

**NCFE**

**CACHE**

# Assessment Specification

**NCFE CACHE Level 3 Diploma in the Principles  
and Practice of Dental Nursing  
QN: 610/3114/8**

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## Section 1: general introduction

### About this Assessment Specification

The purpose of this Assessment Specification is to assist assessors and tutors in their assessment of learners, and in understanding the documents that must be completed. Marking guides and templates for optional assessment tasks have been developed to standardise the assessment of learners and to maximise the robustness of assessment. In addition, templates for observations and expert witness evidence (where applicable) have been provided and can be found on the NCFE website. This specification is a companion document and should be read in conjunction with the NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing (610/3114/8) Qualification Specification and Internal Assessment Tasks.

### Assessment methodology

It is important that any assessment method must be reliable, valid and reproducible. When assessing learners, the method used must be fair and consistent. This can be measured by the following:

**Reliability:** the reproducibility and consistency of the method. If several assessors mark the same piece of work and all agree (within reasonable error limits) about the grade or mark, then the method can be considered to be reliable.

**Validity:** validity considers if the method of assessment tests what it aims to measure. Reliability affects validity; a method that has high reliability is more likely to be valid than a method with low reliability.

**Reproducibility:** reproducibility measures whether a method gives similar results when undertaken by different learners in different environments assessed by different assessors.

The assessment methods recommended by NCFE all demonstrate reliability, validity and reproducibility.

### Guides and templates

Each unit has requirements for assessment of practical skills, knowledge or both. The following guides and templates have been developed:

- marking guides and record for optional tasks
- observation tracker template
- reflective account marking guide
- expert witness evidence declaration and statement, and learner supporting statement

### Marking guides

Marking guides are provided for both observation of practical skills and tasks that learners can complete for each unit. These have been developed by NCFE. The marking guides can be found under each unit descriptor. The reflective account marking guide can be found under each unit where a reflection is required.

## **Marking guide and record for optional tasks**

This guide includes both the marking guide for optional tasks and the record of learner achievement, to be completed by the assessor at the end of each marking guide.

The task to be completed by learners is in the 'task' column. It is mapped to both the learning outcomes (LOs) and the assessment criteria (AC). The expected response from learners has been included in the next column, 'Response required'. Learners' responses can be graded as: met (M), partially met (PM) or not met (NM). The assessor should add formative comments with feedback at the end of the marking record to assist learners in understanding where improvements need to be made.

## **Observation tracker**

The marking guide for observations (Skills-Based Outcomes Observation Tracker) includes all the units' AC that require an observation. The guide includes the observed criteria range and the elements of observation that the assessor needs to observe. The assessor should ensure that they use the guide at each observation they undertake. The tracker can be found on the NCFE website.

## **Reflective account marking guide**

The marking guide for reflective accounts can be used for all reflective accounts produced by learners. It gives criteria against which the account can be assessed. It also indicates whether the account is good, average or poor.

## **Assessment templates – tasks and observations**

Assessment templates are provided and can be filled in by the assessor or tutor for each assessment completed by learners. If these are used, the completed templates must be retained at the centre, and a copy should be retained by learners in their portfolio as these will form evidence of learner achievement.

## **Assessment of optional tasks**

All 12 units include optional tasks that can be completed by learners and assessed by either the assessor or the tutor. These tasks cover a number of different types of evidence and support learners in meeting LOs, AC and range, which must all be met and passed in full.

## **Assessment principles relevant to this qualification**

The key requirements of the assessment principles that relate to units in this qualification can be found in the mandatory Qualification Specification.

## **Section 2: optional task marking guides and records/observation trackers/expert witness templates/reflective accounts**

We have provided a range of optional tasks that tutors and assessors can use. Please refer to the NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing (610/3114/8) Internal Assessment Tasks document, which can be found on the NCFE website.

These have been written for two main purposes: firstly, to support learners in meeting the knowledge learning outcomes (LOs); secondly, to support learners by providing the underpinning knowledge linked to the skills LOs. The tasks include written and pictorial information, table completion, results of research written questions, personal development plans and reports. These methods can aid in assessing the coherence of learners' thinking, how they link ideas and their ability to logically structure their work.

If tasks are used, learner responses and assessments must be retained at the centre for quality assurance purposes. Learners should also keep copies in their portfolio.

Marking guides are provided for optional assessment tasks in this document. Observation trackers and expert witness statements/declaration templates have also been provided should this method of assessment be selected. These can be found on the NCFE website.

**CORE DN 1: Work within regulatory requirements in relation to the role of a dental nurse (M/650/8103)**

<b>Unit summary</b>	This unit focuses on the underpinning knowledge, skills and behaviours that contribute to the practice of the dental care professional.
<b>Guided learning hours</b>	30
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.						
1.1	<b>Task 1 (1)</b> Learners must research the current legal and regulatory requirements, professional codes of practice and organisational policy and procedure in relation to dental nursing, including any differences in England, Wales, Scotland and Northern Ireland.  Outline each of the following and explain the guidelines a dental nurse has to follow: <ul style="list-style-type: none"> <li>General Data Protection Regulation (UK GDPR)</li> </ul>	LO1 AC1.1 to AC1.4	Learners to conduct research on the current legal and regulatory requirements, professional codes of practice and organisational policy and procedure in relation to dental nursing, including any differences in England, Wales, Scotland and Northern Ireland.  Learners must outline the following and explain the guidelines a dental nurse has to follow.  <b>GDPR</b>  All members of the dental team should have training in this area and be aware of how to implement the principles in practice.  GDPR focuses on: <ul style="list-style-type: none"> <li>a strong emphasis on accountability</li> <li>the rights of the individual in relation to their own data</li> <li>notification if there is a breach of data</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
	<ul style="list-style-type: none"> <li>Department of Health and Social Care (DHSC) guidelines and regulations</li> <li>social media</li> <li>Health and Social Care Act 2008</li> <li>Care Quality Commission (CQC)</li> <li>Standards for the Dental Team – principles, patient expectations, standards and guidance</li> <li>The Safe Practitioner: Dental Nurse (superseding Preparing for practice)</li> <li>Scope of Practice</li> <li>fitness to practice guidance</li> <li>direct impact of Direct Access on each registrant group</li> <li>duty of candour</li> <li>equality, diversity and inclusion (EDI)</li> <li>discrimination</li> <li>rights</li> </ul>		<ul style="list-style-type: none"> <li>the appointment of a Data Protection Officer (DPO) who maintains compliance</li> </ul> <p>Main principles:</p> <ul style="list-style-type: none"> <li>fair, lawful and transparent processing</li> <li>specified, explicit and legitimate purposes</li> <li>accurate and kept up to date</li> <li>adequate, relevant and limited to what is necessary</li> <li>retained only if necessary</li> <li>processed in a way to ensure security</li> </ul> <p>Practices must demonstrate their compliance with GDPR and are accountable if they are not complying. There is a graded system of fines.</p> <p>One of the key areas that relates to the role of dental nurse is consent:</p> <ul style="list-style-type: none"> <li>consent must be gained for data to be used in specific ways, and this must be documented</li> <li>those aged 13 and under may not give consent for their data to be used</li> <li>those aged 13 to 15 may consent alongside parental/guardian consent</li> <li>those aged 16 and over may provide their own consent</li> <li>consent can be removed at any time</li> </ul> <p><b>DHSC guidelines and regulations</b></p> <p>Learners must explain how dental treatment is provided either privately or through the NHS. They should include the following:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
	<ul style="list-style-type: none"> <li>principles of information governance</li> </ul>		<ul style="list-style-type: none"> <li>DHSC role in NHS contracts</li> <li>NHS treatment banding</li> <li>NHS England and area teams</li> <li>community, general and hospital dental services</li> <li>Polices and Health Technical Memorandums related to dentistry</li> <li>Clinical and Information Governance</li> <li>Clinical Audit and review</li> <li>National Institute for Health and Care Excellence (NICE) guidelines</li> </ul> <p><b>Social media</b></p> <p>Learners must define social media and explain how and why it impacts on the role of a dental nurse. They should include the following:</p> <ul style="list-style-type: none"> <li>social media covers a number of internet-based tools which allow people to create and exchange content. It includes:             <ul style="list-style-type: none"> <li>blogs</li> <li>internet forums</li> <li>content communities</li> <li>social networking sites such as:                 <ul style="list-style-type: none"> <li>X</li> <li>YouTube</li> <li>Flickr</li> <li>Facebook</li> <li>LinkedIn</li> <li>GDP UK</li> <li>Instagram</li> </ul> </li> </ul> </li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>▪ Pinterest</li> <li>▪ Threads</li> </ul> <p>When using social media, learners must:</p> <ul style="list-style-type: none"> <li>• maintain and protect patients' information by not publishing any information which could identify them on social media without their explicit consent</li> <li>• maintain appropriate boundaries in the relationships they have with patients</li> <li>• comply with any internet and social media policy set out by their employer</li> </ul> <p><b>The Care Quality Commission (CQC)</b></p> <p>The CQC is the independent regulator of Health and Adult Social Care Services in England (not Scotland, Wales or Northern Ireland). Learners must include:</p> <ul style="list-style-type: none"> <li>• Health and Social Care Act 2008</li> <li>• dental services from 1 April 2011</li> <li>• registration of provider</li> <li>• stated aims of the CQC</li> <li>• an explanation of the regulated activities</li> <li>• an explanation of the essential standards of quality and safety</li> <li>• why the CQC works closely with the General Dental Council (GDC)</li> <li>• five key lines of enquiry (KLOEs)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p><b>Health and Social Care Act 2008</b></p> <p>The regulations ensure safeguarding in care homes by setting out requirements for those appointed to executive roles in care organisations and laying out the standards for person-centred care. As with other regulations, this legislation is regulated by the CQC, and care facilities are inspected according to the CQC's policies and procedures.</p> <p>The Health and Social Care Act 2008 sets out procedures that all care providers must follow, including registering with the CQC and following their recommendations.</p> <p>This comprehensive legislation covers care-home policy and other health and social care services. The CQC policies and procedures cover the formal requirements for persons appointed to executive director level posts in an organisation, plus details of the workplace environment and care standards.</p> <p>Summary of the regulations:</p> <p>The act is broken up into different regulations which assist with safeguarding in care homes.</p> <p>Each of the regulations fits into the CQC's broader care quality assessment, including their five KLOEs.</p> <p>The first section of the legislation deals with the requirements for registered providers and anybody appointed as executive directors in an organisation. Here, the CQC policies and procedures outline that these people must:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• be of good character</li> <li>• be able to successfully perform the tasks in their role</li> <li>• have the necessary skills and qualifications</li> <li>• be able to prove their suitability to the CQC with relevant documents</li> </ul> <p>Organisations should assess all individuals by these requirements as part of their care home policy.</p> <p>Regulations 8 to 20 are part of the CQC's fundamental standards for organisations.</p> <p>They are:</p> <ul style="list-style-type: none"> <li>• person-centred care</li> <li>• dignity and respect</li> <li>• need for consent</li> <li>• safe care and treatment</li> <li>• safeguarding from abuse</li> <li>• the meeting of nutritional and hydration needs</li> <li>• premises and equipment</li> <li>• receiving and acting on complaints</li> <li>• governance</li> <li>• staffing</li> <li>• fit and proper persons employed</li> <li>• duty of candour</li> <li>• the displaying of CQC ratings</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p>As can be seen, the fundamental standards cover an array of care-home policies, from the hiring of staff to workplace equipment and the quality of care. How to best comply with the regulations:</p> <p>To best comply with the CQC's policies and procedures regarding the Health and Social Care Act 2008, practitioners should be prepared to be thorough and ensure that the internal care-home policy adheres to the legislation. Practitioners should review this periodically to ensure that they are keeping to the high level of standards expected.</p> <p>The CQC will assess compliance with the regulations at inspections of the organisation and, consequently, ensure practitioners are carrying out aspects of the legislation. These include thorough staff-hiring processes, assessing and meeting clients' personal needs, ensuring premises are fit for purpose and having a system in place for responding to complaints.</p> <p><b>Standards for the Dental Team</b></p> <p>Sets out the standards of conduct, performance and ethics that govern dental professionals.</p> <p><b>The Safe Practitioner: Dental Nurse (superseding Preparing for practice outcomes):</b></p> <ul style="list-style-type: none"> <li>gives details of the expected level of skills and knowledge for each registrant group upon qualification</li> <li>provides a framework of behaviours and outcomes for dental professional education</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p><b>Scope of Practice</b></p> <p>Gives detail of the additional skills (after qualification) that a dental professional may achieve following a period of suitable and recorded training. These skills form the basis of the extended duties and post-qualifications available to registered dental nurses.</p> <p><b>Fitness to practice guidance</b></p> <p>Sets out standards of conduct, performance and ethics to be adhered to by student and qualified dental professionals.</p> <p><b>Direct impact of Direct Access on each registrant group (since 2013):</b></p> <ul style="list-style-type: none"> <li>patients no longer need to be seen by a dentist before being treated by any other member of the dental team</li> <li>dental nurses can participate in preventative programmes without the patient having to see a dentist first</li> <li>all registrants must be trained, competent and indemnified for any tasks they undertake</li> <li>all registrants must work within their scope of practice</li> <li>all registrants must continue to follow the GDC's Standards for the Dental Team</li> </ul> <p><b>Duty of candour</b></p> <p>It is the professional responsibility of dental nurses to be open and honest with patients when something goes wrong with their treatment or care.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p>The GDC's duty of candour guidance encourages professionals to apologise where the standard of care has fallen below what would be expected.</p> <p><b>EDI</b></p> <p>The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. All practices should have an EDI Policy. The Equality Act 2010 offers protection to nine 'protected' characteristics:</p> <ul style="list-style-type: none"> <li>• age</li> <li>• race</li> <li>• sex</li> <li>• gender reassignment status</li> <li>• disability</li> <li>• religion or belief</li> <li>• sexual orientation</li> <li>• marriage/civil partnership status</li> <li>• pregnancy/maternity</li> </ul> <p>GDC registrants must also adhere to GDC standards which focus on equality and diversity, including standards 1 and 1.6.</p> <p><b>Discrimination</b></p> <p>Discrimination is the unfair treatment of a person and can be direct or indirect.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p>Direct discrimination is when one person receives less favourable treatment than another person because of a protected characteristic (as defined above).</p> <p>Indirect discrimination is when there is a condition, rule, policy or practice that applies to everyone, but which particularly disadvantages people who share a protected characteristic.</p> <p><b>Rights</b></p> <p>Links to GDPR and data protection. Patients can no longer be charged to access their personal records, and they have the right to access their personal information. Therefore, all practices need to have relevant policies and procedures in place.</p> <p><b>Principles of information governance</b></p> <p>A framework for multidisciplinary policies, protocols, procedures and control measures to manage information within an organisation. The information governance framework includes record management, information security, risk management, data protection, privacy and archiving. Dental nurses need to be aware of all requirements relating to record keeping and GDPR.</p>			
1.2	<p><b>Task 1 (2)</b></p> <p>Learners must explain the professional expectations, potential impact and consequences of using social media as a communication tool.</p>	LO1 AC1.4	<p><b>GDC Standards for the Dental Team – Principle 9 Make sure your personal behaviour maintains patients’ confidence in you and the dental profession</b></p> <p>9.1.3 You should not publish anything that could affect patients’ and the public’s confidence in you, or the dental profession, in any public media, unless this is done as part of raising a concern.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			Public media includes social networking sites, blogs and other social media. In particular, you must not make personal, inaccurate or derogatory comments about patients or colleagues.  GDC guidance on using social media is available.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must define continuing professional development (CPD).	LO4 AC4.1	Learners should provide a succinct definition of the purpose of CPD and the methods used to undertake it.			
2.2	<b>Task 2 (2)</b> Learners must explain the main features of the GDC's enhanced CPD requirements and codes of practice (Standards for the Dental Team) for dental professionals in the UK.	LO1 AC1.2	Learners should explain: <ul style="list-style-type: none"> <li>• hours and GDC-recommended topics for all members of the dental team.</li> <li>• use of personal development plans</li> <li>• how the purpose of CPD is to maintain current knowledge which in turn promotes safe patient care</li> </ul>			
2.3	<b>Task 2 (3)</b> Learners must create a learning resource for a new member of the dental team which explains the following three documents:	LO1 AC1.2	Learners should refer to the GDC's Standards for the Dental Team, Scope of Practice and CPD guidance.  Learners can produce the learning resource in any media that they wish; they can be as creative as they want if all bullets have been covered.			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
	<ul style="list-style-type: none"> <li>The Safe Practitioner: Dental Nurse (superseding Preparing for practice)</li> <li>Scope of Practice</li> <li>fitness to practise guidance</li> </ul> <p>Learners must cover the following:</p> <ul style="list-style-type: none"> <li>key points from each document</li> <li>how the document applies to a trainee dental nurse</li> <li>this should be made for someone who has little knowledge of dental nursing</li> </ul>					

