OCR
Oxford Cambridge and RSA

CAMBRIDGE NATIONALS

Examiners' report

SPORT SCIENCE

J802, J822

R041 January 2019 series

Version 1

Contents

Introduction

Our examiners' reports are produced to offer constructive feedback on candidates' performance in the examinations. They provide useful guidance for future candidates. The reports will include a general commentary on candidates' performance, identify technical aspects examined in the questions and highlight good performance and where performance could be improved. The reports will also explain aspects which caused difficulty and why the difficulties arose, whether through a lack of knowledge, poor examination technique, or any other identifiable and explainable reason.

Where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report. A full copy of the question paper can be downloaded from OCR.

R041 series overview

R041: Reducing the risk of sports injuries is the mandatory examination component for the OCR Level 1/2 Cambridge National Award (J802) and Cambridge National Certificate (J803) in Sport Science.

This component prepares candidates on how to reduce the risk of injuries occurring when participating in physical activity, how to react to common sports injuries and how to recognise the symptoms of some common medical conditions.

Candidates need to be prepared for a range of different question types so that they can respond equally well to true/false, multi-choice, completion of tables, short answer questions (ranging from a choice of command words such as identify, describe and explain) and the 'extended levels' response question. Candidates who do well on this paper are also able to apply knowledge and understanding using practical examples from sport and physical activity.

Centres are reminded that marking schemes are used as a basis for judgements and each examiner's professional judgement is used in finally deciding the marks credited based on a rigorous standardised procedure.

Examiners use ticks to indicate the number of marks given for Questions 1-14.

R041 includes one extended response question that is always Question 15. This is assessed against the 'levels' part of the mark scheme. The mark scheme for this final question has a number of criteria separated into levels. These levels also include statements related to the quality of written communication. The levels scheme also includes indicative content that is expected in the question and this content is taken into consideration when awarding marks.

Candidate performance overview

Candidates who did well on this paper generally did the following:

- produced clear and concise responses: Q4b
- applied knowledge and understanding using examples from a practical activity, when this was a requirement of the question: Q6, Q11, Q14
- answered both parts of the question, when this was a requirement of the question: Q6
- matched the amount of knowledge to the number of marks in the question: Q1c and d, Q3, Q4a, Q6, Q7b,c and d, Q9 and Q14
- produced clear responses when answering questions that required knowledge of differences: Q1b.

Candidates who did less well on this paper generally did the following:

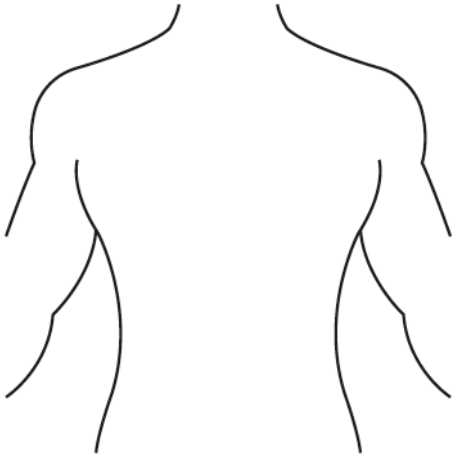
- produced responses that lacked depth: Q1b, Q3, Q6 and Q7a
- did not have sufficient knowledge to give more than one different response: Q2, Q7c, Q9b, Q10a and b, Q11b
- lacked an understanding of the extended response: Q15 (descriptions of the symptoms of asthma and to apply EAP to the treatment of asthma)
- found difficulty in fully explaining the differences between lordosis and kyphosis – Q1b, the purpose of risk assessments – Q7a.
- did not read questions properly and repeated answers already given in the stem of questions: Q1d, Q3, Q6, Q10a and/or did not follow instructions for Q7b,c and d (use of table)
- used similar words as their response such as 'risk' in Q7a and 'compress' in Q8a
- listed many responses with questions that only asked for one response (first response marked)
- referred to performance based benefits rather than how it reduces risk of injury: Q6
- did not understand technical terms taken directly from specification such as referring to physiological benefits rather than psychological benefits: Q6

Candidate performance overview
• did not attempt a number of different questions, even those that were true/false and multi-choice questions. This is indicated by the annotation NR (No Response).

