



Chartered
Institute of
Environmental
Health

Annual First Aid Refresher

Candidate assessment record

Use a black or blue ball point pen only

Centre Number (5 digits)

X B				
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Trainer Number (6 digits)

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Assessment Date (8 digits)

		2	0				
D	D	M	M	Y	Y	Y	Y

Candidate's name (in full and block capitals)

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Practical assessment

Candidates must participate in all five of the practical activities. The key point is that the candidate can demonstrate an awareness of the correct procedure for administering first aid.

A candidate assessment record (CAR) for each candidate must be completed by the trainer during the assessment session. The five activities used to assess the candidates' competence to carry out first-aid procedures relate to:

- the recovery position
- cardiopulmonary resuscitation
- choking
- bleeding
- shock.

For each activity, trainers must:

- assess each candidate's performance against the assessment criteria
- ensure that each candidate completes the skill task correctly.

If interventions are required when the candidate is completing the assessment activities, the trainer should note these in the comment section of the CAR.

When the practical assessment has been completed, the candidate and trainer should sign below. The trainer should indicate the result of the practical assessment and complete the box at the bottom of the candidate's answer information sheet (AIS). The CAR and AIS should then be submitted, together with the summary sheet, to the CIEH for the results to be processed.

I hereby certify that I participated in all five activities that comprise the practical assessment.

Candidate's signature:

Date

		2	0				
D	D	M	M	Y	Y	Y	Y

I hereby certify that I delivered the first-aid training programme and conducted the assessment of the candidate's performance of each of the five activities that comprise the practical assessment.

Trainer's signature:

Trainer's name (block capitals)

Result

Pass

Fail

Not completed

Date

		2	0				
D	D	M	M	Y	Y	Y	Y

Security code from the candidate's AIS

X B

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Stock Code AFARSCAR

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February 2011

+ To be completed by trainer

Performance criteria	Criteria met		Comment
	YES	NO	
1 Recovery Position			
Primary survey			
Check for danger	<input type="checkbox"/>	<input type="checkbox"/>	
Got on knees at side of casualty	<input type="checkbox"/>	<input type="checkbox"/>	
Spoke to casualty clearly	<input type="checkbox"/>	<input type="checkbox"/>	
Gave a gentle shake or tap	<input type="checkbox"/>	<input type="checkbox"/>	
Shouted for help	<input type="checkbox"/>	<input type="checkbox"/>	
Put hand on forehead and tilted head	<input type="checkbox"/>	<input type="checkbox"/>	
Put index finger and middle finger under chin and lifted chin	<input type="checkbox"/>	<input type="checkbox"/>	
Held face next to casualty's mouth and listened	<input type="checkbox"/>	<input type="checkbox"/>	
Felt for breath on cheek	<input type="checkbox"/>	<input type="checkbox"/>	
Watched for chest to rise and fall	<input type="checkbox"/>	<input type="checkbox"/>	
Recovery position			
Straightened limbs (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	
Casualty's nearest arm placed at right angles	<input type="checkbox"/>	<input type="checkbox"/>	
Held back of opposite hand against casualty's opposite cheek	<input type="checkbox"/>	<input type="checkbox"/>	
Pulled up furthest leg until foot was flat on the floor	<input type="checkbox"/>	<input type="checkbox"/>	
Rolled casualty in correct direction	<input type="checkbox"/>	<input type="checkbox"/>	
Left casualty's hand under chin	<input type="checkbox"/>	<input type="checkbox"/>	
Adjusted top leg to right angle	<input type="checkbox"/>	<input type="checkbox"/>	
Checked airway still open and casualty still breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Knew to call emergency services	<input type="checkbox"/>	<input type="checkbox"/>	

This result is only valid if the marking grid and comments section are completed by the trainer.