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
3.1	<b>Task 3 (1)</b>	LO2 AC2.1	Learners must research what it would take to manage a dental practice, considering the legal, financial and ethical requirements. Responses might include:			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
	<p>Learners must research what it would take to manage a dental practice. They must provide <b>10</b> examples of legal requirements and <b>4</b> examples from the remaining areas:</p> <ul style="list-style-type: none"> <li>• legal requirements (legislation) (GDPR, CQC, DHSC and social media <b>must</b> be covered)</li> <li>• financial requirements</li> <li>• ethical requirements</li> </ul>		<p><b>Legal requirements</b> (requirements in bold must be covered):</p> <ul style="list-style-type: none"> <li>• <b>GDPR</b></li> <li>• <b>CQC registration or Healthcare Inspectorate Wales registration</b></li> <li>• <b>DHSC</b></li> <li>• <b>social media</b></li> <li>• The Dentists Act 1984, plus amendments</li> <li>• Health and Safety at Work etc Act 1974</li> <li>• The Control of Substances Hazardous to Health Regulations 2002 (COSHH)</li> <li>• The Environmental Protection Act 1990</li> <li>• The Fire Precautions (Workplace) (Amendment) Regulations 1999</li> <li>• The Special Waste Regulations 1996 and the Hazardous Waste (England and Wales) Regulations 2005</li> <li>• The Access to Health Records Act 1990</li> <li>• The Freedom of Information Act 2000 (publication scheme)</li> <li>• Child protection/Disclosure and Barring Service (DBS) checks</li> <li>• HTM 01-05</li> <li>• information governance</li> <li>• appraisals</li> <li>• The Mental Capacity Act 2005 – competence of patients</li> </ul> <p><b>Financial requirements:</b></p> <ul style="list-style-type: none"> <li>• NHS contracts</li> <li>• payroll</li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>accounts – income and expenditure</li> <li>funding</li> </ul> <p><b>Ethical requirements:</b></p> <ul style="list-style-type: none"> <li>fitness to practise</li> <li>child protection and vulnerable adults</li> <li>raising concerns</li> <li>consent to treatment</li> <li>complaints handling</li> <li>confidentiality</li> <li>CPD</li> </ul>			
3.2	<p><b>Task 3 (2)</b></p> <p>Learners must explain the importance of maintaining their practices' networks of dental professionals and other stakeholders involved in the care and support of individuals.</p>	LO2 AC2.2	<p>Dentistry is a highly skilled, technical and sometimes stressful profession, where people's health is at stake and where safety is paramount.</p> <p>It is important that everyone involved in the delivery of dental care (from dentists and dental care professionals to receptionists, practice managers and other non-registrant staff) is respected and valued, and that they work effectively as part of a team.</p> <p><b>GDC Standards for the Dental Team</b></p> <p>Dental professionals are required by the Standards to consider patients' individual needs, values and preferences, treat them appropriately, and communicate fairly and clearly. Dental professionals must also treat their colleagues fairly and with respect and ensure any team they are part of works together to provide appropriate</p>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.			<p>dental care. If they manage a team, they are required to manage and lead effectively.</p> <p>The purpose of the Standards is to protect patient and public safety and maintain public confidence in the dental team, but they are also key components of a well-functioning dental workplace. The GDC believes dental professionals should expect the same level of professionalism from their non-registrant colleagues, and especially from anyone who is a manager or employer.</p>			
3.3	<b>Task 3 (3)</b> Learners must describe the difference between management and leadership.	LO2 AC2.3	<p>Management is a process of controlling the activities/people of an organisation to achieve its goals/successes, while leadership is influencing, motivating, and enabling others to contribute to the organisation's success.</p> <p>Management works to maintain the status quo and execute functions, while leadership shapes the vision and strategy of the organisation and creates change.</p> <p>Management requires control of people, while leadership requires trust of people.</p>			
3.4	<b>Task 3 (4)</b> Learners must explain the importance of having indemnity arrangements in place.	LO2 AC2.4	<p>It is essential that dental nurses hold their own individual indemnity, rather than relying on the policies of the dentist or the practice. This affords better-tailored protection and gives them control of their own arrangements to avoid conflicts of interest should a claim be submitted.</p> <p>Renew insurance annually with a recognised company.</p> <p>Indemnity arrangements offer several benefits for dental nurses:</p> <ul style="list-style-type: none"> <li>personal protection:</li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ having individual indemnity coverage ensures tailored protection for the dental nurse</li> <li>○ allows them to manage their own arrangements and avoid conflicts of interest</li> <li>• control:               <ul style="list-style-type: none"> <li>○ dental nurses maintain control over their indemnity, rather than relying on the dentist or practice policies</li> <li>○ this control is crucial in case a claim arises</li> </ul> </li> <li>• confidence:               <ul style="list-style-type: none"> <li>○ knowing they have adequate indemnity coverage boosts confidence and peace of mind while performing their duties</li> </ul> </li> <li>• legal support:               <ul style="list-style-type: none"> <li>○ indemnity provides legal assistance and representation if a dental nurse faces a claim or complaint</li> </ul> </li> <li>• professional reputation:               <ul style="list-style-type: none"> <li>○ having indemnity demonstrates professionalism and commitment to patient care</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> Learners must describe <b>six</b> signs and symptoms of each category of abuse: <ul style="list-style-type: none"> <li>• physical abuse</li> <li>• emotional trauma</li> <li>• sexual abuse</li> <li>• neglect</li> </ul>	LO3 AC3.1	Physical abuse: <ul style="list-style-type: none"> <li>• bruising</li> <li>• abrasions and lacerations</li> <li>• burns</li> <li>• bite marks</li> <li>• eye injuries</li> <li>• bone fractures</li> <li>• intraoral injuries</li> </ul> Emotional trauma: <ul style="list-style-type: none"> <li>• poor growth</li> <li>• developmental delay</li> <li>• educational failure</li> <li>• social immaturity</li> <li>• lack of social responsiveness</li> <li>• aggression</li> <li>• attachment disorders (both anxious and avoidant)</li> <li>• indiscriminate friendliness</li> <li>• challenging behaviour</li> <li>• attention difficulties</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<p>Sexual abuse:</p> <ul style="list-style-type: none"> <li>• direct allegation</li> <li>• sexually transmitted infection</li> <li>• pregnancy</li> <li>• trauma</li> <li>• emotional and behavioural signs</li> <li>• delayed development</li> <li>• anxiety and depression</li> <li>• psychosomatic indicators</li> <li>• self-harm</li> <li>• soiling or wetting</li> <li>• inappropriate sexual behaviour or knowledge</li> <li>• running away</li> <li>• drug, solvent or alcohol abuse</li> </ul> <p>Neglect:</p> <ul style="list-style-type: none"> <li>• irregular attendance</li> <li>• repeated failed appointments</li> <li>• failure to complete planned treatment</li> <li>• returning in pain at repeated intervals</li> <li>• requiring repeated general anaesthesia for dental extractions</li> <li>• repeated dental trauma injuries</li> </ul>			
4.2	<b>Task 4 (2)</b> Learners must describe why it is important to have a	LO3 AC3.2	<ul style="list-style-type: none"> <li>• a policy is a plan or course of action intended to influence and determine decisions and actions</li> <li>• a suitable Safeguarding Policy statement for a dental practice should affirm the</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
	Safeguarding Policy and a Whistleblowing Policy in place at a practice.		<p>practice's commitment to protecting children and vulnerable adults from harm and should explain how this will be achieved</p> <ul style="list-style-type: none"> <li>• safeguarding is everyone's responsibility:               <ul style="list-style-type: none"> <li>○ it is a responsibility shared by all members of society</li> <li>○ when anyone hears something about a child or vulnerable adult that concerns them, they should report their concerns to someone who can help</li> </ul> </li> <li>• whistleblowing:               <ul style="list-style-type: none"> <li>○ if the actions of a dental professional are putting patients or team members at risk, everyone has a responsibility to raise concerns to protect patients and staff (see GDC raising concerns)</li> </ul> </li> </ul>			
4.3	<b>Task 4 (3)</b> Learners must explain national and local safeguarding systems and policies that safeguard the welfare of children, young people and adults.	LO3 AC3.2	<p><b>National and local safeguarding systems</b></p> <p>Safeguarding is a shared responsibility:</p> <ul style="list-style-type: none"> <li>• it is a responsibility shared by many different groups of professionals</li> <li>• it is co-ordinated by a multi-agency Local Safeguarding Children Board (LSCB) or Local Safeguarding Adults Board (LSAB)</li> <li>• decisions about children or vulnerable adults are never taken by one individual but always shared by effective interagency working and team discussion</li> </ul> <p>Safeguarding is the responsibility of every member of the dental team:</p> <ul style="list-style-type: none"> <li>• who may observe signs of child abuse and neglect, or hear something that causes them concern about a child or vulnerable adult</li> <li>• who are not responsible for making a diagnosis of child abuse or neglect, but must share concerns appropriately</li> <li>• who all share the responsibility; it is not just the dentist's responsibility</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>who may not treat children themselves but, if they treat adults who are parents, they too need to be aware of these issues</li> </ul> <p><b>Relevant policies</b></p> <p>Clinical governance policies that you already have in place will also contribute to your practice being effective in safeguarding children, young people and adults. Relevant policies and procedures include:</p> <ul style="list-style-type: none"> <li>complaints procedures:               <ul style="list-style-type: none"> <li>so that individuals attending your practice can raise any concerns about the actions of your staff that may put children or vulnerable adults at risk of harm</li> </ul> </li> <li>Public Interest Disclosure Policy (or Whistleblowing Policy):               <ul style="list-style-type: none"> <li>so that staff can raise concerns if practice procedures or actions of other staff members put children or vulnerable adults at risk of harm</li> </ul> </li> <li>code of conduct for staff clarifying the conduct:               <ul style="list-style-type: none"> <li>necessary for ethical practice, particularly related to maintaining appropriate boundaries in relationships with children and young people (for example, including a statement that staff members will be chaperoned when attending to unaccompanied children)</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.4	<b>Task 4 (4)</b> Using correct protocols, learners must describe how to raise safeguarding and whistleblowing concerns.	LO3 AC3.3	<b>Raising safeguarding concerns</b>  Colleagues to consult: <ul style="list-style-type: none"> <li>• where there are any concerns, the first stage should always be to discuss this with an appropriate colleague or someone else who can be trusted               <ul style="list-style-type: none"> <li>○ this may be an experienced dentist, a senior dental nurse, a paediatrician, a child protection nurse or a social worker</li> </ul> </li> <li>• in the salaried primary dental care services, close working relationships often exist with health visitors and school nurses, some of whom are highly experienced in child protection and may be a source of helpful advice</li> <li>• the practice will have a protocol for raising safeguarding concerns               <ul style="list-style-type: none"> <li>○ always follow practice policy and procedures</li> </ul> </li> </ul>			
4.5	<b>Task 4 (5)</b> Learners must explain the need to ensure that those who raise safeguarding concerns are protected from discrimination or detrimental effects.	LO3 AC3.4	When someone raises a safeguarding concern, it is crucial to protect them from discrimination or negative consequences by following the safeguarding guidance correctly: <ul style="list-style-type: none"> <li>• follow data protection guidelines when reporting the concern</li> <li>• do not discuss or pass judgement; report on the facts</li> <li>• refer to NHS England Safeguarding guidance</li> <li>• as part of our GDC registration we have a duty of care to protect patients (GDC Standards Principle 1 – Put patients' interests first)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
5.1	<b>Task 5 (1)</b> Learners must explain the responsibilities of a dental care professional in relation to: <ul style="list-style-type: none"> <li>• EDI</li> <li>• discrimination</li> <li>• rights</li> <li>• GDC ethical and professional guidance</li> <li>• information governance</li> </ul>	LO4 AC4.1	<b>EDI:</b> <ul style="list-style-type: none"> <li>• equality means equality of opportunity, treating people fairly and challenging discrimination</li> <li>• diversity means understanding and recognising the differences between people and valuing them</li> <li>• inclusion is an extension of equality and diversity</li> </ul> <b>Discrimination</b>  The Equality Act 2010 replaces previous anti-discrimination laws with a single act which aims to simplify and strengthen the law. The act protects people from discrimination on the basis of 'protected characteristics' These are: <ul style="list-style-type: none"> <li>• age</li> <li>• disability</li> <li>• gender reassignment</li> <li>• marriage and civil partnership</li> <li>• pregnancy and maternity</li> <li>• race</li> <li>• religion or belief</li> <li>• sex</li> <li>• sexual orientation</li> </ul> Dental care professionals must behave fairly towards all patients and colleagues without showing any form of discrimination.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Rights:</b></p> <ul style="list-style-type: none"> <li>• individuals have rights as laid down by the law and ethical guidance</li> <li>• where an individual has a right, another individual has a duty to ensure that right is respected</li> <li>• The Human Rights Act 1998 sets out the fundamental rights and freedoms that individuals in the UK have access to; those most relevant to dentistry include:               <ul style="list-style-type: none"> <li>○ respect for private and family life, home and correspondence</li> <li>○ protection from discrimination in respect of these rights and freedoms</li> </ul> </li> <li>• the NHS Constitution outlines that everyone who is cared for by the NHS in England has formal rights to make choices about the service that they receive</li> <li>• the core principles of the NHS are shared across all parts of the UK</li> <li>• the devolved administration in Wales is responsible for developing its own health policies</li> <li>• NHS patient rights in Wales are not encapsulated in a single document; however, they uphold the same rights for patients as outlined in the English NHS Constitution</li> <li>• patients also have a right to complain, and dental care professionals have a duty to uphold that right</li> </ul> <p><b>GDC ethical and professional guidance:</b></p> <ul style="list-style-type: none"> <li>• put patients' interests first</li> <li>• communicate effectively with patients</li> <li>• obtain valid consent</li> <li>• maintain and protect patients' information</li> <li>• have a clear and effective complaints procedure</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>• work with colleagues in a way that is in patients' best interests</li> <li>• maintain, develop and work within your professional knowledge and skills</li> <li>• raise concerns if patients are at risk</li> <li>• make sure your personal behaviour maintains patients' confidence in you and the dental profession</li> </ul> <p><b>Information governance (IG)</b></p> <p>IG ensures necessary safeguards for, and appropriate use of, patient and personal information.</p> <p>Key areas are:</p> <ul style="list-style-type: none"> <li>• information policy for health and social care</li> <li>• IG standards for National Programme for IT systems</li> <li>• development of guidance for NHS and partner organisations</li> <li>• confidentiality</li> <li>• information security management</li> <li>• NHS records management</li> <li>• legal obligations for personal information</li> <li>• Caldicott report</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
6.1	<b>Task 6 (1)</b> Providing active support and feedback for individuals and key people within the team will become an important part of your own job role. Learners must complete table 1 on the next page.	LO5 AC5.3 AC5.4	See <b>Table 1</b> below.			
6.2	<b>Task 6 (2)</b> Learners must explain procedures for handling complaints. Include at least <b>six</b> points. Refer to Standards for the Dental Team, Principle 5.	LO5 AC5.7	Learners must describe procedures for handling complaints, referring to Standards for the Dental Team, Principle 5, including private complaints and NHS complaints.			