Most successful topic/question/set texts	*Least successful topic/question/set texts*
• Q1a: Drawing of severe scoliosis • Q2a-d: Injuries • Q3: Benefits of cool down • Q4a: Ask and active (SALTAPS) • Q7b-d: Individual variables, extrinsic factors and specific needs • Q8a-d: Injury types and treatment • Q9: Chronic injuries • Q10a: Epilepsy symptoms • Q11b: Pulse raiser and example • Q15: Asthma symptoms (identification)	• Q1b: Differences between lordosis and kyphosis • Q1c: Pelvic tilt and increased risk of injury • Q4b: Description of 'active' (SALTAPS) • Q5: Individual variable: Nutrition • Q6: Psychological benefits • Q7a: Risk assessment • Q11a: Mobility and example • Q14: Maintenance stretches • Q15: Asthma symptoms (description)

Question 1(a)

1 Poor posture can result in different sports injuries.



(a) On the diagram above, draw the shape of the spine of someone who has severe scoliosis. **[1]**

Generally this question was well answered with the majority of candidates that attempted the question scoring the mark. The question stated 'severe' scoliosis so it was important that candidates made a distinct 'S' or 'C' shape on the diagram of the body. The most common shape drawn was the 'S' shape curve. Some candidates offered drawings that were too vague by simply drawing a zigzag line going down the back and surprisingly some candidates made no attempt to draw any shape of the spine and left it as a no response (NR).

Question 1(b)

(b) Explain the difference between lordosis and kyphosis.

.....

.....

.....

.....

.....

..... **[2]**

Many candidates struggled with this question. As in previous years there was a need to state the location and direction of the curvature. Some candidates were able to do this and scored maximum marks. Some candidates were too vague with their description of lordosis and/or kyphosis (usually lacking the detail for the direction of the curvature) and scored either 1 mark or no marks. Other candidates picked up marks for stating lordosis causes the stomach to stick out and/or kyphosis to stick the buttocks out. Some candidates had mixed up their knowledge of the two conditions and although their responses were linked to both location and direction they had linked it to the wrong condition and so gained no marks.

Exemplar 1

(b) Explain the difference between lordosis and kyphosis.

lordosis is a curve at the bottom of the spine and kyphosis is a curve at the top of your spine this can effect you in doing sport.

[2]

Although the candidate has identified the correct location of both lordosis and kyphosis the response is too vague as there is no reference to the severity of the curvature and/or the direction of the curvature.

Exemplar 2

(b) Explain the difference between lordosis and kyphosis.

Lordosis is a inwards curve at the bottom of your back. Gymansts get this from over extending kyphosis is a outwards curve at the top of your back. Cyclists get this from being hunched over constantly. [2]

This candidate has scored a maximum of 2 marks as they have described both the location and direction of the curvature for lordosis and kyphosis.

Question 1(c)

(c) Describe **two** ways in which pelvic tilt might increase the risk of injury in sport.

1 .....

.....

2 .....

.....

[2]

The majority of candidates struggled to score marks on this question with few scoring maximum marks. The candidates that did not score marks on this question were either too vague in their descriptions and/or did not link their response to how pelvic tilt might actually increase the risk of injury in sport. For example, simply stating that the performer was unbalanced is too vague and needed to be developed by linking it to the increased chances of falling over - this example was also the most common mark given.

Exemplar 1

(c) Describe **two** ways in which pelvic tilt might increase the risk of injury in sport.

1 There will be more of your weight on one leg could hurt leg overtime

2 you will have a problem in balancing so may fall over more frequently. [2]

This response scored 1 out of the 2 marks available. They have correctly described Point 1 in the mark scheme by referring to the 'problem in balancing and so may fall over more frequently' but the description of more of the weight being one leg is too vague as it does not link with the increased risk of causing strain or equivalent.

Question 1(d)

(d) Identify **one** sports injury related to poor posture other than scoliosis, lordosis, kyphosis and pelvic tilt.

..... **[1]**

The majority of candidates were able to identify round shoulder as the other sports injury related to poor posture showing good recall knowledge for this part of the specification. Round shoulder is the only other sports injury relating to poor posture named in the specification.

Question 2(a)(b)(c)(d)

2 Sports injuries can occur in many sports and in different ways.

Name the most likely type of sports injury for each of the following scenarios:

(a) A footballer with a bone sticking out of their leg as a result of a tackle.

..... **[1]**

(b) A hockey player wearing trainers that are too small.

..... **[1]**

(c) A cyclist who has fallen off their bike and has purple coloured discolouration on their legs and elbows.

..... **[1]**

(d) A golfer who repeatedly puts stress on their arms during six months of practice.

..... **[1]**

Many candidates scored maximum marks on these questions. Candidates that did not score on one or more of these questions were too vague in their responses or did not name an actual sporting injury.