Performance criteria	Criteria met		Comment
	YES	NO	
2 Cardiopulmonary resuscitation			
Primary survey			
Check for danger	<input type="checkbox"/>	<input type="checkbox"/>	
Got on knees at side of casualty	<input type="checkbox"/>	<input type="checkbox"/>	
Spoke to casualty clearly	<input type="checkbox"/>	<input type="checkbox"/>	
Gave a gentle shake or tap	<input type="checkbox"/>	<input type="checkbox"/>	
Shouted for help	<input type="checkbox"/>	<input type="checkbox"/>	
Put hand on forehead and tilted head	<input type="checkbox"/>	<input type="checkbox"/>	
Put index finger and middle finger under chin and lifted chin	<input type="checkbox"/>	<input type="checkbox"/>	
Held face next to casualty's mouth and listened	<input type="checkbox"/>	<input type="checkbox"/>	
Felt for breath on cheek	<input type="checkbox"/>	<input type="checkbox"/>	
Watched for chest to rise and fall	<input type="checkbox"/>	<input type="checkbox"/>	
Knew to call emergency services and ask for AED	<input type="checkbox"/>	<input type="checkbox"/>	
Chest compression			
One hand placed on centre of chest	<input type="checkbox"/>	<input type="checkbox"/>	
Second hand placed on top of first	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure applied through heel of hands (fingers raised)	<input type="checkbox"/>	<input type="checkbox"/>	
Positioned directly above casualty with elbows locked	<input type="checkbox"/>	<input type="checkbox"/>	
Pressed down 5–6 cm	<input type="checkbox"/>	<input type="checkbox"/>	
Compressed 30 times at 100–120 beats per minute	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue breathing			
Re-opened airway (hand on forehead fingers under chin)	<input type="checkbox"/>	<input type="checkbox"/>	
Pinched nose and opened mouth	<input type="checkbox"/>	<input type="checkbox"/>	
Made seal round casualty's mouth with own mouth	<input type="checkbox"/>	<input type="checkbox"/>	
Blew into chest until it rose	<input type="checkbox"/>	<input type="checkbox"/>	
Allowed chest to fall	<input type="checkbox"/>	<input type="checkbox"/>	
Repeated with second effective breath	<input type="checkbox"/>	<input type="checkbox"/>	
Knew to continue chest compressions and rescue breathing until help arrived	<input type="checkbox"/>	<input type="checkbox"/>	

Σ

This result is only valid if the marking grid and comments section are completed by the trainer.





Performance criteria	Criteria met		Comment
	YES	NO	
3 Choking			
Asked the casualty to cough	<input type="checkbox"/>	<input type="checkbox"/>	
Stood behind the casualty and asked him/her to bend forward	<input type="checkbox"/>	<input type="checkbox"/>	
Located the heel of hand between the casualty's shoulder blades	<input type="checkbox"/>	<input type="checkbox"/>	
Gave up to five back blows	<input type="checkbox"/>	<input type="checkbox"/>	
Placed clenched fist in upper part of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Placed second hand on top of first	<input type="checkbox"/>	<input type="checkbox"/>	
Pulled inwards and upwards	<input type="checkbox"/>	<input type="checkbox"/>	
Repeated up to five times	<input type="checkbox"/>	<input type="checkbox"/>	
Knew to repeat the full cycle two further times and then call for help if obstruction not cleared	<input type="checkbox"/>	<input type="checkbox"/>	
4 Bleeding			
Put on gloves (if available)	<input type="checkbox"/>	<input type="checkbox"/>	
Applied direct pressure to the wound	<input type="checkbox"/>	<input type="checkbox"/>	
Lay casualty on the floor	<input type="checkbox"/>	<input type="checkbox"/>	
Unrolled tail of dressing, covering wound with sterile pad	<input type="checkbox"/>	<input type="checkbox"/>	
Unwound dressing around pad ensuring even pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Tied off securely	<input type="checkbox"/>	<input type="checkbox"/>	
Supported the injured limb	<input type="checkbox"/>	<input type="checkbox"/>	
Knew to check that bandage is not too tight	<input type="checkbox"/>	<input type="checkbox"/>	
5 Shock			
Lay casualty down and elevated the legs	<input type="checkbox"/>	<input type="checkbox"/>	
Reassured casualty	<input type="checkbox"/>	<input type="checkbox"/>	
Loosened tight clothing	<input type="checkbox"/>	<input type="checkbox"/>	
Kept casualty warm	<input type="checkbox"/>	<input type="checkbox"/>	
Knew to call emergency services	<input type="checkbox"/>	<input type="checkbox"/>	
Stayed with the casualty and monitored until help arrived	<input type="checkbox"/>	<input type="checkbox"/>	
Knew to stop any bleeding, if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	

XD

This result is only valid if the marking grid and comments section are completed by the trainer.