**Table 1:** task 6.1 key people

Key people	How to provide active support	How to provide feedback
<b>Patients</b>	<ul style="list-style-type: none"> <li>• listen and communicate well</li> <li>• be friendly, respectful and courteous</li> <li>• do not answer questions if you are unsure of the answer</li> <li>• have a caring and considerate attitude</li> <li>• be conscious not to talk too loudly or too softly</li> </ul>	<ul style="list-style-type: none"> <li>• treat each patient as an individual</li> <li>• do they need direct advice, help and support?</li> <li>• patient may be unaware they have a problem and must be treated with respect</li> <li>• recognise the patient's right to make their own decisions</li> <li>• always give full and honest answers</li> </ul>
<b>Carers</b>	<ul style="list-style-type: none"> <li>• recognise that carers are important when attending with a patient as they are often needed to reinforce information provided</li> <li>• listen and communicate well</li> <li>• be friendly, respectful and courteous</li> <li>• do not answer questions if you are unsure of the answer</li> <li>• if necessary, ensure that the carer is comfortable during the patient's treatment</li> </ul>	<ul style="list-style-type: none"> <li>• consider patient rights to confidentiality</li> <li>• consider official translators for confidentiality and effective translation</li> <li>• informally, if appropriate</li> <li>• if procedure explained, follow up with literature for future referral</li> </ul>
<b>Team members</b>	<ul style="list-style-type: none"> <li>• work effectively with your colleagues</li> <li>• treat colleagues fairly and with respect</li> <li>• value all team members</li> <li>• communicate effectively and clearly with colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• informally – informal feedback between colleagues works well</li> <li>• formally – formal feedback is often used between manager and team members</li> <li>• when asked – feedback is often best received when requested</li> </ul>

Key people	How to provide active support	How to provide feedback
<b>Management</b>	<ul style="list-style-type: none"> <li>• listen and communicate well</li> <li>• keep them up to date and be open and honest</li> <li>• carry out tasks on time as requested</li> </ul>	<ul style="list-style-type: none"> <li>• appropriate timing of feedback (appraisal meetings)</li> <li>• receiving feedback (positive feedback and areas for improvement)</li> </ul>
<b>Others with whom the individual has a supportive relationship, for example, technicians, consultants and engineers</b>	<ul style="list-style-type: none"> <li>• recognise that clear and effective communication is paramount when liaising over treatment or work being completed</li> <li>• treat others fairly and with respect</li> <li>• document any discussions with others</li> </ul>	<ul style="list-style-type: none"> <li>• feedback is usually formal using written feedback so there is an audit trail</li> <li>• laboratory documents</li> <li>• referral forms/letters</li> <li>• prescriptions</li> <li>• work notes</li> </ul>



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
				M	PM	NM
7.						
7.1	<p><b>Task 7 (1)</b> Using the following points, learners must write a descriptive piece showing their understanding of the dental and wider healthcare professional team:</p> <ul style="list-style-type: none"> <li>• own dental team</li> <li>• dental professionals</li> <li>• dental care professionals</li> <li>• specialist dental professionals</li> </ul> <p>Learners must reflect on their own working relationship with their practice management.</p> <p>Learners must also reflect on how they are supported and on their most recent appraisal, adding a signed and completed copy.</p>	LO5 AC5.2	<p>Own dental team – as required.</p> <p>Dental care professionals to include:</p> <ul style="list-style-type: none"> <li>• dental nurses</li> <li>• dental hygienists</li> <li>• dental therapists</li> <li>• orthodontic therapists</li> <li>• dental technicians</li> <li>• clinical dental technicians</li> <li>• maxillofacial prosthetists and technicians</li> <li>• periodontists</li> <li>• endodontists</li> <li>• restorative dentistry</li> <li>• prosthodontists</li> </ul>			
7.2	<p><b>Task 7 (2)</b> When registered with the GDC after completing this qualification, it is expected that dental care</p>	LO4 AC4.1  LO5 AC5.1	<p>Reference should be made to the GDC guidelines. Presentation should include:</p> <p><b>Competent, effective and safe practice:</b></p> <ul style="list-style-type: none"> <li>• communicate effectively with patients</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 1 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
	<p>professionals abide by GDC ethical and professional guidance (for example, Standards for the Dental Team – principles, patient expectations, standards and guidance).</p> <p>Learners must prepare a presentation to their peers on the ethical and professional guidance and how it relates to:</p> <ul style="list-style-type: none"> <li>competent, effective and safe practice</li> <li>working as part of the team</li> <li>working in a patient-centred way</li> <li>enhanced CPD</li> </ul>	AC5.5 AC5.6	<ul style="list-style-type: none"> <li>maintain, develop and work within your professional knowledge and skills</li> <li>raise concerns if patients are at risk</li> </ul> <p><b>Working as part of the team:</b></p> <ul style="list-style-type: none"> <li>work with colleagues in a way that is in patients' best interests</li> <li>make sure your personal behaviour maintains patients' confidence in you and the dental profession</li> </ul> <p><b>Working in a patient-centred way:</b></p> <ul style="list-style-type: none"> <li>put patients' interests first</li> <li>obtain valid consent</li> <li>maintain and protect patients' information</li> <li>have a clear and effective complaints procedure</li> </ul> <p><b>Enhanced CPD</b></p> <p>See GDC's enhanced CPD guidance.</p>			

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....

