for you to brand. Given in PNG for editing.
LGTAFA050	**Learner Guide**	**Guide for the learner, and the master course file.**
LGTAFA055	**Learner Guide Lite**	*New! A lighter, more print-friendly version with most images omitted.
LGTAFA060	**Facilitator Guide**	Guide for the facilitator. NB Learner and facilitator guides given in PDF only.
LGTAFA065	**Slide deck wireframe**	PowerPoint deck, wireframe only, matches L1 & 2 headings from learner guide.
LGTAFA070	**Assessor Guide**	Record assessments in a table format. See FISA and summative assessment below.
LGTAFA080	**Moderator Guide**	For recording of a moderator's review of the assessor's assessment.
LGTAFA090	**Lesson Plan**	Course scheduling including module-by-module timing and class schedule.
LGTAFA100	**Automatic FISA Generator** *New!	**Automatic generation from question bank. Possible unique FISAs = 1.4 Billion**
LGTAFA101	**FISA Generator password**	Excel open-document-level password given in txt document format.
LGTAFA110	**FISA template for generated FISA**	Simply paste the FISA you automatically generated, paste in here in one move.
LGTAFA120	**FISA Rubric for generated FISA**	FISA generator includes the correct answer in output. The above takes 60 seconds.
LGTAFA122	**FISA Developer's report**	Completed and signed off QCTO form for FISA approval by FISA developer.
LGTAFA124	**FISA Moderator & Examiner report**	Completed for you, but must be signed off by your moderator and invigilator.
LGTAFA130	**Learner Summative Assessment**	A test the learner takes to qualify for the FISA.
LGTAFA131	**Learner Summative - Answers**	Answers to the summative assessment above. NB This is not the FISA.
LGTAFA150	**Career Pathway**	Detailed career pathway and guidance; includes diagrams.
LGTAFA160	**Letter of Permission**	Letter of permission from developer to user (use together with your invoice).
LGTAFA200	**QCTO Curriculum Document**	QCTO curriculum and requirements (QAP is HWSETA).
LGTAFA210	**QCTO Skills Program Document**	QCTO curriculum and requirements (QAP is HWSETA).
LGTAFA220	**QCTO Form 3 filled in**	QCTO form 3 filled in for you (QCTO Implementation plan).
LGTAFA230	**QCTO Form 4 filled in**	QCTO form 4 filled in for you (QCTO Learning material matrix).

COURSE MATRIX

The course matrix is colour coded and provides a map of the course and every component in it. This is done to allow the training provider to easily zoom in and out while planning implementation.

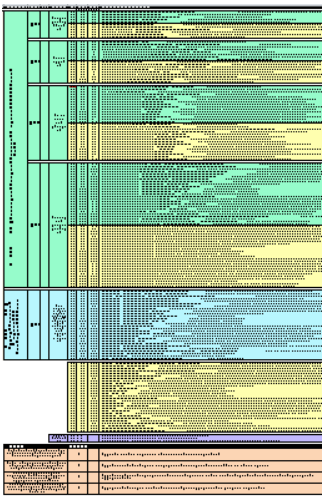
ALL COMPONENTS LISTED IN DETAIL

LEVEL 3 HEADING	MODULE	SECTION*	PAGE*	LEVEL 4 HEADINGS
		*Learner guide		
Principles for providing risk based first aid	KM0101	3.1	19	**The role of the first aider**
	KM0102	3.2	28	**Legal and ethical principl**
	KM0103	3.3	35	**Maintaining personal hea**
	KM0104	3.4	42	**Basic awareness of menta**
	KM0105	3.5	45	**Basic awareness and sen**
	IAC0101	3.1	19	**Explain the role of the firs**
	IAC0102	3.2	28	**Explain legal and ethical**
	IAC0103	3.3	35	Discuss the importance of **mai**
	IAC0104	3.4	42	Explain the impact the of **ment**
	IAC0105	3.4	44	Discuss the need for **persona**
	IAC0106	3.5	45	Explain **basic awareness a**
Effective applied first aid	KM0201	4.1	52	**Hazard and risk assessme**
	KM0202	4.2	54	**Concepts and principles**
	KM0203	4.3	58	Key principles and concepts o
	KM0204	4.4	59	Fundamental concepts and pri
	KM0205	4.5	60	Importance of and principles fo
	KM0206	4.6	60	Importance and key principles
	KM0207	4.7	65	Importance of effective **recor**
	KM0208	4.8	69	The principles and practices th
	IAC0201	4.1	49	**Explain safety as the first**
	IAC0202	4.2	54	Explain the fundamental princi
	IAC0203	4.3	58	Explain the principles and gooc
	IAC0204	4.4	59	List and explain the types of **ac**
	IAC0205	4.5	60	Discuss the need for and proce
	IAC0206	4.6	60	Explain the need for and implic
	IAC0207	4.7	65	Explain the principles underpin
	IAC0208	4.8.1	69	Explain the need for **post sce**
	IAC0209	4.8.2	70	Discuss the need for **post exp**
Human anatomy and physiology for first aid	KM0301	5.1	73	Basic understanding of the prir
	KM0302	5.2	73	Meaning and implication of **dir**
	KM0303	5.3	75	Familiarity with **surface anat**
	KM0304	5.4	79	Location and boundaries of the
	KM0305	5.5	81	Structure and functions of the
	KM0306	5.6	83	Structure and functions of the
	KM0307	5.7	86	Structure and functions of the
	KM0308	5.8	88	Structure and functions of the
	KM0309	5.9	89	Structure and functions of the
	KM0310	5.10	93	Structure and functions of the
	KM0311	5.11	94	Structure and functions of the
	KM0312	5.12	96	Structure and functions of the
	KM0313	5.13	99	Structure and functions of the
	KM0314	5.14	100	Structure and functions of the
	KM0315	5.15	101	Structure and functions of the
	IAC0301	5.1	73	Explain the principles of **anato**
	IAC0302	5.2	73	Explain the meaning and implic
	IAC0303	5.3	75	Identify and palpate bony landr
	IAC0304	5.4	79	Describe the location and bour
	IAC0305	5.5	81	Explain the structure and funct
	IAC0306	5.6	83	Explain the structure and funct
	IAC0307	5.7	86	Explain the structure and funct
	IAC0308	5.8	88	Explain the structure and funct
	IAC0309	5.9	89	Explain the structure and funct

ZOOMING OUT FOR OVERVIEW

Matrix shows:

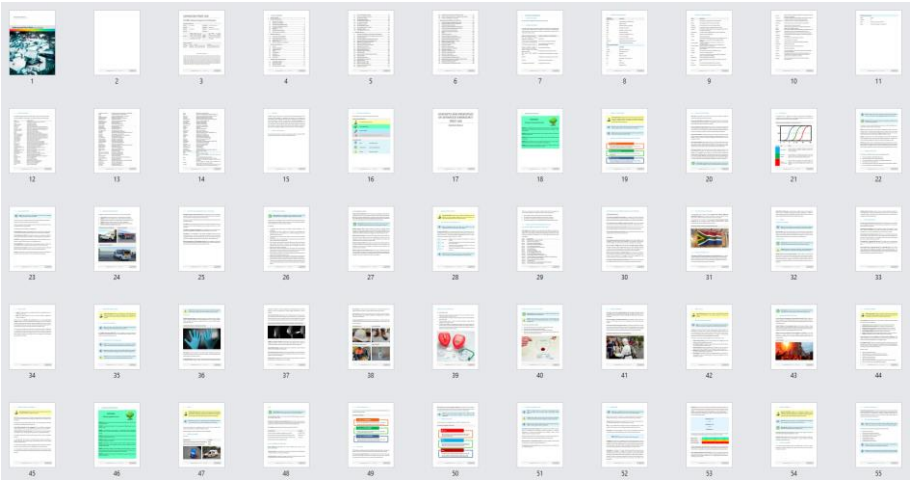
- Codes and components
- Hierarchy of course
- Knowledge modules
- Knowledge IACs
- Practical modules
- Practical IACs
- Applied knowledge
- Tasks
- Exit level outcomes
- Weighting
- Page numbers
- Section numbers

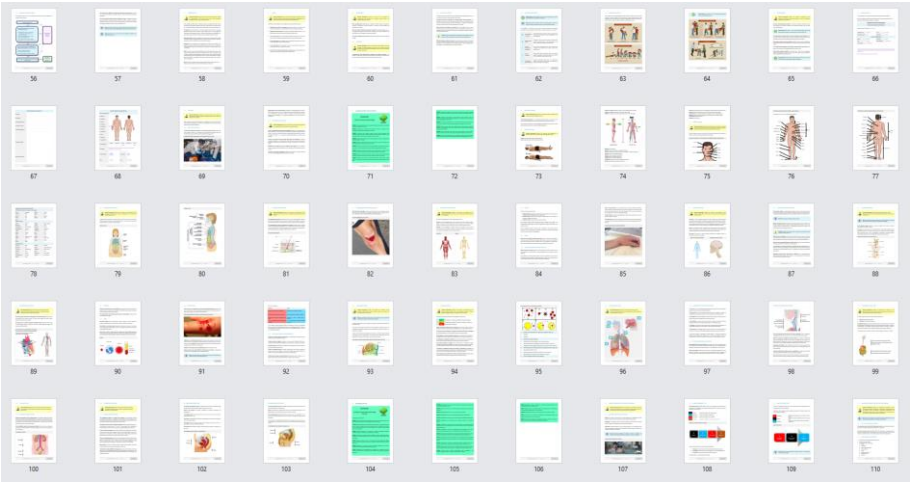


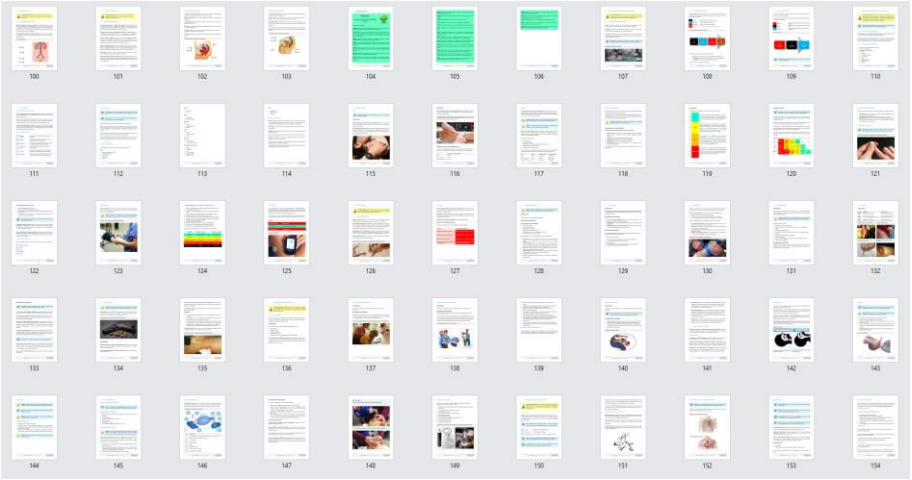
LEARNER GUIDE

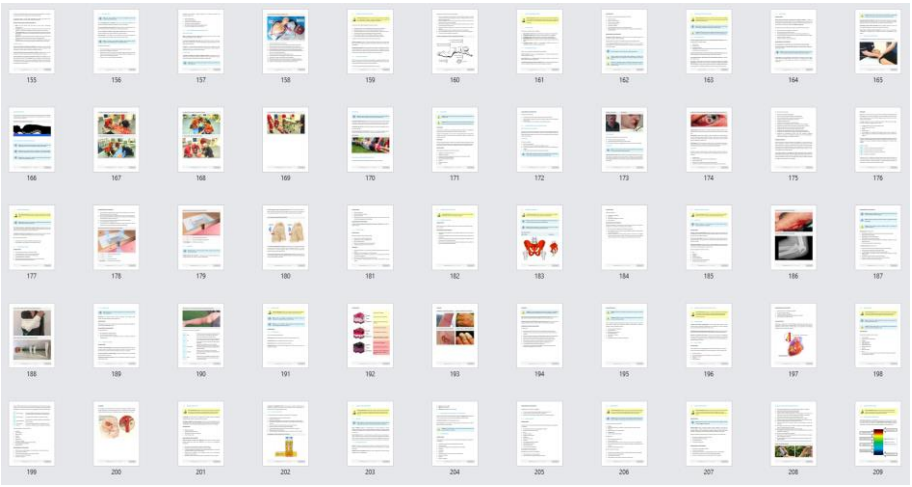
- Beautiful
- QCTO curriculum aligned
- Medically accurate
- In line with ILCOR guidelines and international best practices
- Co-written by emergency care subject matter expert;
- And qualified / certified instructional designer