2a: Some candidates gave fracture but as the bone was sticking out of their leg the answer required was open fracture.

2b: The majority of candidates gave blisters and scored a mark for this question although some candidates did just state the term 'footwear' rather than identifying the injury.

2c: Some candidates gave cuts and abrasions but the purple discolouration meant the response required was contusion or bruise.

2d: Some candidates gave tennis elbow as their response despite the scenario being associated with golf therefore the most likely injury was golfer's elbow rather than tennis elbow.

It is clear that some candidates were not taking their time to read the question properly and focusing on part of the question only such as falling off their bike without making the link to the other information (purple discolouration) given and identify the most likely injury from the scenario.

It is important to note in questions that ask for **one** response only candidates who offer more than one response will only have their **first** response marked.

Question 3

3 A cool down has many physical benefits that help the body's transition back to a resting state, such as gradual lowering of breathing and heart rate.

Describe **three** other physical benefits of a cool down.

.....

.....

.....

.....

.....

..... **[3]**

Most candidates scored on this question with many gaining 2 or 3 marks. Candidates who did not score maximum marks either did not include the key word 'gradually' for reducing body temperature and/or stated a cool down 'prevents' lactic acid build up rather than 'removes' (or equivalent). This is an error that has been made in previous series. Most common responses also included 'reduces risk of muscle pain/soreness/aching'. Some candidates simply repeated the benefits given in the stem of the question.

Exemplar 1

Describe **three** other physical benefits of a cool down.

- Removal of lactic acid - removes / breaks down acid from muscles reducing soarness.
- Reduces body temperature - body returns to a cool state.
- Blood flow - also reduces potential of racial sourness after sport. **[3]**

This response scored 2 out of the 3 marks available. They were credited with 2 marks within the first sentence as they correctly described 'removal of lactic acid' and 'reduced muscle soreness'. The candidate did not score a mark for 'reduces body temperature' as they missed the key word 'gradually' (or equivalent – for example slowly) and so is too vague. The response of blood flow is also too vague to be credited as there is no reference to 'helps circulate/maintain' (or equivalent) and the candidate has already been given a mark for 'reduces potential of muscle soreness' and so this is a REP.

Exemplar 2

Describe **three** other physical benefits of a cool down.

Gradually lowers body tempreature.
Gets rid of any waste products
like lactic acid.

[3]

This response scored 2 out of the 3 marks available. The candidate did score the mark for lowers body temperature as they have linked it to 'gradually'. The candidate has only attempted to describe two points in a 3 mark question which suggests that they did not have the knowledge or lacked in exam technique and did not link the number of marks available to the number of points they made.

Question 4(a)

4 SALTAPS is an acronym for an on-field assessment routine.

(a) Identify the **two** different words represented by the two letter A's in SALTAPS.

1 .....

2 .....

[2]

This was generally well answered with many candidates scoring maximum marks. Those candidates that did not score maximum marks usually gave 'assess' or 'assist' as one of their responses. Some candidates also offered responses that did not start with the letter 'A'.

Question 4(b)

(b) Describe what happens at each of these 'letter A' stages of SALTAPS.

.....

.....

.....

..... **[2]**

The majority of candidates scored at least 1 mark for a valid description of 'ask' within SALTAPS. A number of candidates lacked sufficient enough detail when answering the 'active' part of the question and were not clear who was actually moving the injured limb in their description. Some candidates did not refer to the movement of an injured limb and/or simply writing 'moving it themselves'. Some candidates referred to the 'strength' part of SALTAPS stating the performer can get up and put weight on the injury but this was too vague to accept for the 'active' part of SALTAPS.

Exemplar 1

(b) Describe what happens at each of these 'letter A' stages of SALTAPS.

You ask the person where is in pain. You ~~asee to s~~ You get the person if they can get up and move or if you can move the injury [2]

This response scored one out of the 2 marks available. The response made for 'active' is too vague as they have stated the performer can get up and move (this is the strength element of SALTAPS) followed by 'if you can move the injury' which does not make it clear who is actually moving the injured part (the performer or the person treating the injury) and so is too vague.

Exemplar 2

(b) Describe what happens at each of these 'letter A' stages of SALTAPS.

The first A, a person will ask the injured person ~~to~~ if they are ok and how they did it. The second A, the injured person will try and move the injured part of the body by themselves. [2]

This response has scored maximum marks. The candidate has answered both the 'ask' and 'active' elements of SALTAPS. They have made it clear for 'active' (the second 'A' – active stated in Q4a) that it is the injured person who is moving the body part – 'the injured person will try and move the injured body part by themselves'.