**CORE DN 2: Contribute to health and safety in the dental environment (R/650/8104)**

<b>Unit summary</b>	This unit focuses on the knowledge, skills and behaviours required to minimise hazards and risks in the workplace.
<b>Guided learning hours</b>	60
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.						
1.1	<b>Task 1 (1)</b> Learners must identify <b>four</b> types of health and safety legislation in relation to infection control and explain what policies and procedures are in place at their practice to comply with infection control.	LO1 AC1.1	<p>Learners must explain the policies and procedures in their workplace that are linked to types of legislation in relation to infection control in their workplace. The policies and procedures must relate to the following:</p> <ul style="list-style-type: none"> <li>• Health and Safety at Work etc Act 1974</li> <li>• The Control of Substances Hazardous to Health Regulations 2002 (COSHH)</li> <li>• The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)</li> <li>• The Special Waste Regulations 1996 and The Hazardous Waste (England and Wales) Regulations 2005</li> <li>• The Ionising Radiation Regulations 2017 (IRR)</li> <li>• The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)</li> <li>• Department of Health and Social Care (DHSC) guidelines and regulations (for example, Decontamination in primary care dental practices (HTM 01-05))</li> <li>• Management and disposal of healthcare waste (HTM 07-01)</li> <li>• Working Practice Policy</li> <li>• best practice</li> <li>• The Health and Safety (Young Persons) Regulations 1997</li> <li>• The Management of Health and Safety at Work Regulations 1999</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.2	<p><b>Task 1 (2)</b> Learners must describe the following methods of preventing cross-infection and explain how they link to the principles of standard infection control policy and procedures:</p> <ul style="list-style-type: none"> <li>• standard precautions</li> <li>• HTM 01-05</li> <li>• cleaning, disinfection, inspection, sterilisation</li> <li>• handwashing</li> <li>• personal protective equipment (PPE)</li> </ul>	LO1 AC1.2 AC1.3	<ul style="list-style-type: none"> <li>• Environmental Protection Act 1990</li> </ul> <p>Learners must explain the following methods of preventing cross-infection and explain how they link to the principles of standard infection control procedures.</p> <p>Responses must include the following:</p> <p><b>Standard precautions</b></p> <p>What these are and why we have them:</p> <ul style="list-style-type: none"> <li>• standard precautions aim to reduce the risk of transmission of pathogens from known or unknown sources (for example, whether a patient's health status is known or not)</li> <li>• they are applied as a minimum in the care of all patients</li> <li>• they include: <ul style="list-style-type: none"> <li>○ hand hygiene</li> <li>○ PPE</li> <li>○ respiratory hygiene</li> <li>○ prevention of needlestick injuries</li> <li>○ environmental cleaning</li> <li>○ waste hygiene and disposal</li> <li>○ equipment decontamination</li> <li>○ disinfection and sterilisation</li> <li>○ zoning</li> <li>○ use of single-use items</li> </ul> </li> </ul> <p><b>HTM 01-05</b></p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p>Requirements include:</p> <ul style="list-style-type: none"> <li>• validated washer-disinfectors to replace manual cleaning (where possible working towards best practice)</li> <li>• separation of decontamination processes to prevent contamination/ transmission of pathogens</li> <li>• protocol for safe transfer of contaminated items</li> <li>• instrument storage away from the surgery to reduce potential contamination</li> <li>• protocol for using instruments within specified timescales</li> </ul> <p><b>Cleaning, disinfection, inspection and sterilisation:</b></p> <ul style="list-style-type: none"> <li>• cleaning: <ul style="list-style-type: none"> <li>○ cleaning is undertaken to remove visible and non-visible debris prior to sterilisation</li> <li>○ it should be a validated process to ensure consistent and effective removal</li> </ul> </li> <li>• disinfection: <ul style="list-style-type: none"> <li>○ disinfection is the use of chemicals to kill bacteria, fungi and some viruses on equipment that cannot be autoclaved and must be reused, such as the dental chair and hard surfaces</li> <li>○ disinfection is not effective against some viruses and all spores</li> </ul> </li> <li>• inspection: <ul style="list-style-type: none"> <li>○ inspection is undertaken to ensure that items are completely clean and functional</li> <li>○ inspection should be undertaken using an illuminated magnifier to make it easier to see residual contamination</li> </ul> </li> <li>• sterilisation:</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ in an autoclave uses heated water to create steam under pressure, which kills transmissible micro-organisms on fully cleaned equipment/instruments</li> <li>○ is ineffective on dirty instruments</li> </ul> <p><b>Handwashing:</b></p> <ul style="list-style-type: none"> <li>• social and antiseptic:               <ul style="list-style-type: none"> <li>○ remove rings and watch</li> <li>○ wet hands under warm (not hot) running water and apply liquid soap/ handwash</li> <li>○ rub hands together to create lather and remove microbes</li> <li>○ wash palms, backs of hands, finger and thumb webs, tips of fingers and thumbs, especially nail area</li> <li>○ rinse hands thoroughly under warm running water</li> <li>○ dry fully with a disposable paper towel</li> <li>○ use towel to turn off tap</li> </ul> </li> <li>• surgical:               <ul style="list-style-type: none"> <li>○ remove rings and watch</li> <li>○ using an antimicrobial disinfectant hand wash, vigorously clean nails, hands and forearms for 2 minutes to remove microbes</li> <li>○ rinse thoroughly for several minutes</li> <li>○ hold hands higher than the elbows to prevent runoff of water</li> <li>○ dry with a sterile towel, preventing the towel from touching the area above the elbows</li> <li>○ adopt a no-touch technique prior to and after donning gloves</li> </ul> </li> </ul> <p><b>PPE:</b></p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>forms a protective barrier against contamination from body fluids or splatter to keep staff safe from infection</li> <li>must be used consistently and donned/removed/disposed of correctly to be effective at reducing cross-infection risks</li> <li>it can reduce, but not eliminate, risks</li> <li>items include: <ul style="list-style-type: none"> <li>gloves</li> <li>masks</li> <li>glasses/goggles</li> <li>face visors</li> <li>aprons</li> <li>gowns/uniform to be worn on premises only</li> </ul> </li> </ul> <p><b>Infection control policy/procedure</b></p> <p>An infection control policy standardises infection control practices. It should cover:</p> <ul style="list-style-type: none"> <li>minimising blood-borne virus transmission</li> <li>decontamination of instruments and equipment</li> <li>hand hygiene</li> <li>clinical-waste disposal</li> <li>PPE</li> <li>spillage procedures</li> <li>environmental cleaning</li> </ul>			
1.3	<b>Task 1 (3)</b> Learners must write a reflection on how to prepare	LO1 AC1.4	Learners must write a reflection, based on a model such as Gibbs or Johns, on how they set up their surgery and ensure that cross-infection is controlled throughout the session. Do they feel their procedures work, or should they be doing anything			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
	<p>their clinical area to control cross-infection. Learners may use the template provided in CORE DN 3.</p> <p>Reflection should be based on a model such as Gibbs or Johns.</p>		<p>differently? To be awarded maximum marks for content, the reflection should concentrate on learners' own practice.</p> <p>See <b>Reflective account marking guide</b> below.</p> <p>Reflection should be based on a model such as Gibbs or Johns and include the following:</p> <ul style="list-style-type: none"> <li>• Gibbs: <ul style="list-style-type: none"> <li>○ description</li> <li>○ feelings</li> <li>○ evaluation</li> <li>○ analysis</li> <li>○ conclusion</li> <li>○ action plan</li> </ul> </li> <li>• Johns: <ul style="list-style-type: none"> <li>○ description</li> <li>○ reflection</li> <li>○ influencing factors</li> <li>○ could I have dealt with it better?</li> <li>○ what have I learnt?</li> </ul> </li> </ul>			

**Reflective account marking guide: task 1.3**

The marking guide has been prepared for assessors and can be used for all learner reflections. The guide enable the assessor to give marks for the quality of the reflection written by learners.

	Criteria	Good	2	Average	1	Poor	0
<b>A</b>	<b>Description of event to be reflected upon</b>  Describe the incident, event or thing that you have decided to reflect upon. Think about the context and who else was involved.  <b>Note:</b> it does not have to be a negative event; perhaps a patient or colleague complemented you on your professionalism or performance.	Description of event to be reflected upon to include what happened, what learners did and how they did it.		Description of event to be reflected upon to include what happened and what learners did.		Minimal description, lacks evidence of learner participation or no description of event to be reflected on.	
<b>B</b>	<b>Links the underpinning knowledge relevant to dentistry to the surgery environment</b>	Linking of theory to practical application.		Limited linking of theory to practical application.		No linking of theory to practical application.	
<b>C</b>	<b>Reflection on own response to the event</b>  What sense can you make of the situation – what does it mean? Explore the details more closely and try to think about what challenged you and why you did what you did.  Describe how the incident/event made you feel.	Reasons for what the learner did and how they did it using theory, where appropriate, to support underpinning knowledge.		Reasons for what the learner did and how they did it; links to theory not evident.		Learner does not give reasons for own response to the event.	

	Criteria	Good	2	Average	1	Poor	0
	Try not to use reflection to blame others – only consider <b>your</b> behaviour/actions/attitude.						
<b>D</b>	<b>Reflects upon the event process</b>  What was good or bad about the experience? Sometimes bad incidents have good bits and vice versa. Try to pick out the good <b>and</b> the bad.	Reflects critically and considers what went well and what did not go well, giving reasons for conclusions.		Reflects on what went well and what did not go well.		Reflection is a simplistic summary or no reflection.	
<b>E</b>	<b>Application of learning and implications for own future practice</b>  What have you learnt as a result of the incident/event or thing? What else could you have done to achieve a different outcome?  What will you do next? How will you work towards avoiding repeating something bad or building on something good? Will you need help in order to do this?  <b>Note:</b> this action plan could form part of your personal development plan (PDP) and become a development goal.	Explains learning from reflection, identifies actions to be taken to improve own future practice and devises a PDP.		Explains learning from reflection, identifies some actions to be taken to improve own future practice but does not devise a PDP.		There is no thought to improving own future practice.	
<b>F</b>	<b>Summary</b>  What will you do next? How will you work towards avoiding repeating something	Overall conclusion that analyses the impact of this reflection on own future practice.		Conclusion that identifies the impact of this reflection on own future practice.		No conclusion.	

	Criteria	Good	2	Average	1	Poor	0
	<p>bad or building on something good? Will you need help in order to do this?</p> <p><b>Note:</b> this action plan could form part of your PDP and become a development goal.</p> <p>What is your next plan of action or project?</p>						

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must describe the causes of cross-infection and explain the routes of transmission for micro-organisms.	LO2 AC2.1 AC2.4	Learners must describe the causes of cross-infection and explain the routes of transmission. Responses must include the following:  <b>Cause:</b> <ul style="list-style-type: none"> <li>infection occurs when pathogenic micro-organisms gain entry to the body tissue</li> <li>entry can occur via the skin, eyes or mouth</li> </ul> <b>Routes:</b> <ul style="list-style-type: none"> <li>direct contact – with body fluids, blood, saliva or vomit</li> <li>indirect contact – patient to instrument or instrument to patient</li> <li>airborne droplets – of blood or saliva – from sneezing or coughing</li> <li>aerosol spray – containing blood or saliva – created during the use of dental hand pieces and water sprays</li> <li>direct entry – through damaged skin or membranes – cuts, grazes, piercing the eye membrane</li> <li>inoculation injury – with contaminated instrument – such as needlestick injury</li> </ul>			
2.2	<b>Task 2 (2)</b> Learners must complete <b>Table 2</b> below, explaining what each term stands for, whether they are infectious/non-infectious, and giving an example of each.	LO2 AC2.2 AC2.3	Learners must complete the table and provide at least <b>one</b> example.  See <b>Table 2</b> below.			

**Table 2:** task 2.2 infectious and non-infectious micro-organisms

Term	Infectious/ non-infectious	Explain what they are	Example
<b>Pathogen</b>	Infectious	Micro-organisms that are capable of causing disease	<ul style="list-style-type: none"> <li>• streptococci</li> <li>• Candida albicans</li> <li>• herpes simplex virus (HSV)</li> </ul>
<b>Non-pathogen</b>	Non-infectious	Micro-organisms that are not capable of causing disease	<ul style="list-style-type: none"> <li>• the non-pathogenic micro-organisms are considered to be normal flora</li> <li>• these grow in places like the throat, nose and intestine</li> </ul>
<b>Bacteria</b>	Infectious	Microscopic single-cell micro-organisms	<ul style="list-style-type: none"> <li>• lactobacilli</li> <li>• Bacilli fusiformis</li> <li>• staphylococci</li> <li>• streptococci</li> <li>• spirochaete</li> </ul>
<b>Virus</b>	Infectious	Ultramicroscopic organisms that live within the cells of other organisms	<ul style="list-style-type: none"> <li>• hepatitis B</li> <li>• herpes simplex</li> <li>• human immunodeficiency virus (HIV)</li> <li>• Epstein Barr</li> <li>• coronavirus</li> </ul>

Term	Infectious/ non-infectious	Explain what they are	Example
<b>Fungi</b>	Infectious	Microscopic plant organisms that grow across cells and tissues as an extensive branching network of fungal tissue	<ul style="list-style-type: none"><li>• denture stomatitis</li><li>• angular cheilitis</li><li>• Candida albicans</li></ul>
<b>Spores</b>	Infectious	When bacteria living conditions are not ideal, they survive as spores with a hard outer coating	<ul style="list-style-type: none"><li>• Clostridium tetani</li></ul>
<b>Prion</b>	Infectious	A type of special protein capable of causing disease	<ul style="list-style-type: none"><li>• Creutzfeldt–Jakob disease (CJD)</li></ul>