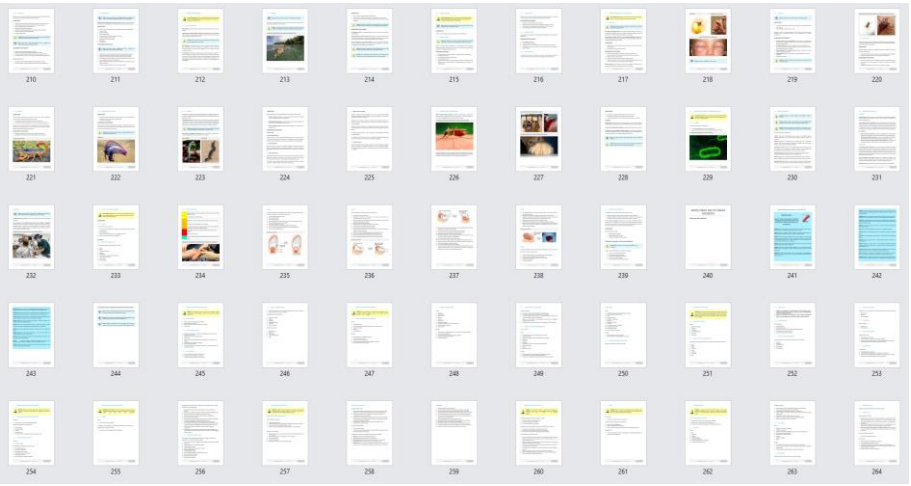
LEARNER GUIDE: HIGH LEVEL OVERVIEW







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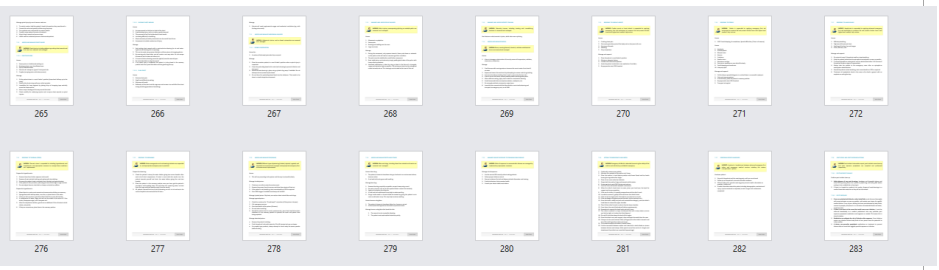
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LEARNER GUIDE: A FEW CLOSE-UPs

ADVANCED FIRST AID

SP-230803: Advanced Emergency First Aid Responder

DOCUMENT INFORMATION			
DOC NO	LGTAFA050	ORIGINATOR	LimeGreenTraining.co.za
REVISION	2	DEVELOPER	Reuben Jensen
REV DATE	2026/03/20	CONTACT	hello@limegreentraining.co.za
NQF Level	4	Credit value	6
AUTHOR	**Reuben Jensen:** ETDP SETA endorsed / accredited learning program developer, facilitator, assessor, writer, member of the focus group that developed these QCTO first aid curricula.	SUBJECT MATTER EXPERT	**Neil Kelham:** BLS National Faculty. Vice Chairperson Resuscitation Council of Southern Africa. All treatments and subject matter expertise. Invaluable input and co-writer.

HISTORY OF REVISIONS			
REVISION	ISSUED	NAME	COMMENTS
First release	2023/10/02	Reuben Jensen & Neil Kelham	First release, aligned to curriculum
Revision 1	2025/04/15	Reuben Jensen & Neil Kelham	Revised per feedback and necessity
Revision 2	2026/03/20	Reuben Jensen	Minor changes, added FISA Gen

2 DOCUMENT INFORMATION

2.1 RELEVANT DOCUMENTS

See document list supplied with this learning material pack.

2.2 REFERENCE DOCUMENTS

A number of documents and reference materials were used in the creation of this document. These include, but are not limited to, the documents and publications mentioned below. This list does not imply any endorsements. Always check for latest versions of documents.

BOOK / DOCUMENT / SOURCE	AUTHOR / PUBLISHER / AUTHORISED BY
First aid treatments, manuals, worksheets, and fragments	Neil Kelham
SA best practice recommendation Cervical collars and immobilisation	African Journal of Emergency Medicine
CPR Guidelines, general reference	International Liaison Committee on Resuscitation (ILCOR)
General reference related to cholera bacteria, and headaches	Harvard Health Publishing
General reference and auditing against standards	Resuscitation Council of Southern Africa
OHS general safety regulations 1031	The Department of Employment and Labour
OHS Act	The Department of Employment and Labour
POPI Act	The Government of South Africa
Constitution of South Africa	The Department of Justice

2.4 GLOSSARY OF TERMS AND WORDS

TERM	DEFINITION
Adult	Exact ages vary, but generally over the age of 18.
Airway	The passage air takes into or out of the lungs.
Allergen	A substance that can cause an allergic reaction
Angulated	An unnatural position or alignment (e.g. of a bone).
Aspirate	Breathing in a foreign object such as sucking food, water, blood, or vomit into the airway.
Autoinjector	A medical device designed to deliver a dose of medication.
Borne	Carried in and transmitted by.
Cardiac	Pertaining to the heart.
Chronic	Conditions that debilitate the person to some degree, and last long (e.g. over a year) often requiring ongoing medical attention.
Communicable	To be transmitted from one person to another, such as contagious diseases.
Contraindication	A specific situation or reason to not do something (e.g. a specific treatment or assessment).
Crepitus	The scraping noise made as the bones move and rub together (from a fracture).
C-spine	Cervical spine, with cervical relating to the neck.
Custody	In the care or guardianship of.
Don	To put on a piece of clothing or PPE. Opposite of doff which means to remove PPE or clothing.
Epinephrine	In short, epinephrine is adrenaline.
Extremities	A limb or appendage of the body, particularly the hands and feet.
Faecal	The excrement discharged from the intestines.
Glycaemia	The concentration of sugar or glucose in the blood

2.8 ICONS USED IN THIS BOOKLET

The following icons are used in this manual to aid learning:

CURRICULUM COMPONENTS	
	Internal Assessment Criteria
	Knowledge Module
	Practical Module
	Work Experience Module (none for this curriculum)

IN-COURSE ALERTS		
	Note	An important note
	Good practice	A point on good practice
	Caution	Warning or caution

3 PRINCIPLES OF FIRST AID

KNOWLEDGE Principles of advanced first aid	 **KM01-KT01**

KM0101: The role of the first aider within the chain of survival, emergency health care system, and interaction with other emergency response services. Range: Functions and leadership.

KM0102: Legal and ethical principles that must be adhered to when providing risk based advanced first aid.

KM0103: Maintaining personal health and safety as first aider: Range PPE, mental preparedness.

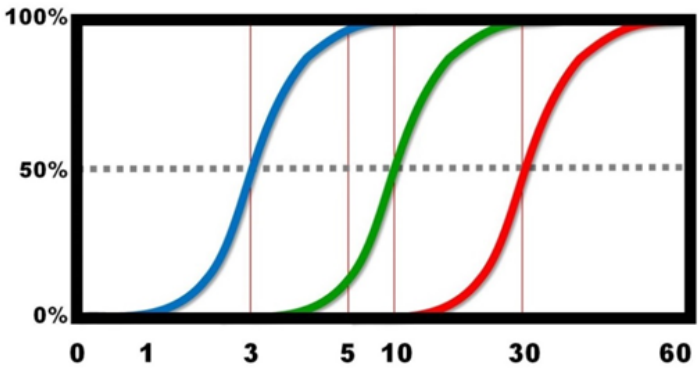
KM0104: Basic awareness of mental health of the first aider and the patient. Range: Support for stress and post-traumatic stress. Debriefing.

KM0105: Basic awareness and sensitivity of cultural and gender diversity with specific reference to the provisioning of first aid care.

3.1.3 GOLDEN TIME

The "golden hour" or "golden time" refers to the period of time following a traumatic injury, during which there is the highest likelihood that prompt first aid or advanced medical treatment will prevent death.

GOLDEN TIME: EARLY TREATMENT OF THE PATIENT IS CRITICAL



LEGEND	ITEM	NOTES
	Heart stopped	Once the heart has stopped, circulation of blood (and therefore oxygen) has ceased. Circulation will need to be re-instated immediately.
	Respiration stopped	Once respiration has stopped, the patient will suffer symptoms at about a minute, brain damage at 6 minutes, and death at 10mins. (Partially depends on circumstances).
	Bleeding (haemorrhaging)	Once the patient has begun to lose blood rapidly, the bleeding must be stopped and the patient treated. (This depends on the rate of bleeding and the health of the patient).

3.1.5 THE CHAIN OF SURVIVAL

Note: Early! Early! Early! The patient's survival relies on treatment starting as early and as soon as possible.

The chain of survival is a sequence of actions that people take to give a patient in cardiac arrest the best chance of recovery and survival.

Action is taken by first aiders emergency medical services, and anyone else that can be mobilised to help. E.g. Bystanders.

The chain of survival for a patient in cardiac arrest:

Early recognition: Recognise the symptoms early on, call for help, and take action. First aiders are trained to recognise the signs of an imminent cardiac emergency.

Early mobilisation of EMS: Get the patient advanced care as quickly as possible by bringing care to them (while you do CPR), or transporting them to care if possible.

Early CPR: Start chest compressions immediately, do not wait for EMS to arrive. A patient in need of CPR must receive it as the highest priority.

Early defibrillation: Get the AED on the scene and use it as soon as it arrives. The heart might still be in a shockable rhythm, especially if CPR was started early.

Early advanced resuscitation: The earlier you have called for help and mobilised EMS, the earlier the patient will start to receive advanced medical care.

Recovery: The patient may need further observation, treatment, and support to help them recover and have less chance of a repeat cardiac emergency.

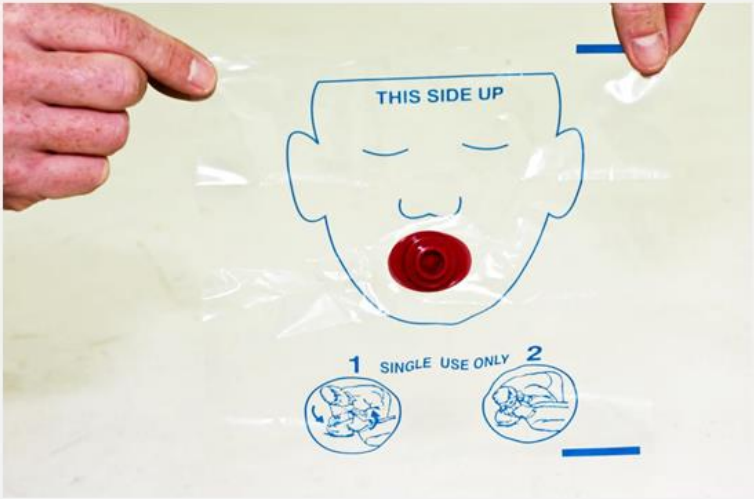
USING PPE: THE ONE WAY VALVE FACE SHIELD

Good practice: The one-way valve face shield and CPR pocket mask should be included in the first aid kit.