Question 5

5 Which one of the following is an individual variable that can influence the risk of injury when playing sport?
(circle your chosen option to indicate your answer)

(a) Clothing

(b) Contact sports

(c) Playing surface

(d) Nutrition **[1]**

This was a question that differentiated between candidates with a number not having the knowledge of nutrition being the individual variable that can influence the risk of injury when playing sport.

Question 6

6 A hockey player who warms up before a game will reduce their chances of injury as they will be focused and able to concentrate more during the game.

Using practical examples, explain **three** other psychological reasons for warming up and how these might reduce the risk of injury.

1 .....

.....

.....

..... **[2]**

2 .....

.....

.....

..... **[2]**

3 .....

.....

.....

..... **[2]**

Candidates generally did not score maximum marks on this question. The main reasons why candidates did not score maximum marks for this question were:

- The stem in the question gives candidates the use of focus and concentration and candidates are then asked to describe three other psychological benefits and how they would reduce chances of injury.

- A number of candidates repeated the benefits of focus and/or concentration (or gave equivalents such as selective attention). Other errors made by candidates included a lack of detail in answers.

- Answers that simply mentioned the psychological terms such as motivation or aggression were too vague. The benefits needed to be specific so an increase in motivation or control of aggression was needed. Simply writing motivation could refer to a low level of motivation which would in fact be a negative for the performer.

- Some candidates referred to being aggressive which could actually cause injury rather than reduce the chances of injury.

- Many candidates did not give adequate enough detail for their practical examples and/or linked their practical examples to improvement in performance rather than reducing the risk of injury which is what the question asks.

- Many candidates repeated equivalents from the MS such as control of arousal followed by control of aggression or getting into the zone which were then marked as repeats (REP).

- Many candidates also referred to physiological benefits rather than psychological ones.

Exemplar 1

Using practical examples, explain **three** other psychological reasons for warming up and how these might reduce the risk of injury.

1 It increases the hockey players motivation ~~levels~~ levels as they will want to win more. If a player doesnt warm up they wont want to win as much as they could. # in hockey they could do sports related drills to boost motivation levels. [2]

2 It controls arousal levels which means the will to win. If they had too low arousal levels they will not be trying thier best and it increases the risk of them getting injured. [2]

3 It controls the aggression levels. If they are not controlled and are too aggressive they can hurt another player and they can get an injury. Aggression means the will to hurt someone. [2]

This response scored 2 out of the 6 marks available. The candidate has given increased motivation levels and control of arousal as two psychological benefits but they have repeated their response of arousal by referring to control of aggression and so no additional marks can be given for their third response. Although the candidate has attempted to give practical examples they have linked their examples to performance benefits and winning rather than reducing the risk of injury.

Exemplar 2

Using practical examples, explain **three** other psychological reasons for warming up and how these might reduce the risk of injury.

1 Warming up in gymnastics before a routine allows mental rehearsal which means you understand the moves better, meaning you have better technique when performing reducing injury chance. [2]

2 In football the warm up heightens arousal meaning that you ~~believe you can play well~~ are more aware of the game and therefore being stronger in tackles which if you were weak you would be injured and aware of the ball coming towards you. [2]

3 In rugby the warm up increases motivation which means you believe you can play well and strongly e.g you won't back out of a tackle, which if you did, risks being injured. [2]

This response scored maximum marks. The candidate explained three different psychological benefits (use of mental rehearsal, heightened arousal and increased arousal) but has linked three practical examples to how these can reduce the risk of injury (better technique, stronger in the tackle and not backing out of a tackle).

Question 7(a)

7 The table below contains some information gathered by a rugby coach as part of their risk assessment before delivering their first rugby training session.

Number/Gender of participants:	22 male and 28 female
Age range:	12–22
Fitness levels:	Medium
Experience:	All have played tag rugby before but no contact
Equipment:	50 Rugby balls
Venue:	One dry rugby pitch
Weather:	Hot and sunny
Additional information:	One participant diagnosed with epilepsy One participant recently recovering from a fractured leg

Table 1 – Information gathered as part of a rugby risk assessment

(a) Explain the main purpose of a risk assessment.

.....

.....

.....

.....

.....

.....

.....