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.						
3.1	<b>Task 3 (1)</b> Learners must identify diseases against which dental personnel should be immunised.	LO3 AC3.5	<ul style="list-style-type: none"> <li>• hepatitis B</li> <li>• measles, mumps and rubella (MMR) (German measles)</li> <li>• tuberculosis (TB)</li> <li>• whooping cough (pertussis)</li> <li>• poliomyelitis</li> <li>• diphtheria</li> <li>• tetanus</li> <li>• chicken pox (if not already naturally immune)</li> <li>• meningitis</li> <li>• coronavirus</li> </ul>			
3.2	<b>Task 3 (2)</b> Learners must explain the reason why dental personnel need to be immunised against certain diseases.	LO3 AC3.5	<ul style="list-style-type: none"> <li>• dental personnel are exposed to many infections daily and are at risk of catching any of them</li> <li>• to minimise risk they must be all immunised against certain diseases</li> <li>• immunisation reduces cross-infection of patients and other individuals</li> </ul>			
3.3	<b>Task 3 (3)</b> Learners must summarise the required timeline for completing immunisations before starting clinical work, and explain what the reasons for these requirements?	LO3 AC3.4	<b>Timescales:</b> <ul style="list-style-type: none"> <li>• pre-employment checks should include vaccination history and the requirement for pre-employment vaccinations</li> <li>• standard immunisation (offered automatically from birth to age 14/18), including diphtheria, MMR, TB, poliomyelitis, tetanus, pertussis and meningitis, is required before exposure to clinical work</li> <li>• hepatitis B vaccination, a primary course of three injections, usually spread over four months, is standard and clear proof of antibody titre to confirm protection from the virus</li> <li>• chickenpox (varicella) due to lack of prior infection or vaccination should receive two doses of the varicella vaccine, spaced four to eight weeks apart,</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<p>individuals with a reliable history of chickenpox or two documented doses of the vaccine are considered protected</p> <p><b>The reasons for this are:</b></p> <ul style="list-style-type: none"> <li>the individual must be protected themselves to protect others</li> <li>without vaccination the dental nurse runs the risk of becoming infected with hepatitis B, which could put patients at risk</li> <li>anybody working at the chair side must therefore be able to demonstrate that their hepatitis B immunisation has been completed and that they have the required antibody titre</li> </ul>			
3.4	<p><b>Task 3 (4)</b> Learners must describe in detail infectious conditions that affect individuals in the dental setting and how they affect the body systems. Include routes of transmission, immunisation and precautions. <b>One</b> of the following conditions must be described:</p> <ul style="list-style-type: none"> <li>hepatitis</li> <li>tuberculosis</li> </ul>	LO3 AC3.1 to AC3.3	<p>Responses should include a description, the routes of transmission, immunisation, precautions and information in relation to patients.</p> <p><b>Hepatitis:</b></p> <ul style="list-style-type: none"> <li><b>description:</b> <ul style="list-style-type: none"> <li>characterised as inflammation of the liver</li> <li>it is a viral disease that appears in several forms</li> <li>it is referred to as hepatitis A, B, C, D and E – these all have different effects on the body</li> <li>hepatitis B can be fatal</li> <li>individuals can carry hepatitis without showing symptoms, but can infect others</li> <li>a newer type of virus, non A to E, has been discovered, but not much is known about it at this time</li> </ul> </li> <li><b>transmission:</b></li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
	<ul style="list-style-type: none"> <li>HIV/acquired immunodeficiency syndrome (AIDS)</li> </ul>		<ul style="list-style-type: none"> <li>hepatitis B and C are transmitted through blood or other body fluids, while hepatitis A and E are usually transmitted indirectly through contaminated food and water</li> <li>hepatitis D is a piggyback virus that is linked to hepatitis B</li> <li><b>immunisation:</b> <ul style="list-style-type: none"> <li>dental healthcare workers should be vaccinated against hepatitis B to reduce their risk of infection when treating patients</li> <li>there is no vaccine for hepatitis C at this time</li> </ul> </li> <li><b>precautions:</b> <ul style="list-style-type: none"> <li>it is not possible to identify every patient who has a potentially infectious disease</li> <li>because many patients are not aware that they have hepatitis, and may be carriers, it is important to remember to practise standard precautions</li> </ul> </li> </ul> <p><b>TB:</b></p> <ul style="list-style-type: none"> <li><b>description:</b> <ul style="list-style-type: none"> <li>a bacterial infection that occurs primarily in the lungs, but can occur in other organ systems in the body</li> <li>incidence is increasing in the UK</li> </ul> </li> <li><b>transmission:</b> <ul style="list-style-type: none"> <li>it is spread through airborne particles when an infectious patient coughs, sneezes, talks or sings</li> <li>TB is most easily spread in small, confined spaces where infectious people share the same airspace with others</li> </ul> </li> <li><b>immunisation:</b> <ul style="list-style-type: none"> <li>dental healthcare workers should be vaccinated against TB to reduce their risk of infection when treating patients</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>• <b>precautions:</b> <ul style="list-style-type: none"> <li>○ because TB is infectious and its airborne transmission is difficult to control, the UK Health Security Agency (UKHSA) and Public Health England have issued specific guidelines to help protect healthcare workers when treating patients</li> <li>○ the guidelines state that elective (non-emergency) dental treatment should be postponed for patients who are suspected of having infectious TB or who have been identified as active TB cases</li> <li>○ if these patients can be referred for treatment in a facility that is specifically designed to treat TB patients (for example, a hospital setting), it is acceptable for the dental practice to make this referral and not be liable for discriminatory practices</li> <li>○ if emergency treatment must be performed on a patient suspected of having infectious TB, the following precautions should be taken: <ul style="list-style-type: none"> <li>▪ schedule the patient at the end of the day, as the last patient treated</li> <li>▪ all team members present in the treatment room must wear a ventilated mask</li> <li>▪ high-volume evacuation and dental dam isolation should be used to reduce aerosols</li> </ul> </li> </ul> </li> <li><b>HIV/AIDS:</b></li> <li>• <b>description:</b> <ul style="list-style-type: none"> <li>○ a viral infection that impairs a patient's immune system, making the patient highly susceptible to other infectious diseases</li> <li>○ variable time between acquiring the virus and conversion to AIDS</li> </ul> </li> <li>• <b>transmission:</b></li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ it is transmitted through blood and other body fluids, which puts dental healthcare workers at some risk of infection from treating patients</li> <li>○ low virulence</li> <li>● <b>immunisation:</b> <ul style="list-style-type: none"> <li>○ none currently available</li> <li>○ post-exposure prophylaxis is the treatment following exposure</li> </ul> </li> <li>● <b>precautions:</b> <ul style="list-style-type: none"> <li>○ the practice of universal precautions must be followed, since many patients will not disclose their HIV status for fear of humiliation or rejection</li> <li>○ HIV or AIDS patients should be treated the same as healthy patients</li> <li>○ when treating patients with AIDS, who are typically immune suppressed, the dental team should take extra precautions to protect the patient from opportunistic infections</li> <li>○ extra precautions may include wearing sterile surgical gloves rather than non-sterile exam gloves, having the patient use a pre-treatment rinse of chlorhexidine gluconate or other mouthwash to prevent bacteria and using only sterile water for irrigation, rather than from the air/water syringe, which may contain some bacterial contamination</li> </ul> </li> </ul>			
3.5	<b>Task 3 (5)</b> Learners must complete <b>Table 3</b> in relation to infectious diseases.	LO3 AC3.3	See <b>Table 3</b> below.			

**Table 3:** task 3.5 how infectious diseases can be spread and the action to prevent spreading

Infectious disease	How it is spread	Action taken to stop infection spreading
<b>Hepatitis B</b>	Direct contact, airborne droplets, aerosol spray, direct entry of blood/saliva	Vaccination course and standard precautions
<b>HIV</b>	Direct contact, aerosol spray, direct entry of blood/saliva	Standard precautions
<b>Herpes simplex type 1</b>	Direct contact, airborne droplets, aerosol spray, direct entry of blood/saliva	Standard precautions