Caution: The face shield is for single use only. The CPR pocket mask must be cleaned and disinfected after each use, as directed by manufacturer.

To use the one-way valve face shield:

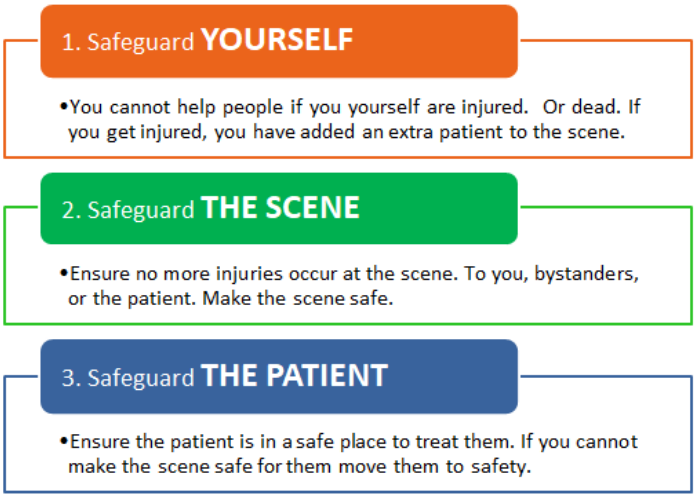
1. Insert the wide side of the one-way-valve into the patient's mouth.
2. Place both of your hands underneath the plastic.
3. Pinch the nose closed using your hand on the patient's forehead.
4. Take care to seal your mouth around the patient's mouth, open up their airway (head tilt, chin lift) and give two breaths.



4.1.2 THE THREE SAFEGUARDS

The first priority of any first aid responder is to ensure the safety of themselves, the patient, and any bystanders.

THE THREE SAFEGUARDS



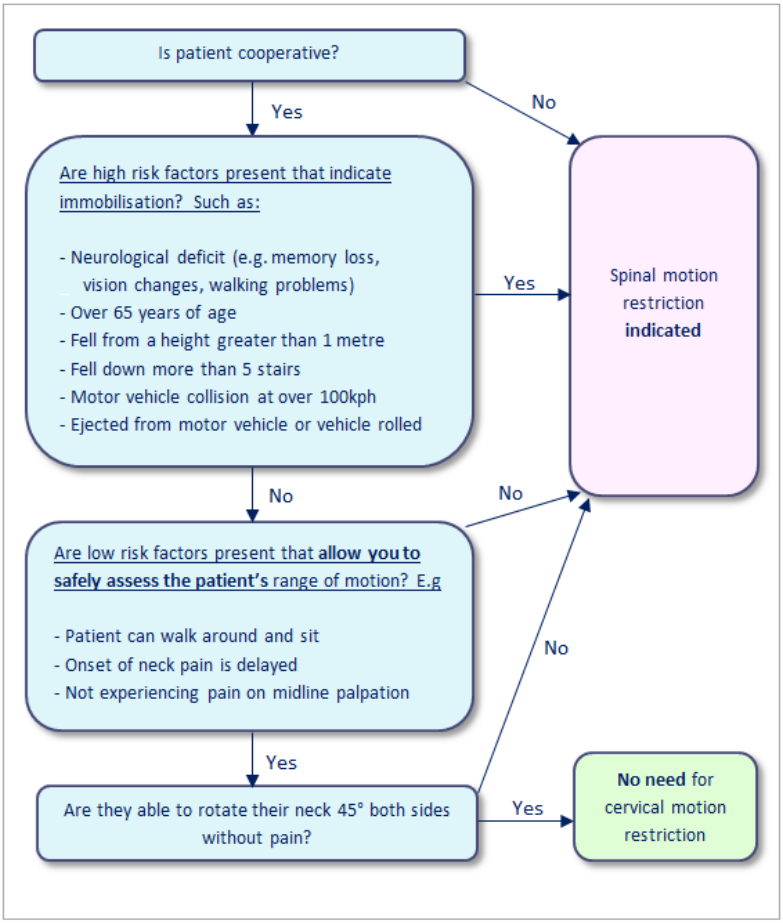
4.1.3 SCENE SAFETY

If the scene is not safe, we need to make the scene safe before accessing the patient. If we cannot make the scene safe, we must move the patient to safety.

If it is not safe to move the patient, we must do what we can to help. At the same time we must call EMS, inform them of the hazards so they can arrive prepared, and continue to help at the scene in any way that is possible but safe.

4.2.4 ASSESSMENT FOR SPINAL INJURY

The Canadian c-spine rule is a tool used to assess the neck for the presence of a possible c-spine fracture.

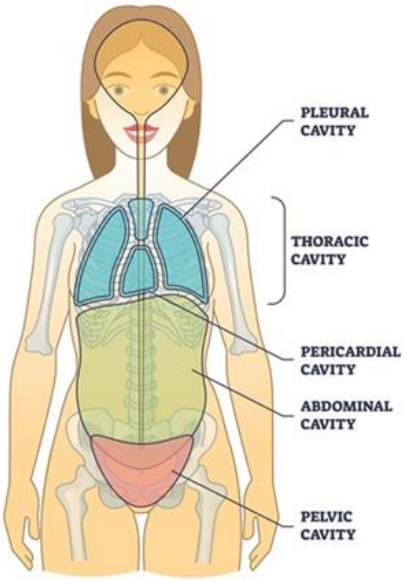


5.4 ANATOMICAL BODY CAVITIES

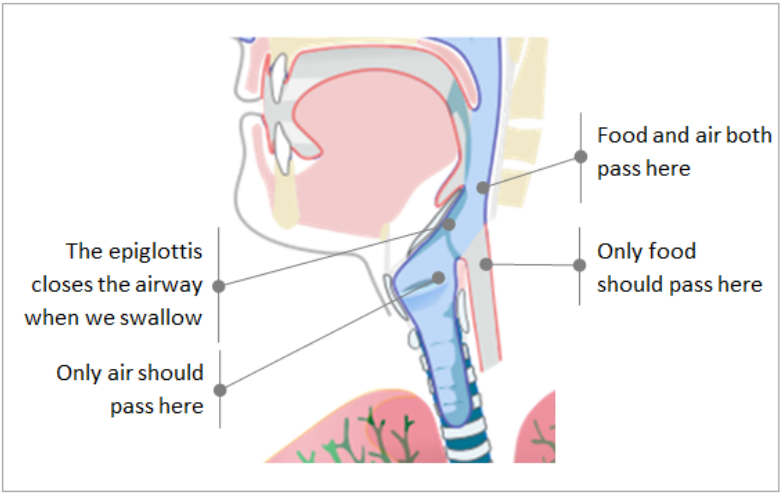
Internal Assessment: Describe the location and boundaries of the anatomical body cavities and their significance in the context of providing first aid care.

Anatomical body cavities are spaces within the body that house and protect internal organs and systems. Understanding them is crucial because it helps you locate and refer to areas as you assess injuries.

FRONTAL VIEW



THE THREAT OF CHOKING AND ASPIRATING



The air we breathe and the food we eat shares a pathway, which is dangerous. The epiglottis keeps the airway open so air can move freely when we breathe.

When we swallow, the epiglottis closes the airway for a moment, sending food down the oesophagus and not into the airway. The epiglottis then returns to its default position of opening the airway and closing the oesophagus. Swallowing a little bit of air is not a medical emergency, but getting food in the airway is.

Aspirating and choking can be caused by any injury or illness that causes blocking of the airway by water, blood, vomit, the tongue, soot, or any foreign objects. It is life threatening.

A patient suffering from asthma attack or anaphylaxis will experience a build-up of mucous that will obstruct their airway, causing an emergency.

When water enters the airway, even if you do not aspirate, it may cause a throat spasm that closes the airway and keeps it closed even though the threat is gone.

6.1.3 BASIC LIFE SUPPORT "CAB"

"CAB" is a management sequence to assist a patient who is clinically dead, or has no circulation and is not breathing.

A patient in this condition needs immediate resuscitation. Circulation needs to be re-established immediately.

C	Circulation	Do 30 chest compressions to manually circulate blood.
A	Airway	Clear the airway for breathing and ensure it stays clear.
B	Breathing	Provide 2 rescue breaths to manually ventilate the patient.

BASIC LIFE SUPPORT

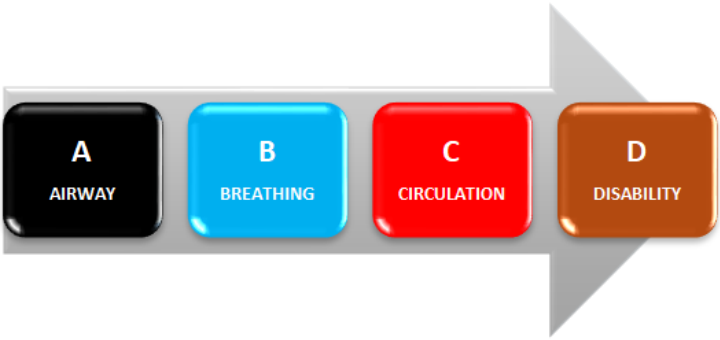
Note: CAB can also be expressed as "SCAB", with the "S" standing for "situational awareness".

6.1.2 PRIMARY ASSESSMENT "ABC"

The "Primary Survey" follows "ABC" and we use it to determine the condition of a patient who is unconscious and might need lifesaving CPR. It checks the airway, breathing, and circulation:

A	Airway	Check if the patient has a clear airway
B	Breathing	Check if the patient is breathing
C	Circulation	Check if the patient has circulation
D	Disability	Identify the disability using a secondary survey

PRIMARY ASSESSMENT FOR BASIC LIFE SIGNS

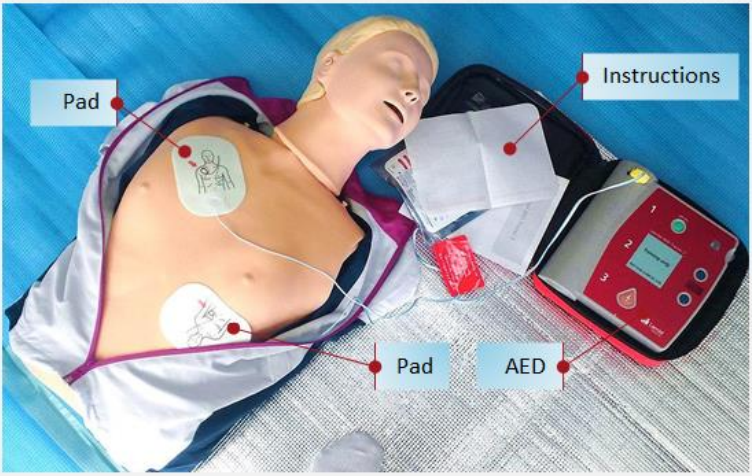


If the results of the ABC survey indicate that the patient:

1. **Airway:** Does not have a clear airway and therefore cannot breathe.
2. **Breathing:** Is not breathing, cannot breathe, or is not breathing properly.
3. **Circulation:** Does not have adequate blood circulation.

Then the patient is in need of basic life support.