..... **[3]**

Many candidates scored at least 1 mark on this question for stating risk assessments reduce the chances of injury, checking for hazards and/or removing hazards but few candidates scored maximum marks. Some responses from candidates were too vague as they were referring to the term 'risk' which was already given in the question. A number of candidates gave practical examples such as 'football pitches being wet and slippy' but these were too vague as they did not give further explanation to the purpose of a risk assessment.

Exemplar 1

(a) Explain the main purpose of a risk assessment.

The main purpose of a risk assessment is to check for potential extrinsic causes of injury & and then for you to check for work your way around or to remove the hazards.

..... **[3]**

This response scored 2 out of the 3 marks available. Marks were credited for 'checking for potential hazards' and 'removing the hazards'. The candidate has only attempted to explain two points in a 3 mark question which suggests that they did not have the knowledge or lacked in exam technique and did not link the number of marks available to the number of points required to score maximum marks.

Question 7(b)(c)(d)

(b) Using the information in Table 1, identify **three** different individual variables which can influence the risk of injury to the rugby players.

1 .....

2 .....

3 .....

[3]

(c) Other than the extrinsic factors in Table 1, identify **two** other extrinsic factors that could cause injury to the rugby players.

1 .....

2 .....

[2]

(d) Using the information in Table 1, identify **one** specific need the coach should consider before starting the warm up.

..... **[1]**

The majority of candidates scored at least 1 mark on questions 7 (b) to (d). Candidates that did not score maximum marks on these questions usually did the following:

- Gave responses that were not in Table 1: Q7 (b) and (d).

- Gave responses that were already included in Table 1: Q7 (c).

- Mixed up their knowledge between individual variables and extrinsic factors (Q7b and c).

- Confused their knowledge between intrinsic and extrinsic factors (Q7c).

Question 8(a)

8 **(a)** What is meant by the term 'compression' when applied to the treatment of a sports injury?

..... **[1]**

Most candidates scored this mark by being able to link their response to 'applying pressure/force'. Some candidates were too vague in their response as they simply stated 'compress' the injury.

Question 8(b)

(b) Name an acute sports injury that can be treated with compression.

..... **[1]**

The majority of candidates were able to name an acute injury (Usually cut/abrasion and sprain) that can be treated with compression but some named chronic injuries.

Question 8(c)

(c) Name a piece of first aid equipment that can be used to compress an injury.

..... **[1]**

Many candidates scored a mark for this question with the most common response being bandaging/bandage.

Question 8(d)

(d) Name the treatment when a physiotherapist uses their hands to help circulate blood and reduce tension around a pulled muscle.

..... **[1]**

Many candidates scored a mark for massage. Some candidates simply repeated 'physiotherapist' 'or 'physio'. Other candidates described the impact such as relaxes muscles.

Question 9

9 Name a chronic sports injury that a long distance runner may experience during their training for a marathon and describe one cause of this injury.

Name of chronic sports injury:

..... **[1]**

Cause:

..... **[1]**

This was generally well answered by the majority of candidates with shin splints being a common correct response. Candidates who did not achieve maximum marks either gave acute injuries or chronic injuries that were not related to long distance running such as tennis or golfers elbow. Candidates that made the mistake of referring to chronic injuries not related to a long distance runner usually scored 1 mark for the cause of chronic injuries being repetitive or overuse.

Question 10(a)

10 (a) Complete the following table showing medical conditions and symptoms.

Medical condition	Symptoms
Epilepsy	Fits and seizures Muscle spasms **(i)** ..... **(ii)** .....
(iii)	Increased thirst Weight loss Tiredness

[3]

Some candidates were simply re-writing the symptoms of 'fits, seizures and muscle spasms' for epilepsy. Other candidates were giving some medical conditions not named on the specification. In cases were other medical conditions were given they would still need to match all three symptoms for a mark to be given. The majority of candidates correctly identified diabetes for 10 (a) (iii).

Question 10(b)

(b) What treatment should be given to an individual with hypoglycaemia?

..... **[1]**

This was reasonably well answered but some candidates gave insulin as their response with other candidates offering no response for this question.

Question 11

11 Using the table below, identify the most appropriate warm up component and a suitable exercise for each of the joints and the heart.

Part of the body	Warm up component	Exercise example
Joints		
Heart		

[4]

Some candidates were unable to correctly identify the correct warm up component with the part of the body and gave descriptions or benefits of the component instead. Many candidates gave more than one example and in this case it was only their first response that was marked. Candidates who did not score maximum marks usually did not score on the mobility warm up component for joints with many naming stretching as the warm up component for joints. Most candidates did score at least 1 mark as they were able to give an exercise example of running/jogging (or equivalent) as the pulse raiser component for the heart.