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> Learners must identify the chemical names of <b>four</b> of the decontaminants used in their surgery. Evaluate the use of these decontaminants and what type of micro-organisms they are effective against.	LO4 AC4.1	Learners must draw a table to include <b>four</b> decontaminants used in their surgery. These may include, for example, wipes, surface sprays, detergents, cold sterilisation, Dental Unit Water Lines (DUWL) disinfection, impression disinfection. Learners must state which micro-organisms they are effective against.  Responses will be dependent on the products chosen in each dental practice.			
4.2	<b>Task 4 (2)</b> Learners must describe the following and give examples of the different methods used: <ul style="list-style-type: none"> <li>disinfection: <ul style="list-style-type: none"> <li>difference between asepsis, sterilisation and disinfection</li> <li>different types of disinfectants and their uses in clinical environments</li> </ul> </li> <li>clinical and industrial sterilisation: <ul style="list-style-type: none"> <li>manual cleaning</li> <li>ultrasonic bath</li> <li>washer-disinfector</li> <li>vacuum autoclaves</li> </ul> </li> </ul>	LO4 AC4.2	Learners must explain <b>each</b> of the following and give examples of each method.  Responses must include the following: <ul style="list-style-type: none"> <li><b>disinfection</b> – the killing/destruction of bacteria and fungi, but not spores and not some viruses (this technique involves the use of special chemicals)</li> <li><b>clinical sterilisation</b> – the process of killing all micro-organisms and spores to produce asepsis (involves the use of autoclaves, washer-disinfectors, ultrasonic cleaners and possible manual cleaning) including the difference between vacuum (N type) and non-vacuum autoclaves (B type)</li> <li><b>industrial sterilisation</b> – gamma radiation – used for pre-packed sterile items like anaesthetic cartridges, needles, scalpel blades, GP points and paper points</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
	<ul style="list-style-type: none"> <li>○ non-vacuum autoclaves</li> <li>○ gamma radiation</li> </ul>					
4.3	<b>Task 4 (3)</b> Learners must write a reflection explaining the procedures used to decontaminate the clinical environment after use. They may wish to use the template given in CORE DN 3. Marks will be awarded for the content and quality of their reflection.	LO4 AC4.3	<p>Learners must write a reflection, based on a model such as Gibbs or Johns, on the procedures used to decontaminate the clinical environment after use. To be awarded maximum marks for content, the reflection should concentrate on the learner's own practice.</p> <p>See <b>Reflective account marking guide</b> in task 1.3.</p> <p>Reflection should be based on a model such as Gibbs or Johns and include the following:</p> <ul style="list-style-type: none"> <li>• <b>Gibbs:</b> <ul style="list-style-type: none"> <li>○ description</li> <li>○ feelings</li> <li>○ evaluation</li> <li>○ analysis</li> <li>○ conclusion</li> <li>○ action plan</li> </ul> </li> <li>• <b>Johns:</b> <ul style="list-style-type: none"> <li>○ description</li> <li>○ reflection</li> <li>○ influencing factors</li> <li>○ could I have dealt with it better?</li> <li>○ what have I learnt?</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
				M	PM	NM
5.						
5.1	<b>Task 5 (1)</b> Learners must obtain sample policies and procedures from their place of work that cover current health and safety legislation.	LO1 AC1.1  LO5 AC5.1 AC5.4	<b>Policies/procedures:</b> <ul style="list-style-type: none"> <li>• Health and Safety at Work etc Act 1974</li> <li>• The Control of Substances Hazardous to Health Regulations 2002 (COSHH)</li> <li>• The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)</li> <li>• The Ionising Radiation Regulations 2017 (IRR)</li> <li>• The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)</li> <li>• Department of Health and Social Care (DHSC) guidelines and regulations (for example, Decontamination in primary care dental practices (HTM 01-05))</li> <li>• The Health and Safety (Young persons) Regulations 1997</li> <li>• The Management of Health and Safety at Work Regulations 1999</li> <li>• The Environmental Protection Act 1990</li> <li>• The Fire Precautions (Workplace) (Amendment) Regulations 1999</li> <li>• The Health and Safety (First Aid) Regulations 1981</li> <li>• safe use of equipment</li> <li>• employee protection</li> <li>• waste disposal</li> <li>• risk assessment</li> <li>• computer use</li> <li>• accident/near miss reporting procedure</li> <li>• significant event procedure</li> <li>• manual handling</li> <li>• security at work</li> </ul>			
5.2	<b>Task 5 (2)</b> Learners must briefly describe each procedure/policy and the	LO1 AC1.1	Learners must write a summary for each of the policies and procedures, including the role of the employer and employee in making sure the workplace is safe. Summaries are not limited to, but <b>must</b> contain, the responses required below.			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
	role of the dental nurse and the employer in these procedures/policies.	LO5 AC5.1 AC5.4	<p><b>Safe use of equipment:</b></p> <ul style="list-style-type: none"> <li>• provide (employer)/undertake and comply with (employee) appropriate training in the safe use of equipment</li> <li>• ensure that equipment is regularly maintained by an appropriately trained person</li> <li>• provide training in (employer)/undertake (employee) regular testing of equipment and recording results</li> <li>• provide (employer)/comply with (employee) reporting procedures for malfunctioning equipment</li> <li>• provide any necessary PPE</li> </ul> <p><b>RIDDOR:</b></p> <ul style="list-style-type: none"> <li>• provide (employer)/undertake (employee) appropriate training in RIDDOR procedures</li> <li>• demonstrate understanding of the reporting responsibilities in relation to RIDDOR (manager, local authority, Health and Safety Executive (HSE))</li> <li>• list the circumstances under which RIDDOR applies (death, injuries requiring hospitalisation, injuries resulting in three or more days' absence from work, serious injuries as defined by RIDDOR)</li> </ul> <p><b>First aid:</b></p> <ul style="list-style-type: none"> <li>• provide (employer)/undertake (employee) appropriate training in basic first aid including cardiopulmonary resuscitation (CPR) and how often this is required to be completed to meet General Dental Council (GDC) guidelines</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>ensure that the location of appropriate and adequate first aid equipment is known</li> <li>ensure that first aid provision is available during all working times</li> <li>list the minimum items required in a first aid box (refer to current (HSE) guidance for correct contents list) and describe how to use these items safely</li> </ul> <p><b>Fire procedures:</b></p> <ul style="list-style-type: none"> <li>provide (employer)/undertake (employee) appropriate training in fire procedures, including an evacuation drill</li> <li>provide (employer)/comply with (employee) guidance on the safe storage and use of flammable materials found in the dental environment</li> <li>ensure that firefighting equipment is regularly maintained and inspected, and staff are appropriately trained in its use</li> <li>ensure (employer)/recognise (employee) that fire regulations can be clearly seen by staff, patients and visitors</li> </ul> <p><b>Employee protection:</b></p> <ul style="list-style-type: none"> <li>provide (employer)/follow (employee) a robust vaccination programme</li> <li>provide (employer) a safe working environment including appropriate clothing and safety equipment</li> <li>ensure staff awareness of (employer)/follow (employee) all health and safety policies and procedures including requirements on health and safety poster</li> <li>take reasonable care of your own health and safety</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Waste disposal:</b></p> <ul style="list-style-type: none"> <li>provide (employer)/undertake and comply with (employee) appropriate training in safe waste disposal procedures (HTM 07-01), duty of care of employer and employee</li> <li>provide (employer)/use (employee) appropriate protective clothing when dealing with waste</li> <li>demonstrate understanding of waste segregation, storage and handling and documentation (waste streams – hazardous, non-hazardous, offensive, consignment notes, record keeping)</li> <li>list different types of containers used to segregate waste (sharps boxes, clinical waste bags, medicines containers, offensive waste bags, amalgam waste, X-ray developer/fixer chemicals, lead foils, municipal waste)</li> </ul> <p><b>Risk assessment:</b></p> <ul style="list-style-type: none"> <li>undertake (employer) risk assessments to examine the potential risks within the workplace</li> <li>explain the process of writing a risk assessment (identify a hazard, consider who may be harmed, evaluate the risk, control the risk, record findings, review)</li> <li>list four areas of risk within the dental workplace and locate the risk assessment associated with each one (for example, dangerous substances, instruments, machinery, equipment, assault, radiation, infection/cross-contamination)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>COSHH guidance:</b></p> <p>describe requirements under COSHH (risk-assess and record assessments of all chemicals and potentially hazardous substances used)</p> <ul style="list-style-type: none"> <li>describe the findings to be recorded (the hazard posed, how to avoid the hazard, how to deal with a hazardous occurrence)</li> <li>undertake (employer)/locate (employee) risk assessments</li> <li>list five hazardous materials (for example, cleaning agents, dust, biological agents, sodium hypochlorite, acid, mercury, radiography chemicals, flammable materials)</li> <li>how to identify the hazard such as warning signs</li> </ul> <p><b>Computer use:</b></p> <ul style="list-style-type: none"> <li>provide (employer)/undertake (employee) appropriate training in the use of display screen equipment (DSE)</li> <li>list three health risks associated with using DSE (fatigue, eye strain, upper-limb problems, backache)</li> <li>list three ways to minimise risks (for example, risk assessments, regular breaks, looking away from the screen, appropriate lighting, reducing glare, correct seating position, space for arms to rest at workstations, mouse position)</li> <li>describe the ways in which an employer may be required to help an employee (eye tests, provision of basic frames and lenses for DSE work where required)</li> </ul> <p><b>Accident/near miss reporting:</b></p> <ul style="list-style-type: none"> <li>provide (employer)/undertake (employee) appropriate training in recording</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p>accidents/reporting near misses (see RIDDOR)</p> <ul style="list-style-type: none"> <li>locate the accident book and describe the information to be recorded (date, time, person involved, first aider if relevant, accident/injury, outcome, further action taken/to be taken)</li> <li>describe when and how to report accidents (taking into account practice protocols and/or RIDDOR)</li> <li>look at two incidents recorded in the accident book and describe how these occurrences could have been avoided</li> </ul> <p><b>Significant event procedure (could be for complaints/concerns):</b></p> <ul style="list-style-type: none"> <li>what happened and why?</li> <li>how could things have been different?</li> <li>what can we learn from what happened?</li> <li>what needs to change?</li> </ul>			
5.3	<p><b>Task 5 (3)</b> Learners must look at the workplace procedures within <b>Table 4</b> and describe how they are relevant to health and safety and why it is important to follow the procedures.</p>	LO5 AC5.2	Learners must describe the legislation related to the workplace procedure and explain why it is important to follow the procedures – see <b>Table 4</b> below.			
5.4	<p><b>Task 5 (4)</b> Learners must obtain example manufacturer instructions and identify within</p>	LO5 AC5.3	<p>This is a research task. Learners must consider:</p> <p><b>Endodontic files:</b></p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
	<p>the manufacturer's instructions <b>three</b> aspects that are relevant to the dental nurse role. They must describe why it is important to adhere to those aspects of the manufacturer's instructions as a dental nurse for the following items:</p> <ul style="list-style-type: none"> <li>• endodontic files</li> <li>• single-use equipment</li> <li>• alginate</li> <li>• latex/nitrile gloves</li> <li>• light curer</li> </ul>		<ul style="list-style-type: none"> <li>• obtain manufacturer instructions</li> <li>• identify <b>three</b> aspects of the instructions which are relevant to their role (single/multiple-use guidance, cross-infection risks, reprocessing, Creutzfeldt–Jakob disease/prion contamination, product performance liability, obligations and responsibilities of the person who reprocesses single-use items, safe handling, storage and disposal)</li> <li>• describe the importance of adherence to instructions in relation to those <b>three</b> aspects (patient safety, cross-infection, prion contamination, personal/colleague safety, protection and liability, environmental protection)</li> </ul> <p><b>Single-use equipment:</b></p> <ul style="list-style-type: none"> <li>• obtain manufacturer instructions for <b>three</b> single-use items</li> <li>• identify <b>three</b> aspects of the instructions which are relevant to their role (rationale for single use, reprocessing risks to patients and staff, cross-infection risks, product performance liability, safe handling, storage and disposal)</li> <li>• describe the importance of adherence to those instructions (patient safety, personal and colleague safety, protection and liability, environmental protection)</li> </ul> <p><b>Alginate:</b></p> <ul style="list-style-type: none"> <li>• obtain manufacturer instructions</li> <li>• identify all aspects of the instructions which are relevant to their role (constituent parts, COSHH information, safe storage and handling, method of preparation, care after use)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>describe the importance of adherence to those instructions (patient/staff safety, protection from moisture absorption, dust inhalation risk, avoiding waste, correct disinfection and storage once set)</li> </ul> <p><b>Latex/nitrile gloves:</b></p> <ul style="list-style-type: none"> <li>obtain manufacturer instructions</li> <li>identify <b>three</b> aspects of the instructions which are relevant to their role (storage, correct fit and use, single use, disposal, allergies – self and patient)</li> <li>describe the importance of adherence to those instructions (product performance, maintaining ‘feel’, cross-infection control, correct disposal in clinical waste, reducing risks)</li> </ul> <p><b>Light curer:</b></p> <ul style="list-style-type: none"> <li>obtain manufacturer instructions</li> <li>identify <b>three</b> aspects of the instructions which are relevant to their role (correct use, disinfection/decontamination, eye protection)</li> <li>describe the importance of adherence to those instructions (product performance, cross-infection control, reducing risks)</li> </ul>			

**Table 4:** task 5.3 procedures for health and safety and relative importance

Workplace procedure	Legislation related to workplace procedure	Why is it important to follow the procedures?
<b>Safe working methods and equipment</b>	Health and Safety at Work etc Act 1974	This enables staff members to know the risks, have training, have initial supervision, and gives them the procedures to follow for a safe working environment.
<b>Safe use of hazardous substances</b>	The Control of Substances Hazardous to Health Regulations 2002 (COSHH)  Health and Safety at Work Act etc 1974	Using substances without due care and attention outlined in COSHH assessments could lead to inhalation, skin contact and eye contact with chemicals. This could lead to serious health issues.
	The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR)	Any accident involving the inhalation, ingestion or absorption of a hazardous substance which results in hypoxia that is severe enough to receive medical treatment should be reported under RIDDOR.
	The Special Waste Regulations 1996 and The Hazardous Waste (England and Wales) Regulations 2005	Hazardous and special waste should be disposed of following surgery guidelines. Failure to do this could cause risk of cross-infection and risk to nature.
<b>Smoking</b>	The Fire Precautions (Workplace) (Amendment) Regulations 1999	Smoking in enclosed workplaces is now prohibited and illegal throughout the UK. Before the ban, careless disposal of cigarettes was a significant cause of fires in the workplace.
<b>Eating</b>	Health and Safety at Work Act etc 1974	Eating should only be done in designated staff areas. Eating in surgeries could result in cross-infection.



Workplace procedure	Legislation related to workplace procedure	Why is it important to follow the procedures?
<b>Drinking and Drugs Policy</b>	Health and Safety at Work Act etc 1974	Any staff members working under the influence of alcohol and drugs are putting other staff members and patients at risk. Employers have the right to test staff members for alcohol and drugs should they have suspicion.
<b>Emergency procedures</b>	The Health and Safety (First Aid) Regulations 1981	First aid equipment should be supplied and there should be a designated first aider. All staff should have basic training.
	The Fire Precautions (Workplace) (Amendment) Regulations 1999	Staff members should be adequately trained on fire safety, how to use equipment and procedures for evacuation of staff and patients.
	The Control of Substances Hazardous to Health Regulations 2002 (COSHH)	COSHH assessments should have written guidelines for emergency procedures to follow should there be a spillage or accidental exposure.
	The Ionising Radiation (Medical Exposures) Regulations 2017 (including local rules) (IR(ME)R)	Training of staff and contingency plans for if an X-ray machine malfunctions.
<b>Personal presentation</b>	Health and Safety at Work Act etc 1974	All staff members should follow the guidelines for wearing uniform, minimal jewellery, no uniform outside surgery and PPE provided.

Workplace procedure	Legislation related to workplace procedure	Why is it important to follow the procedures?
<b>Moving and handling</b>	Health and Safety at Work Act etc 1974	All staff should be trained in the safe handling and storage of anything deemed dangerous or hazardous (this could include moving instruments to decontamination room).
<b>Mercury spillage</b>	The Control of Substances Hazardous to Health Regulations 2002 (COSHH)	All staff should be trained in the safe handling and storage of anything deemed dangerous or hazardous (this could include dealing with a mercury spillage).