AED (AUTOMATED EXTERNAL DEFIBRILLATOR)



1. As soon as the AED arrives, switch it on.
2. The first instruction will be to stick the pads on the patient's bare chest.
3. There are pictures on the back of the pads to guide you on placement.
4. After the pads have been attached to the patient, plug the cable into the AED.
5. The AED will tell you to stand clear. Ensure no one is touching the patient.
6. Listen to the AED. Should it advise that it wants to deliver a shock, make sure that no one is touching the patient.
7. Push the shock button when the AED instructs you to.
8. Immediately after the shock, begin CPR starting with chest compressions.
9. After every 2 minutes, the AED will recheck the patient.
10. The AED may tell you that no shock is advised. If so reassess the patient.
11. If the patient still does not have a pulse and is not breathing, continue CPR.
12. If there is no AED available, continue with CPR until help arrives.

RIGID SPINAL BOARDS

Placing patients on rigid boards and securing with a spider harness is not very good for the spine. This method is certainly better than no immobilisation at all, but the vacuum mattress is preferred.

THE SPINE IS NOT STRAIGHT LIKE A BOARD

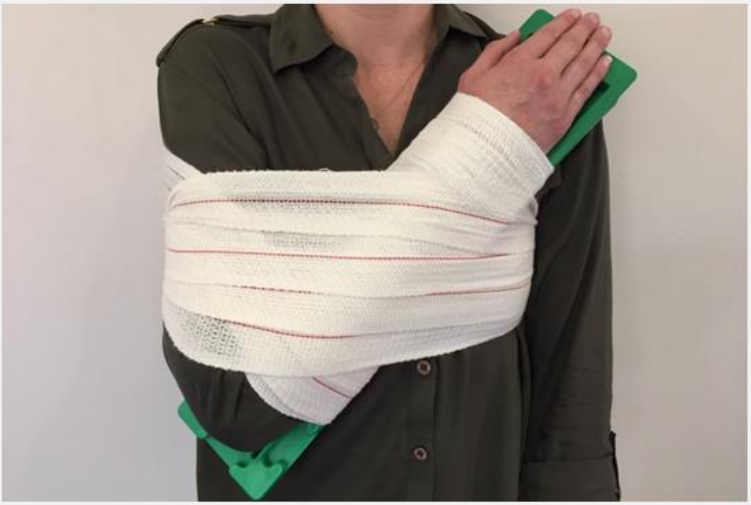

VACUUM MATTRESS: THE PREFERRED METHOD

Note: The most favourable method of spine motion restriction and immobilisation is the use of the vacuum mattress (if available).

Note: Use of a trauma board is preferred over excluding motion restriction altogether, but the vacuum mattress is still more favourable.

Note: Proper assessment is needed to ensure patients get the correct treatment for best possible results.

SPLINT USED TO TREAT FRACTURED ARM (DEMONSTRATION)



SPLINT USED FOR FRACTURED LEG (DEMONSTRATION)

6.20.2 HYPOTHERMIA

Hypothermia occurs when the patient's core or body temperature falls below 35°C. The severity can be classified as mild, moderate and severe.

IDENTIFICATION

- Feelings of cold, uncontrollable shivering, having been in a cold environment.
- Skin that becomes pale in appearance and will be cold to the touch.
- Loss of fine motor control and coordination.
- Lethargy and the feeling of sleepiness.
- Confusion and disorientation; especially losing track of time and place.
- Shallow, weak and undetectable breathing.
- Fixed and dilated pupils.

Caution: They may appear dead but are not to be considered dead until proven dead. "Not dead until warm and dead"

Note: Warm them slowly (hypothermia). This is opposite to hyperthermia where you cool them quickly.

MANAGEMENT AND TREATMENT

- Remove them from further exposure to the cold.
- Remove all wet and cold clothing and replace with dry clothing.
- Re-warm the patient slowly using body heat, blankets and space blankets.
- If the patient is fully conscious, you may give warm fluids high in sugar to drink.

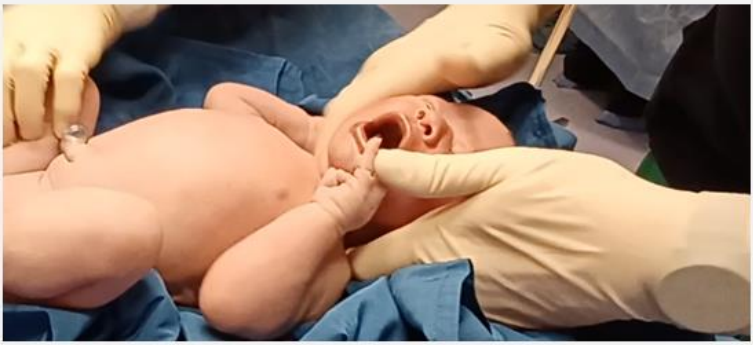
DO NOT subject them to:

- A hot bath or shower: Rapid blood vessel dilation may lead to shock.
- Alcohol or caffeine: The diuretic effect will cause further loss of body heat.

6.25.3 STAGES OF CHILD BIRTH

1	Begins with the onset of contractions, and ends when the cervix is fully dilated to 10cm
	This stage can last about 16 hours
2	Begins when the cervix is fully dilated and ends when the baby is born.
	Contractions are closer together and last longer
	Crowning may also mark the beginning of the second stage. The infant's head begins to show at the vaginal opening
3	Begins with the birth of the infant and ends with the delivery of the placenta.
	Lasts up to 30 minutes.
4	Stage 3 is to be followed by one hour aftercare for the mother and the baby.

BABY JAMES: NEW-BORN DELIVERED AND BEING ATTENDED TO IN A HOSPITAL



7 ASSESS, MANAGE AN EMERGENCY, APPLY FIRST AID

PRACTICAL SKILL Assess a range of emergency situations and apply risk based advanced first aid techniques to assess and manage the emergencies	 **PM01-PS01**

PA0101: Assess and manage an emergency scene, this includes hazards, primary and secondary surveys, determining the appropriate response.

PA0102: Assess and manage medical emergencies including cardiac emergency, stroke, anaphylaxis, diabetic emergency, seizure, and asthma attack.

PA0103: Perform secondary assessment and treat patients as per findings, involving assessing the patient's history, conducting a head-to-toe examination, and evaluating vital signs such as pulse, breathing, level of consciousness, skin condition, pupils, blood pressure, and glucose.

PA0104: Assess and manage (control) bleeding, including catastrophic bleeding, wounds, and apply appropriate treatment.

PA0105: Assess and manage breathing difficulties, such as addressing choking, establishing and maintaining the airway, and utilizing oxygen and bag valve mask techniques.

PA0106: Assess and manage a patient who is not breathing, including performing CPR for adults, children, and infants, and using an automated external defibrillator (AED) if necessary.

Manage severe airway obstruction: The patient cannot breathe, speak, or cough because of an airway obstruction.

1. Stand behind the patient with one foot slightly in front of the other for balance.
2. Wrap your arms around their waist and tip their upper body slightly forward.
3. Make a fist and position it slightly above the person's navel.
4. Hold the fist with your other hand and press hard into the abdomen
5. Perform a quick, upward thrust.
6. If the patient has not recovered yet, repeat thrusts. The obstruction might be moving up the windpipe, but might not have come out yet.
7. Repeat until object comes out or until patient becomes unresponsive.
8. It is acceptable to alternate between 5 abdominal thrusts followed by leaning the patient forward and applying five firm backslaps between the patient's shoulder blades. Repeat until object is cleared, or patient becomes unresponsive.
9. If the patient becomes unresponsive, begin CPR, with the small adaption of looking inside the mouth after each set of chest compressions, before applying the two breaths.

7.5.2 UTILISING OXYGEN WITH A MASK

If the patient is breathing with difficulty determine if oxygen is available and appropriate. If so, treat with oxygen as follows:

1. Open the main valve on the oxygen cylinder slowly until oxygen leak is audible.
2. Close valve.
3. Check the regulator is correct for the cylinder.
4. Apply regulator correctly.
5. Open the valve slowly, listen for leaks, re-close.
6. Select appropriate mask.
7. Connect tubing to cylinder.
8. Open and adjust oxygen flow to appropriate amount.
9. Fill mask reservoir if required.
10. Explain procedure to patient.
11. Apply mask to the patient.

7.18 RESPOND TO DIABETIC EMERGENCY

IAC0118: Diabetic emergencies are responded to applying emergency first aid techniques to preserve life and prevent further harm until higher-level medical help arrives.

Response if unsure if patient is hypo or hyper glycaemic:

1. If you are unsure if an unconscious person is hypo or hyper glycaemic, place them in the recovery position and rub some glucose (sugar) inside the mouth.

Response if hypoglycaemic:

1. If conscious, give them something high in sugar to eat or drink.
2. If unconscious, turn them into the recovery position.
3. Attempt to rub some sugar inside the mouth on the cheeks and gums.

Response if hyperglycaemic:

1. Place the patient in recovery position.
2. Call for help and transport the patient to hospital

7.28 POST SCENE AND POST EXPOSURE ACTIONS

IAC0128: Post incident intervention report, post incident scene cleanup and post exposure prophylaxis are compiled and performed respectively.

7.28.1 POST INCIDENT CLEANUP

Perform post incident clean up:

1. **Safely dispose of any used dressings**, bandages and disposable gloves and other PPE by placing them into a plastic or paper bag, and sealing well before putting it into a rubbish bin or burning it.
2. If there is a hospital or medical clinic nearby, dispose of used dressings in a medical hazardous waste bin so they will be incinerated.

7.28.2 POST EXPOSURE

1. **If you are splashed with blood or other body fluids**, wash the area thoroughly with soap and water as soon as possible, and contact your doctor for specific medical advice. If any of your clothing has been contaminated by body fluids, remove it promptly and place it in a container of household bleach and water, mixed correctly.
2. **If there is an event at the scene that could cause cross infection,** it must be referred immediately to a medical professional who may prescribe post exposure prophylaxis medications and regimens as needed. The sooner this is done the better.
3. **Medication can mitigate the risk of infection after exposure.** Cross infection means any situation where body fluids of one person have the potential to infect another.
4. **A doctor can prescribe prophylaxis** medications as treatment to prevent disease after an event that suggests possible exposure or infection.

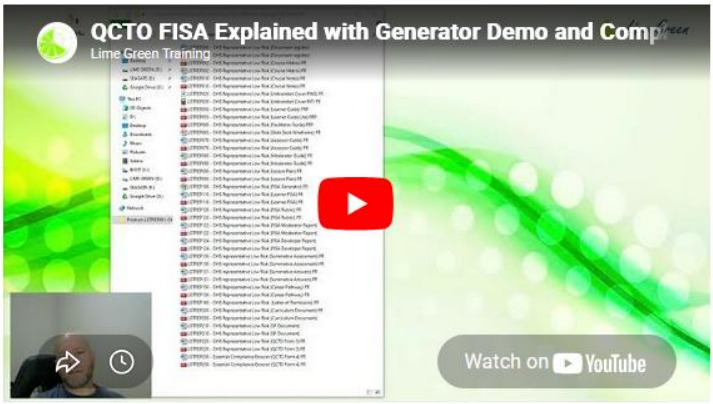
FISA AND FISA GENERATOR

This is KEY for QCTO compliance!

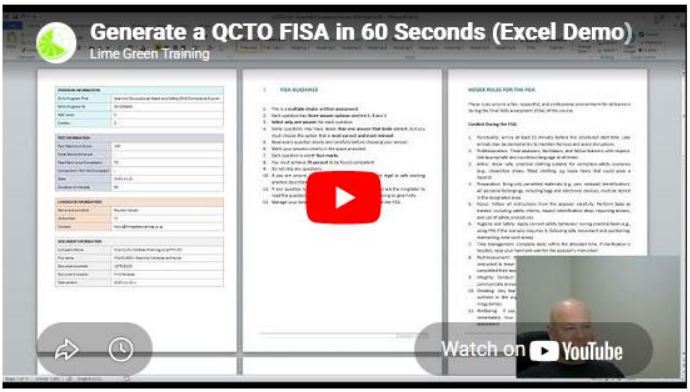
FISA AND FISA GENERATOR

The FISA generator is a KEY compliance component. See video demonstrations about this: https://limegreentraining.co.za/fisa-generator-qcto-skills-programmes/

First video: A full how-to, demonstrating how the two types of FISA are generated. One being the practical type that has mutliple steps per scenarion, and the other being the simple multiple choice type. The video also explains compliance issues and the difference between FISA and EISA.