Question 12

12 Which one of the following is **not** a characteristic of a group of players a coach needs to consider before delivering a warm up?
(circle your chosen option to indicate your answer)

(a) Fitness levels

(b) Medical conditions

(c) Environmental conditions

(d) Experience levels **[1]**

This was a mixed response by candidates. Those who did not identify environmental conditions usually gave either fitness levels or experience levels as their response. This could be as they have not read the question properly as the question asks 'Which one of the following is **not** a characteristic'.

Question 13(a)

13 Circle the correct answer for each of the following statements:

(a) Cramp is caused by having a lack of sugar in the body that causes pain and the muscles to tighten.

True **False**

[1]

(b) The skill rehearsal phase is an important component of the cool down as it allows performers to rehearse common movement patterns and skills.

True **False**

[1]

These questions were generally well answered but there were a number of candidates who didn't score maximum marks for both 'true and false' questions with 13 (a) being the response that most candidates did not score on due to a lack of knowledge and 13 (b) possibly due to candidates not reading the question properly as the skill rehearsal phase is an important part of the warm up not a cool down as the statement suggests.

Question 14

14 Maintenance stretching can be used as a component of a cool down.

Identify the most common type of stretch that is used in a cool down and give an example which focuses on the legs.

Type of stretch:

.....

Example:

.....

[2]

Some candidates gave dynamic stretches or exercises rather than a static stretch that focuses on the legs. The most common incorrect response included lunges.

Question 15

15* It is important that sports coaches recognise symptoms of common medical conditions and have Emergency Action Plans (EAP) in place to be able to respond to these conditions.

Describe the symptoms a sports coach would need to recognise in a performer who was having an asthma attack.

Describe the **three** components of an Emergency Action Plan (EAP) and explain how it can be used in response to a performer having an asthma attack.

.....

.....

.....

..... **[8]**

This question is marked using a levels mark scheme and the quality of written communication is taken into consideration. Most candidates showed a fluent and well-planned response, others less so and showed a lack of overall structure and grammatical/spelling accuracy.

Many candidates were able to identify some symptoms of asthma but found developing this further a bit more difficult. The strong candidates were able to identify many of the symptoms and describe all three components of an Emergency Action Plan (EAP) with relevant examples linked to asthma, for example linking the Emergency Equipment Component with an inhaler or Emergency Personnel as a first aider calming down the performer who is having an asthma attack and finding it difficult to breathe.

The lower scoring candidates got confused between some components. Many named the component of Emergency Communication as Emergency Contact. These candidates were also too vague in their responses with just one or two symptoms being identified and rarely developed their points or linked their examples of the components to asthma.

Exemplar 1

A coach could recognise if a performer was having an asthma attack by them wheezing, coughing, struggling for breath and panicking. (this is because of constricted airways) The first stage of an emergency action plan is emergency personnel. Examples of these are coaches and first aiders, they are people who are on sight to immediately respond to the injury to allow quick response to stop (a minor injury developing into a larger one. The next stage is emergency communication e.g telephone and emergency services (the emergency service number in England is 999, which everyone should be aware of). Emergency communication is used to give a quick response with proffesional aid to assist and help tell what injury the performer has sustained. Finally, the final stage of an emergency action plan is emergency equipment e.g first aid kit and evacuation chair. Everybody working at the sporting activity should be aware of where these are located. This equipment enables a quick response to (before a minor injury escalates into a worse one) injuries etc. In link to an asthma attack, the emergency personnel would be quick to the [8]

15) scene & (eg coach) to then see the performer suffering from an asthma attack, which can be seen by them wheezing, ~~panting~~ and panicking and struggling for breath on the football pitch. The coach can then see that they need quick attention so calls the emergency communication of the emergency services on 999. ~~Then~~ They will then be there quickly to assess the extremity and try to calm the patient down and reassure them. Finally, they will use emergency equipment e.g first aid kit (which everyone should know where they are and have access to them) ~~to~~ to calm the asthma patient down and give medication. If this doesn't improve, they will escort them off the pitch if playing football with an evacuation chair, where he can be treated better. Emergency action plans are put in place to reassure all participants of their safety when participating. Responding to an asthma attack like this prevents it from getting more serious. If not responded to quickly, they risk death.

This is a Level 3 response and maximum marks. The candidate has met the following requirements:

Most symptoms are clearly identified/developed (4+) and all components are developed.

All components of EAP are developed with use of examples linked to dealing with an asthma attack

Very few QWC errors.

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