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
6.1	<b>Task 6 (1)</b> Learners must identify hazards in their surgery including: <ul style="list-style-type: none"> <li>• dangerous substances</li> <li>• instruments</li> <li>• machinery</li> <li>• equipment</li> </ul>	LO6 AC6.1	Learners must identify hazards in their surgery and carry out risk assessments to reduce the risk.			
6.2	<b>Task 6 (2)</b> Learners must describe <b>four</b> working practices that could result in harm. These must be different from those identified in part 1 of this task.	LO6 AC6.2	Learners must list and describe <b>four</b> working practices that could result in harm (dangerous substances, instruments, machinery, equipment, assault, radiation, infection/cross-contamination). These should be different from those described in part 1.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
7.1	<b>Task 7 (1)</b> Learners must describe <b>five</b> sets of guidelines in place in their surgery for environmentally friendly working practices.	LO7 AC7.3	Environmentally friendly working practices could include: <ul style="list-style-type: none"> <li>the use of digital radiographs to eliminate the need for chemicals and disposal</li> <li>the use of contracted waste management companies to dispose of hazardous and special waste</li> <li>the segregation of hazardous waste</li> <li>the use of non-alcohol products such as hand rub and wipes</li> <li>non-use of amalgam due to the risk of mercury exposure</li> <li>the use of PPE when treating patients and using hazardous substances</li> <li>legionella risk assessments done to eliminate any danger to patients and staff</li> <li>use of scavenging system to prevent harmful buildup of levels of gas during inhalation sedation</li> <li>correct location of air-conditioning vents to prevent the spread of legionella while still providing ventilation for surgeries</li> <li>safe working environment</li> <li>use of cleaning equipment as per manufacturer/surgery guidelines</li> <li>following of cross-infection procedures</li> <li>elimination of products containing latex</li> </ul>			
7.2	<b>Task 7 (2)</b> Learners must describe how to maintain <b>five</b> of these guidelines in line with health and safety procedures to protect themselves and others.	LO7 AC7.3	Learners must describe the maintenance of <b>five</b> of these areas, detailing the following: <ul style="list-style-type: none"> <li>the relevant health and safety guidance (for example, Health and Safety at Work Act etc 1974, IR(ME)R, COSHH, RIDDOR, fire precautions)</li> <li>how the guidelines comply with the relevant health and safety guidance</li> <li>how this protects self, colleagues, patients and others</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
7.3	<p><b>Task 7 (3)</b> Learners must explain the action to take in response to the following spillages:</p> <ul style="list-style-type: none"> <li>mercury spillage from an amalgam capsule</li> <li>body fluids from a patient who was sick in the surgery after impressions</li> <li>chemical spillage when diluting ultrasonic bath cleaning solution</li> <li>water spillage</li> </ul>	LO7 AC7.5	<p>Learners must explain the action to be taken in response to spillages. The following points must be included:</p> <p><b>Mercury spillage from an amalgam capsule:</b></p> <ul style="list-style-type: none"> <li>report incident immediately</li> <li>collect the mercury spillage kit</li> <li>don PPE</li> <li>combine droplets if possible</li> <li>suck up globules into disposable syringe or bulb aspirator</li> <li>put particles into waste amalgam special waste container</li> <li>apply absorbent to affected area and allow to dry</li> <li>remove paste with wet disposable towels and place in waste container</li> <li>ventilate the room</li> <li>dispose of waste</li> <li>large spills may require evacuation of the building and reference to HSE</li> </ul> <p><b>Body fluids from a patient who was sick in the surgery after impressions:</b></p> <ul style="list-style-type: none"> <li>collect the body fluids spillage kit</li> <li>don PPE, including waterproof footwear if spill is large</li> <li>cover spill with paper towels to limit spread if spill is large or cover small spill with granules</li> <li>wait 5 minutes and collect granules with paper towels</li> <li>discard in clinical waste or, if not using granules, pour freshly prepared hypochlorite solution onto paper towels</li> <li>wait for spill to absorb</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<ul style="list-style-type: none"> <li>• collect paper towels and discard in clinical waste</li> <li>• clean the area with hypochlorite solution or chlorine solution</li> <li>• rinse and dry the surface</li> <li>• dispose of all PPE and paper towels in clinical waste</li> </ul> <p><b>Chemical spillage when diluting ultrasonic bath cleaning solution:</b></p> <ul style="list-style-type: none"> <li>• consult the COSHH data sheet before cleaning up</li> <li>• wear full PPE</li> <li>• do not use another detergent to wipe spillage up</li> <li>• use disposable cloths/paper towels</li> <li>• discard in clinical waste</li> </ul> <p><b>Water spillage:</b></p> <ul style="list-style-type: none"> <li>• clean using appropriate colour-coded mop or paper towels</li> <li>• place wet floor sign</li> </ul>			
7.4	<b>Task 7 (4)</b> Learners must look at <b>Table 5</b> and explain how they would deal with the hazards in the workplace and to whom they would report.	LO7 AC7.5 AC7.6	See <b>Table 5</b> below.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
				M	PM	NM
7.						
7.5	<b>Task 7 (5)</b> Learners must also detail how they would minimise this risk in the dental practice, within their scope of practice.	LO7 AC7.5 AC7.6	See <b>Table 5</b> below.			
7.6	<b>Task 7 (6)</b> Learners must list working practices within their role and suggest ways to improve this working method to meet best practice.	LO7 AC7.2	<b>Working practices:</b> <ul style="list-style-type: none"> <li>activities</li> <li>procedures</li> <li>use of materials or equipment and working techniques used in carrying out job role</li> </ul> <b>Ways to improve include:</b> <ul style="list-style-type: none"> <li>reflection</li> <li>asking for feedback from colleagues and seniors</li> <li>CPD</li> </ul>			
7.7	<b>Task 7 (7)</b> Learners must list <b>five</b> ways that effective team working can help to make patient care safer and more effective.	LO7 AC7.1	<ul style="list-style-type: none"> <li>regular staff meetings</li> <li>clear, shared aims for patient care</li> <li>understand each other's roles and responsibilities</li> <li>all team members have access to training</li> <li>review of accidents and incidents and improvement plans</li> <li>effective methods of communication: face to face, written, electronic, newsletters</li> <li>effective delegation of patient care and treatment</li> <li>only carrying out tasks for which they are trained and competent to do</li> <li>preparation before the patient comes into the surgery</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<ul style="list-style-type: none"> <li>raise concerns if patients might be at risk</li> <li>clear written treatment plans</li> <li>record cards maintained and updated and available prior to treatment</li> <li>ensure patients know how to make a complaint</li> </ul>			



**Table 5:** tasks 7.4 and 7.5 managing hazards

Hazard	How would you manage this hazard and reduce the risk in the workplace?	Assessor mark			Report hazards to identified responsible person	Assessor mark	
		M	PM	NM		M	NM
<b>Mercury spillage</b>	<p><b>Small</b> – wear PPE, suck up globules into disposable syringe or bulb aspirator, put particles into waste amalgam special waste container, inform senior staff member, record in accident book.</p> <p><b>Larger</b> – wear PPE, open windows to ventilate, inform senior staff, use contents of mercury spillage kit to control spread, mix flowers of sulphur and calcium hydroxide with water to make paste. Paint the paste around spillage to contain it. Leave to dry; once dry, wipe up paste and spillage with damp paper towels and dispose of in amalgam store, record in accident book.</p> <p><b>Significant</b> (such as full bottle of mercury) – seal off work area and close down, inform HSE. Environmental Health will attend and clear the contamination professionally.</p>				Manager/owner		

Hazard	How would you manage this hazard and reduce the risk in the workplace?	Assessor mark			Report hazards to identified responsible person	Assessor mark	
		M	PM	NM		M	NM
<b>Radiation</b>	Only carried out by an operator who is fully qualified to take radiographs. Isolation switch outside controlled area for accidental machine malfunction. Position of X-ray button out of reach of general public to reduce risk of accidental exposure. All staff out of controlled area while radiograph is taken. Film must not be held in patient's mouth by operator or learner.				Manager/owner/ radiation protection supervisor (RPS)		
<b>Cross-infection</b>	All decontamination procedures that have been put together using the HTM 01-05 guidelines should be followed to reduce risk and therefore eliminate risks to patients and staff members.				Manager/owner/ decontamination lead		
<b>Environmental factors</b>	All procedures related to environmental factors should be followed. Anti-glare screens on visual display units (VDU). Flickering lights should be reported. VDU not operated for more than 2 hours without a break. Correct level of lighting. Adequate ventilation to avoid overheating and for general comfort.				Manager/owner		

Hazard	How would you manage this hazard and reduce the risk in the workplace?	Assessor mark			Report hazards to identified responsible person	Assessor mark	
		M	PM	NM		M	NM
<b>Spillages</b>	<p>Spillages should be cleaned up using the correct colour-coded equipment as outlined in HTM 01-05:</p> <ul style="list-style-type: none"> <li>• red: bathrooms</li> <li>• green: kitchens</li> <li>• blue: non-clinical rooms (for example, offices, waiting rooms)</li> <li>• yellow: clinical and decontamination areas</li> </ul> <p>If involving chemicals, COSHH sheet should be consulted first.</p> <p>Blood spillages should be cleaned with hypochlorite granules.</p>				Manager/owner		
<b>Waste disposal</b>	<p>All guidelines for segregation of hazardous waste should be followed (HTM 07-01). Waste disposal audits are carried out in surgeries. All guidelines under The Environmental Protection Act 1990 followed. Registered waste contractors to pick up.</p>				Manager/owner/ waste contractor		

Hazard	How would you manage this hazard and reduce the risk in the workplace?	Assessor mark			Report hazards to identified responsible person	Assessor mark	
		M	PM	NM		M	NM
<b>Sharps</b>	Strict sharps protocols should be followed. Sharps should not be resheathed and should be disposed of by the user only. Safety needle syringes and devices should be used.				Manager/owner/ RIDDOR		

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
8.				M	PM	NM
8.1	<b>Task 8 (1)</b> Learners must explain what environmental factors are and give <b>four</b> examples of why these factors may need to be adjusted during treatment.	LO9 AC9.2 AC9.3	<p>Learners must explain what environmental factors are. This must include:</p> <ul style="list-style-type: none"> <li>• heating – temperature of the room</li> <li>• lighting – lighting in surgery and also the main dental lamp</li> <li>• ventilation and humidity, including air conditioning</li> </ul> <p>Learners must explain why environmental factors may need adjusting during the course of a treatment in relation to <b>four</b> of the following:</p> <ul style="list-style-type: none"> <li>• mixing materials: <ul style="list-style-type: none"> <li>○ if the temperature and humidity are too high, some materials will set too quickly</li> <li>○ if the temperature is too low then the materials take longer to set</li> </ul> </li> <li>• sedation: <ul style="list-style-type: none"> <li>○ ventilation is important when using relative analgesia (RA) sedation; scavenging system should be in place to remove waste gas and minimise exposure</li> </ul> </li> <li>• COVID ventilation systems required during aerosol generating procedures</li> <li>• amalgam: <ul style="list-style-type: none"> <li>○ during the removal and placement of amalgam, the surgery should be adequately ventilated to minimise exposure to mercury</li> </ul> </li> <li>• air conditioning: <ul style="list-style-type: none"> <li>○ this is used in some surgeries to provide fresh (not recycled) air</li> <li>○ care must be taken not to recycle air into the surgery as this can cause a cross-infection risk</li> </ul> </li> <li>• hypersensitivity:</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
8.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ surgery should be well ventilated when using any chemical, including surface sprays and alginate as these can cause irritated airways when used without ventilation</li> <li>• COSHH:               <ul style="list-style-type: none"> <li>○ data sheets may specify ventilation or certain temperatures for chemicals</li> </ul> </li> <li>• lighting:               <ul style="list-style-type: none"> <li>○ adjust overhead light when placing composite materials to prevent early setting</li> </ul> </li> </ul>			
8.2	<b>Task 8 (2)</b> Learners must describe the process of, and explain the reasons for, maintaining the equipment below in line with the manufacturer's instructions: <ul style="list-style-type: none"> <li>• aspirator</li> <li>• waterlines</li> <li>• water storage equipment</li> </ul>	LO9 AC9.4	Learners must describe the process and explain the reasons for maintaining the following equipment in line with the manufacturer's instructions:  Aspirator: <ul style="list-style-type: none"> <li>• regular validation and maintenance by engineers for optimum performance</li> <li>• regular flushing – removes 'difficult' gross contamination, including blood, tissue debris, bone fragments and other fluid/solid debris</li> <li>• the emptying of amalgam separators and disposal in special waste to reduce risks associated with mercury vapour</li> <li>• to be turned off when not in use as they can overheat</li> </ul> Waterlines: <ul style="list-style-type: none"> <li>• dental unit waterlines (DUWLs) should be flushed for at least 2 minutes at the beginning and end of the day and after any significant period when they have not been used to remove standing water (for example, after lunch breaks)</li> <li>• in addition, they should also be flushed for at least 20 to 30 seconds between patients to remove standing water</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
8.				M	PM	NM
			<ul style="list-style-type: none"> <li>disinfection of DUWLs should be carried out periodically according to manufacturer's instructions to prevent biofilm buildup</li> <li>in all cases, manufacturers' instructions should be consulted</li> <li>sodium hypochlorite and isopropanol and a number of other agents have been shown to be effective in the removal of biofilm as well as the reduction of microbacterial contamination (however, these agents should only be used where recommended by manufacturers)</li> <li>if they are used, care should be taken to ensure that DUWLs are thoroughly flushed after disinfection and before being returned to clinical use</li> <li>dental equipment requiring protection against backflow should have anti-retraction valves incorporated on all hand pieces, ultrasonic scalers and/or water lines:               <ul style="list-style-type: none"> <li>responsible persons should ensure these are fitted where required</li> <li>they must be regularly monitored and maintained</li> </ul> </li> </ul> <p>Water-storage equipment:</p> <ul style="list-style-type: none"> <li>self-contained water system bottles must be removed and emptied at the end of each session to prevent biofilm buildup</li> <li>self-contained water system bottles should be flushed with distilled or reverse osmosis water and left open to the air for drying to prevent biofilm buildup</li> <li>self-contained water system bottles should be stored inverted (upside down) to accommodate drainage and prevent biofilm buildup</li> <li>if contaminants are visible, self-contained water system bottles should be flushed with disinfectant and rinsed according to manufacturer's instructions to remove contaminants</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
9.				M	PM	NM
9.1	<b>Task 9 (1)</b> Learners must complete <b>Table 6</b> . They must explain: <ul style="list-style-type: none"> <li>what checks/methods of testing have been used on equipment</li> <li>action to take in response to equipment failure</li> <li>why service records must be kept in relation to the maintenance and servicing of equipment and how long service records should be kept</li> </ul>	LO10 AC10.1 AC10.2 AC10.4 AC10.5	<p>See <b>Table 6</b> below.</p> <p>Learners must complete the table in respect of the items listed.</p> <p>Learners must state what checks or method of testing are used, the action to be taken in the event of a failure, the reporting protocol, the servicing records and maintenance of records.</p> <p>Learners should explain the overall reason for keeping records, not only to comply with specific policy (for example, Health and Safety at Work Act 1974, RIDDOR, HTM 01-05), but also to refer to the records should an incident arise that causes concern regarding any piece of equipment – especially decontamination or radiography equipment that have a greater risk to the public if they do not work properly. Records can also provide the ability to carry out an audit if required.</p>			
9.2	<b>Task 9 (2)</b> Learners must give <b>four</b> examples of how they would ensure that equipment, materials, medicaments, sharps and waste are stored safely and securely on the completion of each procedure.	LO10 AC10.3	<p>Learners should give a description of the actions taken to ensure that equipment, materials, medicaments, sharps and waste are stored safely and securely on completion of a procedure. The answer should include <b>four</b> of the following:</p> <p>After each procedure:</p> <ul style="list-style-type: none"> <li>equipment must be returned to original position and unable to harm anyone</li> <li>materials and medicaments are stored away in the surgery cupboards and drawers</li> <li>sharps bins are away from patients, not overfilled and wall-mounted above waist height</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
9.				M	PM	NM
			<ul style="list-style-type: none"> <li>waste has been disposed of in hazardous or non-hazardous waste. Special waste has been segregated and disposed of correctly</li> <li>equipment switched off when not in use (for example, X-ray machines)</li> </ul>			