Second video: A shorter demo of one of the FISA types – the more simple one. I show how the FISA and its rubric can be generated in under 60 seconds. This is a more marketing style of video but gives valuable info. The video above is more educational and goes through the process step by step and more slowly and shows both types of FISA instead of just one.



THE FISA GENERATOR is accessible via desktop office software: Visual basic coded into excel makes it accessible without the need to purchase a LMIS / LMS.

Takes 60 seconds to generate a unique FISA and place it into the correct template – already prepared for you.

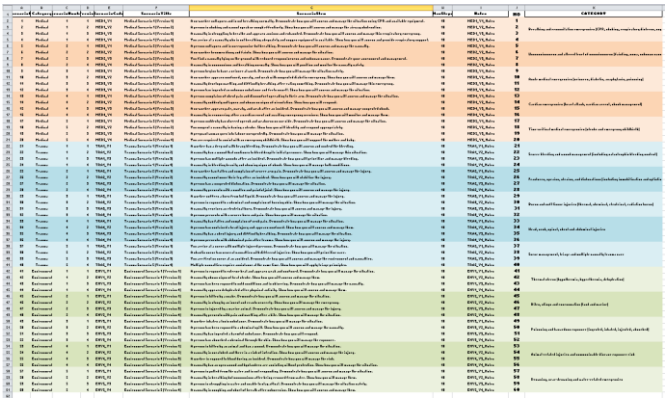
Massive variety for compliance: Each FISA generator creates huge variety of unique tests. QCTO requires a new test for each class. You can generate millions.

The generator question bank is in table format which can be exported to your LMS system if you have one. NB The full capability exists *without* the need for a LMS.

The ultimate result of a generated FISA is a MS Word FISA and a matching rubric, in exactly the template and format QCTO assessment department requires.

The scenarios bank is colour coded for major categories (medical, trauma, environmental) as required by the curriculum FISA specifications

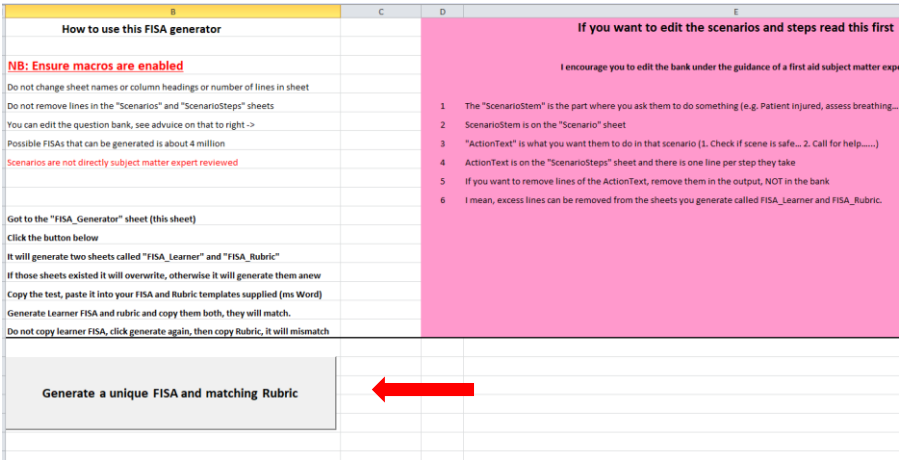
The scenario steps are also given, including the rubric for each step to state the action step, the competent outcome, and the not yet competent outcome.



Variety is achieved by creating a large enough bank and randomising which questions are picked from the bank. This bank has 60 scenarios (900 actions steps).

Sub categories are set to ensure each generated test touches every required outcome as per curriculum requirements and without duplication.

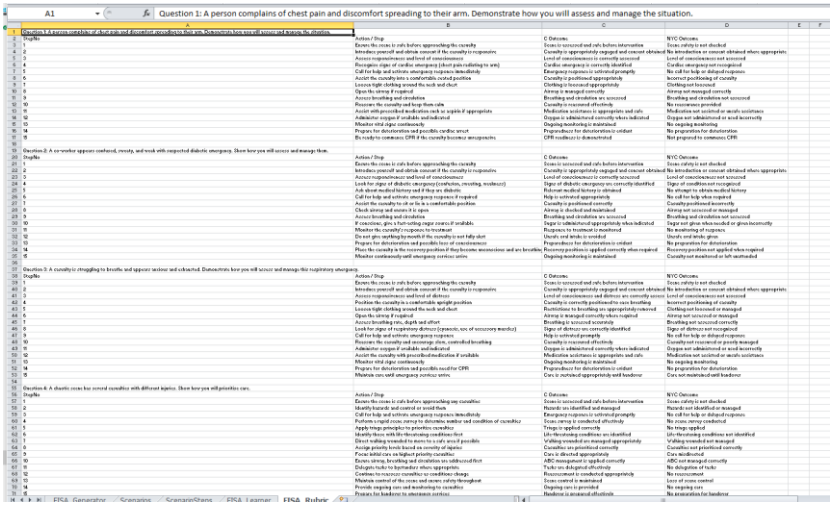
GENERATE FROM EXCEL AT TOUCH OF BUTTON (VISUAL BASIC DRIVEN)



How to use this FISA generator	If you want to edit the scenarios and steps read this first
NB: Ensure macros are enabled	I encourage you to edit the bank under the guidance of a first aid subject matter exp
Do not change sheet names or column headings or number of lines in sheet	
Do not remove lines in the "Scenarios" and "ScenarioSteps" sheets	1 The "ScenarioStem" is the part where you ask them to do something (e.g. Patient injured, assess breathing...
You can edit the question bank, see advuice on that to right ->	2 ScenarioStem is on the "Scenario" sheet
Possible FISAs that can be generated is about 4 million	3 "ActionText" is what you want them to do in that scenario (1. Check if scene is safe... 2. Call for help.....)
Scenarios are not directly subject matter expert reviewed	4 ActionText is on the "ScenarioSteps" sheet and there is one line per step they take
	5 If you want to remove lines of the ActionText, remove them in the output, NOT in the bank
	6 I mean, excess lines can be removed from the sheets you generate called FISA_Learner and FISA_Rubric.
Got to the "FISA_Generator" sheet (this sheet)	
Click the button below	
It will generate two sheets called "FISA_Learner" and "FISA_Rubric"	
If those sheets existed it will overwrite, otherwise it will generate them anew	
Copy the test, paste it into your FISA and Rubric templates supplied (ms Word)	
Generate Learner FISA and rubric and copy them both, they will match.	
Do not copy learner FISA, click generate again, then copy Rubric, it will mismatch	
Generate a unique FISA and matching Rubric	

OUTCOME IS A TABLE THAT CAN BE COPIED INTO THE RECEIVING TEMPLATE

Pictured: A rubric has been generated



FISA RUBRIC IS PASTED INTO MS WORD TEMPLATE

The rubric is accepted by the MS Word template given, as shown below.

The learner FISA template looks similar but has spaces to record learner's actions.

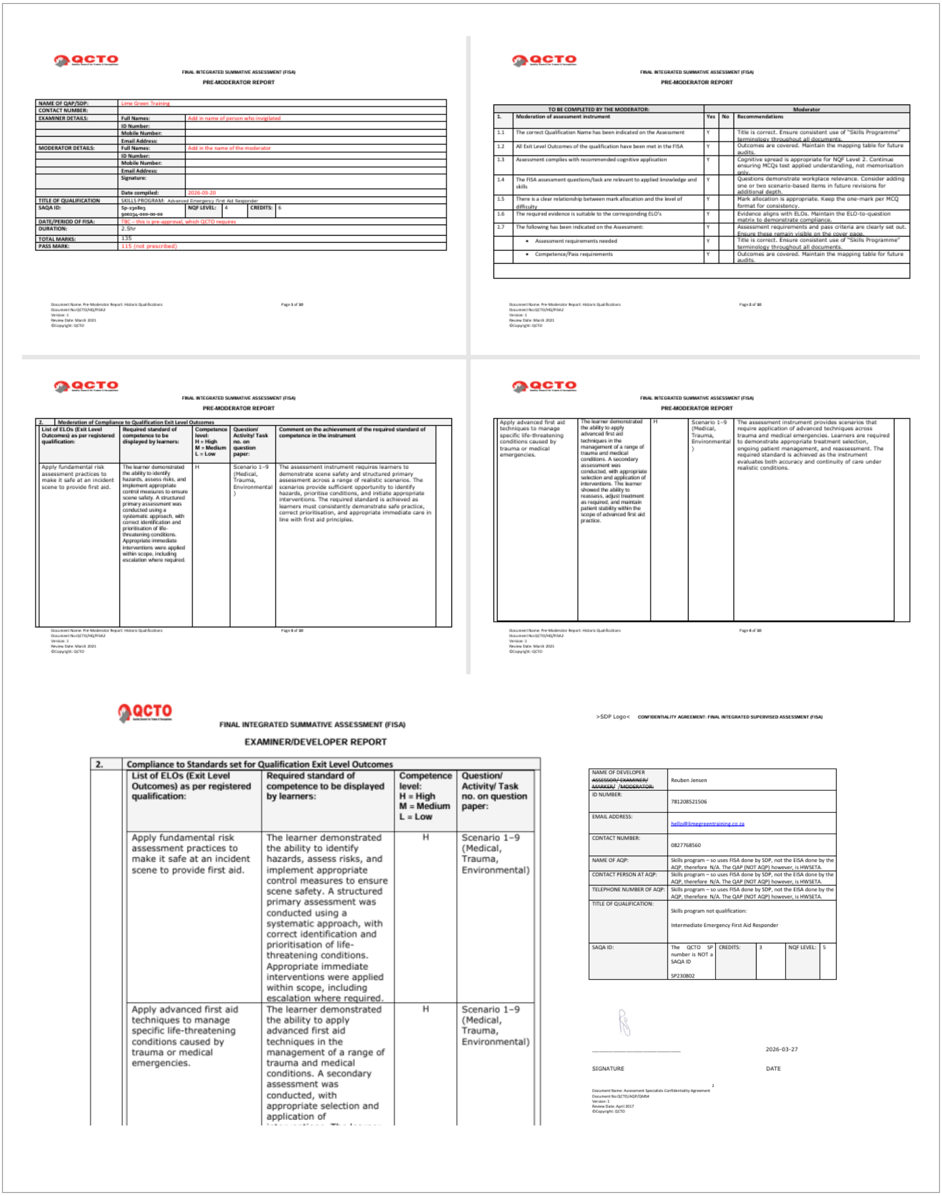
Question 1: A person complains of chest pain and discomfort spreading to their arm. Demonstrate how you will assess and manage the situation.

StepNo	Action / Step	C Outcome	NYC Outcome
1	Ensure the scene is safe before approaching the casualty	Scene is assessed and safe before intervention	Scene safety is not checked
2	Introduce yourself and obtain consent if the casualty is responsive	Casualty is appropriately engaged and consent obtained	No introduction or consent obtained where appropriate
3	Assess responsiveness and level of consciousness	Level of consciousness is correctly assessed	Level of consciousness not assessed
4	Recognise signs of cardiac emergency (chest pain radiating to arm)	Cardiac emergency is correctly identified	Cardiac emergency not recognised
5	Call for help and activate emergency response immediately	Emergency response is activated promptly	No call for help or delayed response
6	Assist the casualty into a comfortable seated position	Casualty is positioned appropriately	Incorrect positioning of casualty
7	Loosen tight clothing around the neck and chest	Clothing is loosened appropriately	Clothing not loosened
8	Open the airway if required	Airway is managed correctly	Airway not managed correctly
9	Assess breathing and circulation	Breathing and circulation are assessed	Breathing and circulation not assessed
10	Reassure the casualty and keep them calm	Casualty is reassured effectively	No reassurance provided
11	Assist with prescribed medication such as aspirin if appropriate	Medication assistance is appropriate and safe	Medication not assisted or unsafe assistance
12	Administer oxygen if available and indicated	Oxygen is administered correctly where indicated	Oxygen not administered or used incorrectly
13	Monitor vital signs continuously	Ongoing monitoring is maintained	No ongoing monitoring
14	Prepare for deterioration and possible cardiac arrest	Preparedness for deterioration is evident	No preparation for deterioration
15	Be ready to commence CPR if the casualty becomes unresponsive	CPR readiness is demonstrated	Not prepared to commence CPR

...

FISA REPORTS ARE REQUIRED BY QCTO, THESE ARE SUPPLIED

Includes developers report, developer CV with ETDP SETA SoR, FISA moderator's report, and FISA confidentiality agreement.



FINAL INTEGRATED SUMMATIVE ASSESSMENT (FISA)

PRE-MODERATOR REPORT

NAME OF QAP/SDP:	Lime Green Training	
CONTACT NUMBER:		
EXAMINER DETAILS:	Full Names:	Add in name of person who invigilated
	ID Number:	
	Mobile Number:	
	Email Address:	
MODERATOR DETAILS:	Full Names:	Add in the name of the moderator
	ID Number:	
	Mobile Number:	
	Email Address:	
	Signature:	
	Date compiled:	2026-03-20
TITLE OF QUALIFICATION	SKILLS PROGRAM: Advanced Emergency First Aid Responder	
SAQA ID:	Sp-230803 900234-000-00-00	NQF LEVEL: 4 CREDITS: 6
DATE/PERIOD OF FISA:	TBC – this is pre-approval, which QCTO requires	
DURATION:	2.5hr	
TOTAL MARKS:	135	
PASS MARK:	115 (not prescribed)	

Document Name: Pre-Moderator Report: Historic Qualifications
Document No:QCTO/HQ/FISA2
Version: 1
Review Date: March 2021
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Page 1 of 10

FINAL INTEGRATED SUMMATIVE ASSESSMENT (FISA)

PRE-MODERATOR REPORT

TO BE COMPLETED BY THE MODERATOR:		Moderator		
1.	Moderation of assessment instrument	Yes	No	Recommendations
1.1	The correct Qualification Name has been indicated on the Assessment	Y		Title is correct. Ensure consistent use of "Skills Programme" terminology throughout all documents.
1.2	All Exit Level Outcomes of the qualification have been met in the FISA	Y		Outcomes are covered. Maintain the mapping table for future audits.
1.3	Assessment complies with recommended cognitive application	Y		Cognitive spread is appropriate for NQF Level 2. Continue ensuring MCQs test applied understanding, not memorisation only.
1.4	The FISA assessment questions/task are relevant to applied knowledge and skills	Y		Questions demonstrate workplace relevance. Consider adding one or two scenario-based items in future revisions for additional depth.
1.5	There is a clear relationship between mark allocation and the level of difficulty	Y		Mark allocation is appropriate. Keep the one-mark per MCQ format for consistency.
1.6	The required evidence is suitable to the corresponding ELO's	Y		Evidence aligns with ELOs. Maintain the ELO-to-question matrix to demonstrate compliance.
1.7	The following has been indicated on the Assessment:	Y		Assessment requirements and pass criteria are clearly set out. Ensure these remain visible on the cover page.
	• Assessment requirements needed	Y		Title is correct. Ensure consistent use of "Skills Programme" terminology throughout all documents.
	• Competence/Pass requirements	Y		Outcomes are covered. Maintain the mapping table for future audits.

Page 2 of 10

FINAL INTEGRATED SUMMATIVE ASSESSMENT (FISA)

PRE-MODERATOR REPORT

2. Moderation of Compliance to Qualification Exit Level Outcomes				
List of ELOs (Exit Level Outcomes) as per registered qualification:	Required standard of competence to be displayed by learners:	Competence level: H = High M = Medium L = Low	Question/ Activity/ Task no. on question paper:	Comment on the achievement of the required standard of competence in the instrument
Apply fundamental risk assessment practices to make it safe at an incident scene to provide first aid.	The learner demonstrated the ability to identify hazards, assess risks, and implement appropriate control measures to ensure scene safety. A structured primary assessment was conducted using a systematic approach, with correct identification and prioritisation of life-threatening conditions. Appropriate immediate interventions were applied within scope, including escalation where required.	H	Scenario 1–9 (Medical, Trauma, Environmental)	The assessment instrument requires learners to demonstrate scene safety and structured primary assessment across a range of realistic scenarios. The scenarios provide sufficient opportunity to identify hazards, prioritise conditions, and initiate appropriate interventions. The required standard is achieved as learners must consistently demonstrate safe practice, correct prioritisation, and appropriate immediate care in line with first aid principles.

Page 3 of 10

FINAL INTEGRATED SUMMATIVE ASSESSMENT (FISA)

PRE-MODERATOR REPORT

Apply advanced first aid techniques to manage specific life-threatening conditions caused by trauma or medical emergencies.	The learner demonstrated the ability to apply advanced first aid techniques in the management of a range of trauma and medical conditions. A secondary assessment was conducted, with appropriate selection and application of interventions. The learner showed the ability to reassess, adjust treatment as required, and maintain patient stability within the scope of advanced first aid practice.	H	Scenario 1–9 (Medical, Trauma, Environmental)	The assessment instrument provides scenarios that require application of advanced techniques across trauma and medical emergencies. Learners are required to demonstrate appropriate treatment selection, ongoing patient management, and reassessment. The required standard is achieved as the instrument evaluates both accuracy and continuity of care under realistic conditions.

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FINAL INTEGRATED SUMMATIVE ASSESSMENT (FISA)

EXAMINER/DEVELOPER REPORT

2. Compliance to Standards set for Qualification Exit Level Outcomes			
List of ELOs (Exit Level Outcomes) as per registered qualification:	Required standard of competence to be displayed by learners:	Competence level: H = High M = Medium L = Low	Question/ Activity/ Task no. on question paper:
Apply fundamental risk assessment practices to make it safe at an incident scene to provide first aid.	The learner demonstrated the ability to identify hazards, assess risks, and implement appropriate control measures to ensure scene safety. A structured primary assessment was conducted using a systematic approach, with correct identification and prioritisation of life-threatening conditions. Appropriate immediate interventions were applied within scope, including escalation where required.	H	Scenario 1–9 (Medical, Trauma, Environmental)
Apply advanced first aid techniques to manage specific life-threatening conditions caused by trauma or medical emergencies.	The learner demonstrated the ability to apply advanced first aid techniques in the management of a range of trauma and medical conditions. A secondary assessment was conducted, with appropriate selection and application of	H	Scenario 1–9 (Medical, Trauma, Environmental)

>SDP Logo< CONFIDENTIALITY AGREEMENT: FINAL INTEGRATED SUPERVISED ASSESSMENT (FISA)

NAME OF DEVELOPER ~~ASSESSOR/ EXAMINER/ MARKER/~~ /~~MODERATOR:~~	Reuben Jensen				
ID NUMBER:	781208521506				
EMAIL ADDRESS:	hello@limegreentraining.co.za				
CONTACT NUMBER:	0827768560				
NAME OF AQP:	Skills program – so uses FISA done by SDP, not the EISA done by the AQP, therefore N/A. The QAP (NOT AQP) however, is HWSETA.				
CONTACT PERSON AT AQP:	Skills program – so uses FISA done by SDP, not the EISA done by the AQP, therefore N/A. The QAP (NOT AQP) however, is HWSETA.				
TELEPHONE NUMBER OF AQP:	Skills program – so uses FISA done by SDP, not the EISA done by the AQP, therefore N/A. The QAP (NOT AQP) however, is HWSETA.				
TITLE OF QUALIFICATION:	Skills program not qualification: Intermediate Emergency First Aid Responder				
SAQA ID:	The QCTO SP number is NOT a SAQA ID SP230802	CREDITS:	3	NQF LEVEL:	5

SIGNATURE ______________________ DATE 2026-03-27

Document Name: Assessment Specialists Confidentiality Agreement
Document No:QCTO/AQP/QMS4
Version: 1
Review Date: April 2017
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OTHER COMPONENTS

FACILITATOR GUIDE

The facilitator guide is a copy of the learner guide, with facilitator advice inserted into it.

FACILITATOR GUIDANCE

Effective applied first aid

This section is about effective applied first aid.

This is a good opportunity to speak from your experiences of working in the emergency health care system, and to invite learners to add to the discussion.

Create discussion around situations you and any of your learners have been in that centre around:

1. Your own safety coming first and any implications that has had on-scene.
2. How important proper assessment and reassessment is.
3. How assessment and reassessment have led to better treatment of patients.
4. How your communication methods with various people at and around emergency scenes have helped achieve better outcomes and cooperation.
5. What guides and drives your actions on scene.
6. Handovers you have done correctly, and possibly any examples of bad hand overs and the results.
7. Paperwork and record keeping you have done, possibly compare the approaches of different organisations you have worked with.
8. The kind of scenes you have worked, and any cleanup that had to be done. You can include extreme cases if you have (and if your learners can handle it).
9. Any examples of exposure that lead to the need for post exposure prophylaxis e.g. due to lack of PPE or due to some kind of mistake. Include examples of pre-exposure prophylaxis if you have.

The goal is to facilitate an understanding of the aspects that make the first aid effective when you apply it.

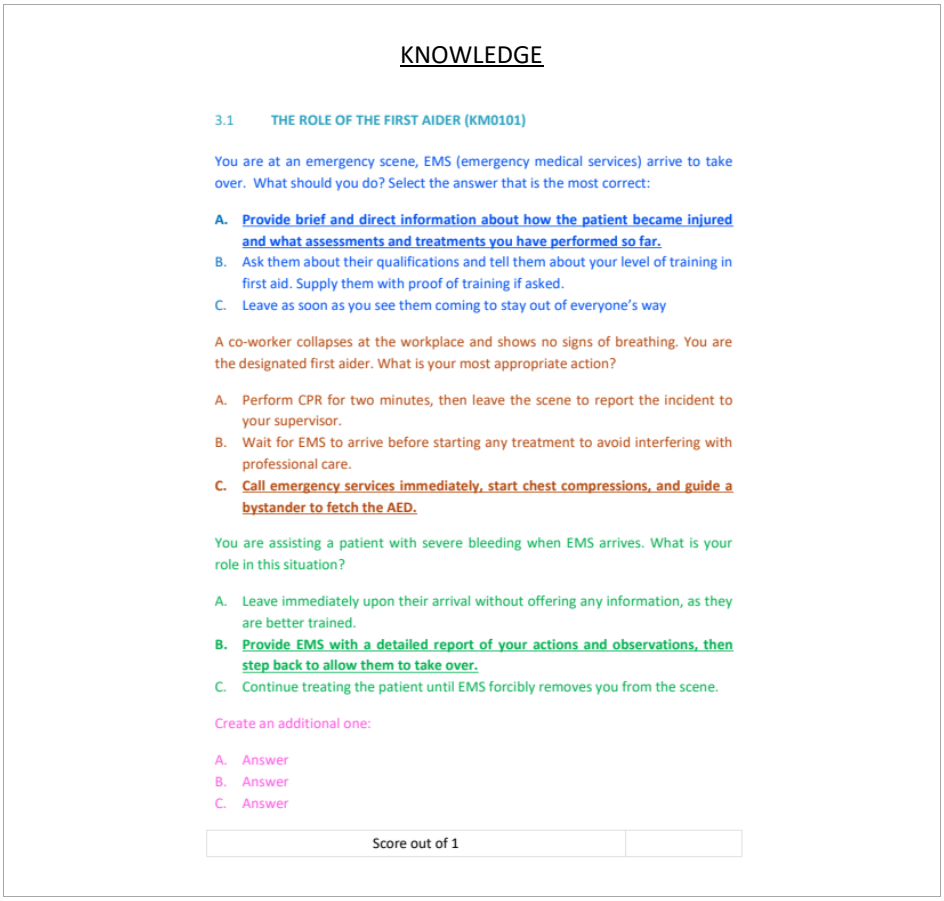
LEARNER SUMMATIVE ASSESSMENT (NOT THE FISA)

This is assessment process <u>separate and different to the FISA</u> process described above (as required by QCTO policy)

The learner qualifies to take the FISA by completing this test. Three questions and answers are given for each knowledge topic and IAC (Internal Assessment Criteria).

The training provider can make lots of question papers by choosing different question combinations each time (i.e. deleting one or two questions).

Two versions are given: The leaner test, and the model answers. You can also simply take the model answers book, and change to uniform formatting to remove answers.



KNOWLEDGE

3.1 THE ROLE OF THE FIRST AIDER (KM0101)

You are at an emergency scene, EMS (emergency medical services) arrive to take over. What should you do? Select the answer that is the most correct:

A. **Provide brief and direct information about how the patient became injured and what assessments and treatments you have performed so far.**
B. Ask them about their qualifications and tell them about your level of training in first aid. Supply them with proof of training if asked.
C. Leave as soon as you see them coming to stay out of everyone's way

A co-worker collapses at the workplace and shows no signs of breathing. You are the designated first aider. What is your most appropriate action?

A. Perform CPR for two minutes, then leave the scene to report the incident to your supervisor.
B. Wait for EMS to arrive before starting any treatment to avoid interfering with professional care.
C. **Call emergency services immediately, start chest compressions, and guide a bystander to fetch the AED.**

You are assisting a patient with severe bleeding when EMS arrives. What is your role in this situation?

A. Leave immediately upon their arrival without offering any information, as they are better trained.
B. **Provide EMS with a detailed report of your actions and observations, then step back to allow them to take over.**
C. Continue treating the patient until EMS forcibly removes you from the scene.

Create an additional one:

A. Answer
B. Answer
C. Answer

Score out of 1	

The practical test is also given

PRACTICAL

7.6 A PATIENT WHO IS NOT BREATHING

IAC0106: A patient who is not breathing is assessed and managed, by performing CPR for adults, children, and infants, and using an automated external defibrillator (AED) if necessary.

Assess patient for breathing:

1. *Ensure safety of the scene.*
2. *Establish unresponsiveness by tapping the shoulder and asking: Are you okay?*
3. *Call for assistance / activate EMS and fetch an AED.*
4. *Check for any normal breathing from head to belly for up to 10 seconds.*

Score out of 4	

If patient is not breathing:

1. *Give 30 compressions in the centre of chest on the lower half of the sternum in 15-18 seconds.*
2. *Give 2 Rescue Breaths. Use mouthpiece or mask if available.*
3. *Give 30 compressions.*
4. *Give 2 Rescue Breaths.*
5. *When AED arrives switch it on and follows prompts*

Score out of 5	

Scoring tables given after each module

TOTALS

POSSIBLE SCORE	33
SCORE ACHIEVED	--
SUGGESTED MINIMUM	26
LEARNER IS C / NYC?	

ASSESSOR GUIDE

The assessor guide allows for effective recording of evidence when required, although QCTO does not use the POE system anymore. The FISA is the assessment you submit to QCTO.

4 THE ASSESSMENT

ASSESSOR GUIDANCE:

Assessing outcomes

Assess the learner on each component of the curriculum.

A. **Deem the learner competent or not yet competent** according to evidence. Mark C for competent or NYC for not yet competent. Sign off on each section.

B. **If learner is found not yet competent,** provide a path to remedial so the learner is assisted in acheiveing the desired outcomes and not abandoned.

C. **Allow the learner opportunity** to give feedback or appeal findings according to the the quality management system policies and procedures on assessment.

D. **The principles of assessment** are that all evidence gathered is valid, reliable, authentic, current, and sufficient (VRACS).

4.1 KNOWLEDGE

How to use: Deem the learner competent or not yet competent against each internal assessment criteria according to the curriculum:

900234-000-00-KM-01 Concepts and Principles of Advanced Emergency First Aid, NQF Level 4, Credits 3

4.1.1 KM01-KT01: PRINCIPLES FOR PROVIDING RISK BASED FIRST AID

COMPONENT	INTERNAL ASSESSMENT CRITERIA	C	NYC
IAC0101	Explain the role of the first aider within the chain of survival, emergency health care system, and interaction with other emergency response services. Contextualise the role and leadership		
IAC0102	Explain legal and ethical principles that must be adhered to when providing advanced first aid by identifying and discussing examples of ethical and unethical conduct.		
IAC0103	Discuss the importance of maintaining personal health and safety as first aider and elaborate on the benefits and consequences of the personal health and safety status of the first aid provider.		

5.2 ATTACHMENTS

APPENDIX A:

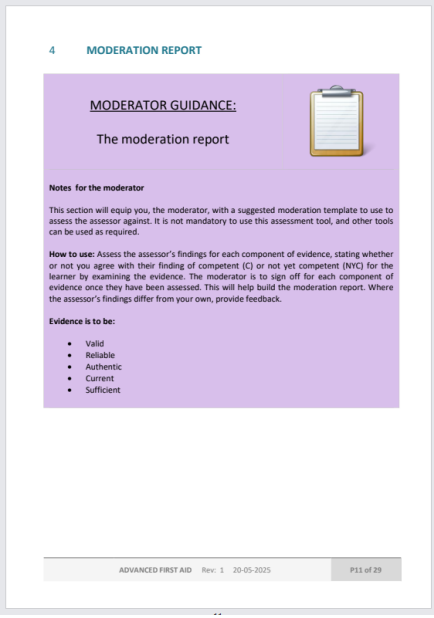
Learner Assessment

APPENDIX B:

Learner Attachments

MODERATOR GUIDE

The assessor guide allows for effective recording of evidence



4 MODERATION REPORT

MODERATOR GUIDANCE:

The moderation report

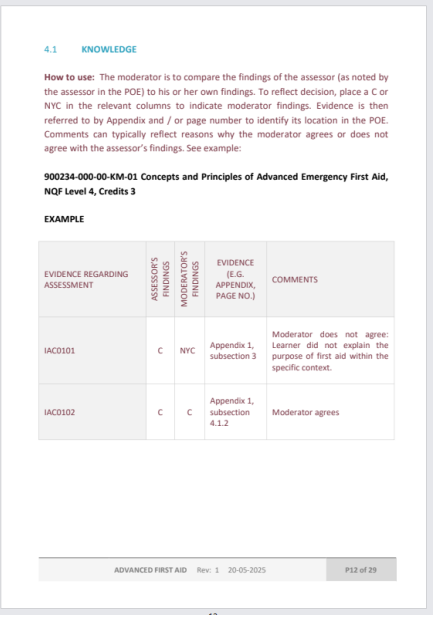
Notes for the moderator

This section will equip you, the moderator, with a suggested moderation template to use to assess the assessor against. It is not mandatory to use this assessment tool, and other tools can be used as required.

How to use: Assess the assessor's findings for each component of evidence, stating whether or not you agree with their finding of competent (C) or not yet competent (NYC) for the learner by examining the evidence. The moderator is to sign off for each component of evidence once they have been assessed. This will help build the moderation report. Where the assessor's findings differ from your own, provide feedback.

Evidence is to be:

- Valid
- Reliable
- Authentic
- Current
- Sufficient



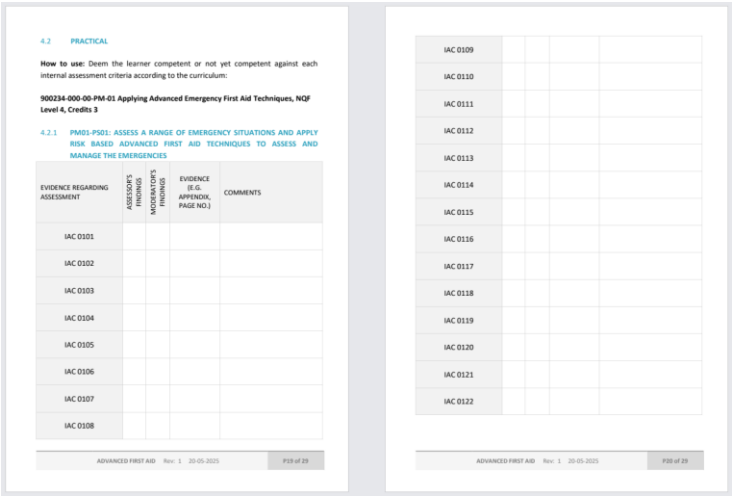
4.1 KNOWLEDGE

How to use: The moderator is to compare the findings of the assessor (as noted by the assessor in the POE) to his or her own findings. To reflect decision, place a C or NYC in the relevant columns to indicate moderator findings. Evidence is then referred to by Appendix and / or page number to identify its location in the POE. Comments can typically reflect reasons why the moderator agrees or does not agree with the assessor's findings. See example:

900234-000-00-KM-01 Concepts and Principles of Advanced Emergency First Aid, NQF Level 4, Credits 3

EXAMPLE

EVIDENCE REGARDING ASSESSMENT	ASSESSOR'S FINDINGS	MODERATOR'S FINDINGS	EVIDENCE (E.G. APPENDIX, PAGE NO.)	COMMENTS
IAC0101	C	NYC	Appendix 1, subsection 3	Moderator does not agree: Learner did not explain the purpose of first aid within the specific context.
IAC0102	C	C	Appendix 1, subsection 4.1.2	Moderator agrees



4.2 PRACTICAL

How to use: Deem the learner competent or not yet competent against each internal assessment criteria according to the curriculum:

900234-000-00-PM-01 Applying Advanced Emergency First Aid Techniques, NQF Level 4, Credits 3

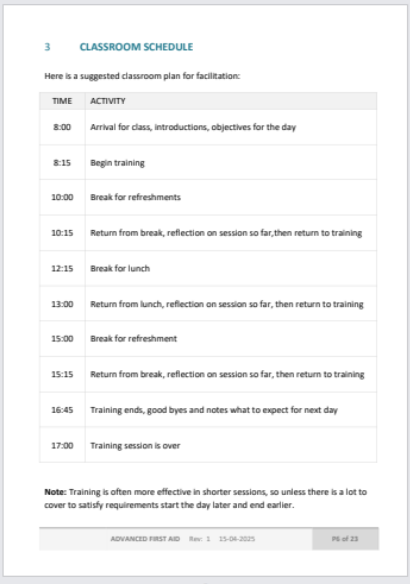
4.2.1 PM01-P501: ASSESS A RANGE OF EMERGENCY SITUATIONS AND APPLY RISK BASED ADVANCED FIRST AID TECHNIQUES TO ASSESS AND MANAGE THE EMERGENCIES

EVIDENCE REGARDING ASSESSMENT	ASSESSOR'S FINDINGS	MODERATOR'S FINDINGS	EVIDENCE (E.G. APPENDIX, PAGE NO.)	COMMENTS
IAC 0101				
IAC 0102				
IAC 0103				
IAC 0104				
IAC 0105				
IAC 0106				
IAC 0107				
IAC 0108				

IAC 0109				
IAC 0110				
IAC 0111				
IAC 0112				
IAC 0113				
IAC 0114				
IAC 0115				
IAC 0116				
IAC 0117				
IAC 0118				
IAC 0119				
IAC 0120				
IAC 0121				
IAC 0122				

LESSON PLAN

The lesson plan provides scheduling guidance for the facilitator and assessor



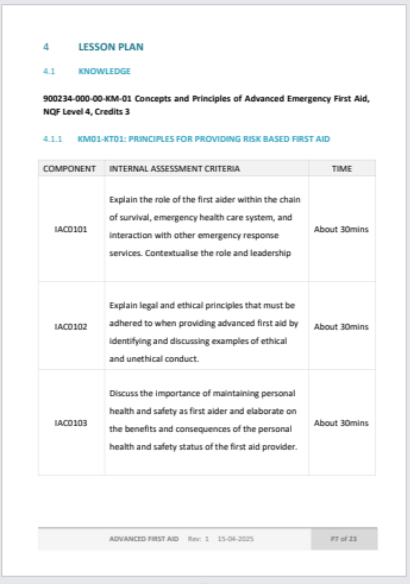
3 CLASSROOM SCHEDULE

Here is a suggested classroom plan for facilitation:

TIME	ACTIVITY
8:00	Arrival for class, introductions, objectives for the day
8:15	Begin training
10:00	Break for refreshments
10:15	Return from break, reflection on session so far,then return to training
12:15	Break for lunch
13:00	Return from lunch, reflection on session so far, then return to training
15:00	Break for refreshment
15:15	Return from break, reflection on session so far, then return to training
16:45	Training ends, good byes and notes what to expect for next day
17:00	Training session is over

Note: Training is often more effective in shorter sessions, so unless there is a lot to cover to satisfy requirements start the day later and end earlier.

6



4 LESSON PLAN

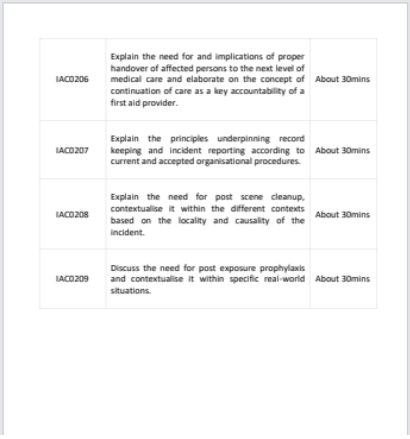
4.1 KNOWLEDGE

900234-000-00-KM-01 Concepts and Principles of Advanced Emergency First Aid, NQF Level 4, Credits 3

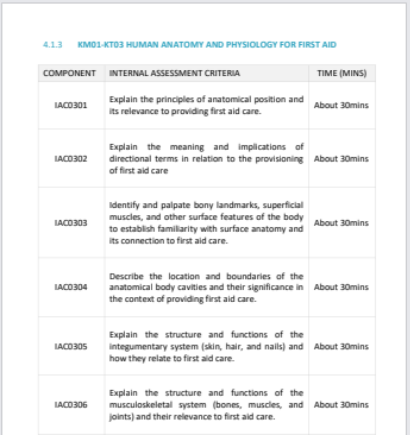
4.1.1 KM01-KT01: PRINCIPLES FOR PROVIDING RISK BASED FIRST AID

COMPONENT	INTERNAL ASSESSMENT CRITERIA	TIME
IAC0101	Explain the role of the first aider within the chain of survival, emergency health care system, and interaction with other emergency response services. Contextualise the role and leadership	About 30mins
IAC0102	Explain legal and ethical principles that must be adhered to when providing advanced first aid by identifying and discussing examples of ethical and unethical conduct.	About 30mins
IAC0103	Discuss the importance of maintaining personal health and safety as first aider and elaborate on the benefits and consequences of the personal health and safety status of the first aid provider.	About 30mins

7



IAC0206	Explain the need for and implications of proper handover of affected persons to the next level of medical care and elaborate on the concept of continuation of care as a key accountability of a first aid provider.	About 30mins
IAC0207	Explain the principles underpinning record keeping and incident reporting according to current and accepted organisational procedures.	About 30mins
IAC0208	Explain the need for post scene cleanup, contextualise it within the different contexts based on the locality and causality of the incident.	About 30mins
IAC0209	Discuss the need for post exposure prophylaxis and contextualise it within specific real-world situations.	About 30mins



4.1.3 KM01-KT03 HUMAN ANATOMY AND PHYSIOLOGY FOR FIRST AID

COMPONENT	INTERNAL ASSESSMENT CRITERIA	TIME (MINS)
IAC0301	Explain the principles of anatomical position and its relevance to providing first aid care.	About 30mins
IAC0302	Explain the meaning and implications of directional terms in relation to the provisioning of first aid care	About 30mins
IAC0303	Identify and palpate bony landmarks, superficial muscles, and other surface features of the body to establish familiarity with surface anatomy and its connection to first aid care.	About 30mins
IAC0304	Describe the location and boundaries of the anatomical body cavities and their significance in the context of providing first aid care.	About 30mins
IAC0305	Explain the structure and functions of the integumentary system (skin, hair, and nails) and how they relate to first aid care.	About 30mins
IAC0306	Explain the structure and functions of the musculoskeletal system (bones, muscles, and joints) and their relevance to first aid care.	About 30mins

QCTO FORMS 3 AND 4: SUPPLIED ALREADY FILLED IN FOR YOU

QCTO

IMPLEMENTATION PLAN/PROGRAMME DELIVERY STRATEGY — Form 3

Legal Name of Skills Development Provider(SDP)	Insert name PTY LTD				
Qualification information:	Qualification / Curriculum Title	SAQA ID	NQF Level	Credits	Curriculum Code
	Advanced Emergency First Aid Responder	Sp-230803 / 900234-000-00-00	4	6	Sp-230803 / 900234-000-00-00

An Occupational Qualification consists of three (3) components: Knowledge, Practical and Workplace. By completing this form, the institution should indicate a thorough understanding of how an occupational qualification should be implemented. Please study the relevant qualification document, curriculum document and assessment specification document before completing this form (available on the QCTO website www.qcto.org.za)

1	PROPOSED DURATION FOR THIS QUALIFICATION: 5 years			
	FROM (insert date):	September 2023	TO (insert date):	September 2028

2	MODULES AND FACILITATORS/LECTURERS: (list all relevant modules; extend table as required to include all modules)					
	Knowledge Modules:	Hours on time-table:	Module Code:	Facilitator: (Initials & Surname)	Highest Qualification:	Type of Industry experience & no. of years:
	KM01	30	900234-000-00-KM-01	Insert name	HPCSA	Multiple
	IAC0101	About 30mins	KM0101			
	IAC0102	About 30mins	KM0102			
	IAC0103	About 30mins	KM0103			
	IAC0104	About 30mins	KM0104			
	IAC0105	About 30mins	KM0105			
	IAC0106	About 30mins	KM0105			
	IAC0201	About 30mins	KM0201			
	IAC0202	About 30mins	KM0202			

QCTO

LEARNING MATERIAL MATRIX — FORM 4

Legal Name of Skills Development Provider(SDP)	Insert name PTY LTD				
Qualification information:	Qualification / Curriculum Title	SAQA ID	NQF Level	Credits	Curriculum Code
	Advanced First Aid Responder	SP230801 / 900232-000-00-00	4	6	SP230803 / 900234-000-00-00

Although the QCTO is not prescriptive in the form or manner of learning material that will be used to implement the curriculum, it is nevertheless still important to indicate how the content will be covered. Bear in mind that learning material for this qualification should be aimed at the implementation of all three components that would best benefit the achievement of all competencies, in order for learners to achieve a Statement of Results.

The three components (Knowledge, Practical and Workplace) should not be presented in isolation, but should rather be integrated, and any exercises or applied practicals should be occupationally directed (work tasks).

Guidelines on the completion of the below matrix:

- **The name(s) of the learning material or text books to be used should be inserted vertically in the yellow blocks:**
- **Complete the table by indicating on what pages the content will be covered for each item in all modules in the curriculum (extend the table as required to include ALL MODULES)**

~~For example:~~

~~Learning Material:~~	~~Module CODE:~~	~~Manual/Page/s Number:~~	~~Learning Guide Page/s Number:~~	~~Educational Teaching Aids:~~
~~KNOWLEDGE COMPONENT~~				
~~Module 4: Public Service Communication & Administration~~	~~324102001-KM-04~~	~~Pp 68-94~~	~~Pp 59-72~~	
~~• Organisational structure and functions of Departments~~	~~KM-04-KT01~~	~~Pp 68-75~~	~~Pp 59-61~~	
~~• Functions and types of policies~~	~~KM-04-KT02~~	~~Pp 76 – 84~~	~~Pp 62 – 64~~	
~~• Policy roles and responsibilities~~	~~KM-04-KT03~~		~~Pp 65 – 67~~	
~~• Monitoring & Evaluating Service Delivery~~	~~KM-04-KT04~~		~~Pp 68 – 72~~	

QCTO

LEARNING MATERIAL MATRIX — FORM 4

Learning Material:	Module CODE:	Manual section number	Learning Guide page Number/s:	Educational Teaching Aids:
KNOWLEDGE COMPONENT				
KM01-KT01				
The role of the first aider within the chain of survival, emergency health care system, and interaction other emergency response services. Range: Functions and leadership.	KT0101	3.1	19	Internet, classroom, presentation
Legal and ethical principles that must be adhered to when providing risk based advanced first aid.	KT0102	3.2	28	presentation, internet, class
Maintaining personal health and safety as first aider: Range PPE, mental preparedness.	KT0103	3.3	35	Class, computer, internet
Basic awareness of mental health of the first aider and the patient. Range: Support for stress and post-traumatic stress. Debriefing.	KT0104	3.4	42	Internet, classroom, presentation
Basic awareness and sensitivity of cultural and gender diversity with specific reference to the provisioning of first aid care.	KT0105	3.5	44	presentation, internet, class
KM01-KT02				
Hazard and risk assessment concepts and principles within the contexts of providing first aid.	KT0201	4.1	49	Internet, classroom, presentation
Concepts and principles of the assessment of affected persons on an incident scene.	KT0202	4.2	54	presentation, internet, class
Key principles and concepts of communication with bystanders, emergency services, and the patient during an incident and whilst providing first aid care.	KT0203	4.3	58	Class, computer, internet
Fundamental concepts and principles that underpin the actions required for providing advanced first aid care.	KT0204	4.4	59	Internet, classroom, presentation
Importance of and principles for ongoing re-assessment and monitoring	KT0205	4.5	60	presentation

QCTO FORMS 3 AND 4: SUPPLIED ALREADY FILLED IN FOR YOU

QCTO

IMPLEMENTATION PLAN/PROGRAMME DELIVERY STRATEGY — Form 3

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	IAC0102	About 30mins	KM0102			
	IAC0103	About 30mins	KM0103			
	IAC0104	About 30mins	KM0104			
	IAC0105	About 30mins	KM0105			
	IAC0106	About 30mins	KM0105			
	IAC0201	About 30mins	KM0201			
	IAC0202	About 30mins	KM0202			

QCTO

LEARNING MATERIAL MATRIX — FORM 4

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QCTO

LEARNING MATERIAL MATRIX — FORM 4

Learning Material:	Module CODE:	Manual section number	Learning Guide page Number/s:	Educational Teaching Aids:
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- Clients make change requests which are considered at each revision
- The website provides resources on accreditation and training
- Services and support remain focused on the needs of private training providers

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