**Table 6:** task 9.1 maintaining equipment in line with the manufacturer's instructions

Equipment	What checks/methods of testing used	Action to take in response to equipment failure	What maintenance and servicing records should be kept	How long service records should be kept
<b>Dental chair</b>	<ul style="list-style-type: none"> <li>daily check</li> <li>PAT testing (1 year)</li> <li>yearly service</li> </ul>	<ul style="list-style-type: none"> <li>remove out of use</li> <li>report to manager</li> </ul>	<ul style="list-style-type: none"> <li>service certification</li> </ul>	10 years or as long as possible
<b>Aspirator</b>	<ul style="list-style-type: none"> <li>daily check</li> <li>PAT testing (1 year)</li> <li>yearly service</li> </ul>	<ul style="list-style-type: none"> <li>remove out of use</li> <li>report to manager</li> </ul>	<ul style="list-style-type: none"> <li>service certification</li> </ul>	10 years or as long as possible
<b>Hand pieces</b>	<ul style="list-style-type: none"> <li>daily check</li> <li>run through with oil</li> </ul>	<ul style="list-style-type: none"> <li>remove from use</li> <li>decontaminate</li> <li>seal</li> <li>mark as disinfected and pack to send</li> <li>report to manager</li> </ul>	<ul style="list-style-type: none"> <li>serial number of hand piece</li> <li>date sent for repair</li> </ul>	10 years or as long as possible
<b>Ultrasonic scaler</b>	<ul style="list-style-type: none"> <li>daily check</li> <li>run through waterlines 2 minutes before beginning session and 30 minutes between patients</li> </ul>	<ul style="list-style-type: none"> <li>remove from use</li> <li>decontaminate</li> <li>seal</li> <li>mark as disinfected and pack to send</li> <li>report to manager</li> </ul>	<ul style="list-style-type: none"> <li>serial number of scaler</li> <li>date sent for repair</li> </ul>	10 years or as long as possible

Equipment	What checks/methods of testing used	Action to take in response to equipment failure	What maintenance and servicing records should be kept	How long service records should be kept
<b>X-ray machine</b>	<ul style="list-style-type: none"> <li>• daily check</li> <li>• 3-yearly main service check</li> <li>• certified checks</li> <li>• bi-annual audits</li> </ul>	<ul style="list-style-type: none"> <li>• remove out of use</li> <li>• report to manager</li> </ul>	<ul style="list-style-type: none"> <li>• all service and certification checks</li> </ul>	10 years or as long as possible
<b>X-ray processing equipment</b>	<ul style="list-style-type: none"> <li>• chemical and temperature check before each processing</li> <li>• change chemicals</li> <li>• annual service</li> <li>• test wedge</li> <li>• audits</li> </ul>	<ul style="list-style-type: none"> <li>• remove out of use</li> <li>• report to manager</li> </ul>	<ul style="list-style-type: none"> <li>• all service and certification checks</li> </ul>	10 years or as long as possible
<b>Autoclave</b>	<ul style="list-style-type: none"> <li>• daily, weekly, quarterly services</li> <li>• pressure vessel check yearly</li> <li>• time, steam, temperature (TST) strip</li> <li>• Bowie Dick Helix test</li> </ul>	<ul style="list-style-type: none"> <li>• remove out of use</li> <li>• report to manager</li> </ul>	<ul style="list-style-type: none"> <li>• all service certification, log books and validation records</li> </ul>	10 years or as long as possible
<b>Instrument washer</b>	<ul style="list-style-type: none"> <li>• protein residue test</li> <li>• daily, weekly, quarterly and annual checks</li> </ul>	<ul style="list-style-type: none"> <li>• remove out of use</li> <li>• report to manager</li> </ul>	<ul style="list-style-type: none"> <li>• all service certification, log books and validation records</li> </ul>	10 years or as long as possible

Equipment	What checks/methods of testing used	Action to take in response to equipment failure	What maintenance and servicing records should be kept	How long service records should be kept
Ultrasonic bath	<ul style="list-style-type: none"><li>protein residue test</li><li>daily, weekly, quarterly and annual checks</li><li>ultrasonic activity check (foil) quarterly</li></ul>	<ul style="list-style-type: none"><li>remove out of use</li><li>report to manager</li></ul>	<ul style="list-style-type: none"><li>all service certification, log books and validation records</li></ul>	10 years or as long as possible

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
10.				M	PM	NM
10.1	<p><b>Task 10 (1)</b> Learners must draw a diagram showing the layout of the decontamination room. They must:</p> <ul style="list-style-type: none"> <li>label the location of equipment (washers, autoclaves and ultrasonic baths) in relation to zoning and air flow</li> <li>identify where instruments are stored and describe the storage conditions needed to meet HTM 01-05</li> <li>draw a flow diagram to explain the progression through the sterilisation procedure</li> <li>explain how instruments are transported, as described by HTM 01-05</li> </ul>	LO11 AC11.1 AC11.8	<p>Learners should produce a detailed, labelled diagram of their decontamination room (or surgery if learner practice does not have one). Symbols should be used to show zoning and air flow.</p> <p>Learners should describe where instruments are stored and why this is important (protection against recontamination/stock rotation/ensuring storage times are not exceeded).</p> <p>They should mention that best practice will include central storage.</p> <p>Learners should create a flow diagram showing the decontamination process (see exemplar <b>Flow Diagram 1</b> below) and explain how instruments are transported to the room (see below).</p> <p>HTM 01-05 requests that transport boxes are used. They need to be:</p> <ul style="list-style-type: none"> <li>rigid</li> <li>lidded</li> <li>leak proof</li> <li>easily cleanable</li> <li>capable of being closed securely</li> <li>clearly marked to show if they are carrying contaminated instruments or clean instruments; boxes should not be interchanged between the two</li> <li>kept visibly clean; this can be achieved by using single-use disinfectant wipes in between each use</li> </ul>			

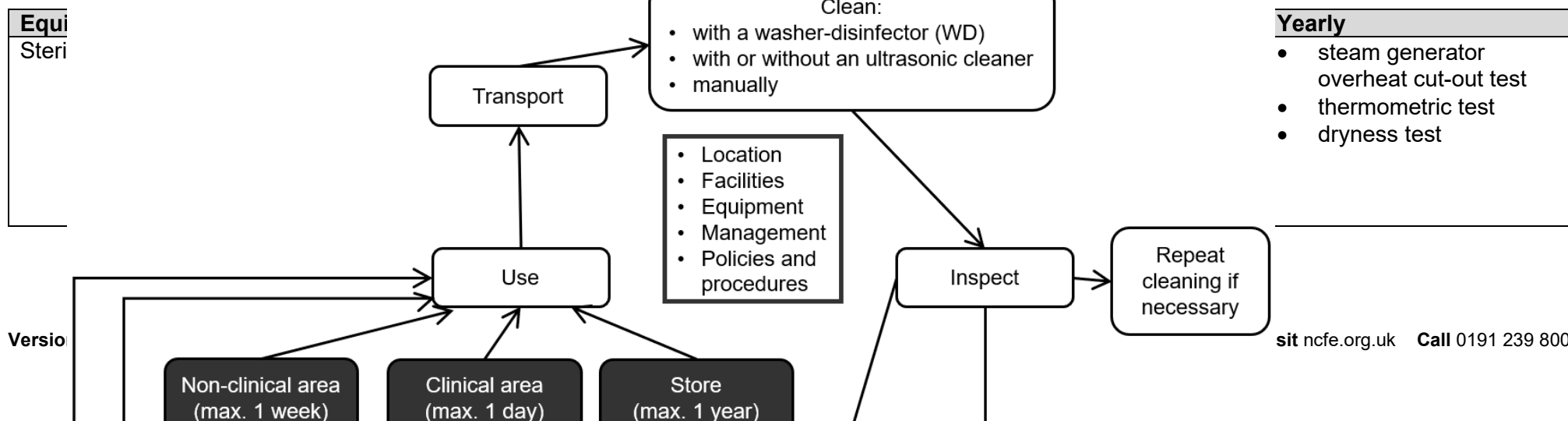
No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
				M	PM	NM
10.			It is not only contaminated instruments that need transporting to the decontamination room. If instruments are stored in the surgery, then they will also require safe transportation.			
10.2	<b>Task 10 (2)</b> Learners must explain the reason for pre-cleaning instruments prior to sterilisation.	LO11 AC11.1	<p>Learners must explain the reason for pre-cleaning instruments prior to sterilisation, the risk of not decontaminating instruments and equipment, the action to be taken if damage is present and the long-term effect of using damaged items.</p> <p><b>Pre-cleaning instruments prior to sterilisation:</b></p> <ul style="list-style-type: none"> <li>instruments should be closely inspected for any visible soiling such as blood or dental materials</li> <li>it is especially important to check joints, hinges or the serrated surfaces of jaws, which are difficult to clean</li> <li>debris protects microbial contamination and this will compromise sterilisation</li> </ul>			
10.3	<b>Task 10 (3)</b> Learners must explain what the potential risks are of not decontaminating equipment and instruments.	LO11 AC11.1	<p><b>What are the risks of not decontaminating equipment and instruments?</b></p> <ul style="list-style-type: none"> <li>if contaminated instruments continue through the decontamination cycle, the sterilisation process would seal protein-based contaminants to the surface of the instrument, rendering it unsterile</li> <li>failure to do this procedure correctly will increase the risk of cross-infection to patients and to other team members</li> </ul>			
10.4	<b>Task 10 (4)</b> Learners must explain the correct action to take if a damaged instrument is found during this process. What are the potential long-term effects	LO11 AC11.4	<p><b>What is the correct action if a damaged instrument is found during this process?</b></p> <ul style="list-style-type: none"> <li>the item must be removed from use and the incident reported to the manager before discarding the item via the appropriate means</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
10.				M	PM	NM
	of using damaged or pre-used sterile goods?		<ul style="list-style-type: none"> <li>these items cannot perform their function correctly and may increase the risk of cross-infection by harbouring contaminants in pits and damaged areas</li> </ul> <p><b>What are the potential long-term effects of using damaged or pre-used sterile goods?</b></p> <ul style="list-style-type: none"> <li>any instruments that are blunt, bent or damaged or show any signs of pitting or other corrosion should be discarded as they cannot perform their function correctly and may increase the risk of cross-infection by harbouring contaminants in pits and damaged areas</li> <li>all single-use items must be disposed of following use and not reused as this is a cross-infection risk</li> </ul>			
10.5	<p><b>Task 10 (5)</b> Learners must explain what records of sterilisation procedures are required to be kept and provide examples of completed logbooks/sheets.</p> <p>Learners must list the daily, weekly, quarterly and yearly checks for:</p> <ul style="list-style-type: none"> <li>steriliser</li> <li>washer-disinfector</li> <li>ultrasonic cleaners</li> </ul>	LO11 AC11.8	<p>See <b>Table 7</b> below.</p> <p>Workplace forms that learners have completed may be used as evidence.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
10.				M	PM	NM
10.6	<b>Task 10 (6)</b> Learners must explain how non-surgical/surgical instruments and hand pieces are prepared for sterilisation.	LO11 AC11.5	<p>Learners must explain how each category of instrument should be prepared for sterilisation.</p> <p><b>Non-surgical/surgical instruments</b> – pre-soak if immediate cleaning is not possible, remove contaminants by manual cleaning, ultrasonic bath, washer-disinfector (according to facilities available), dry and inspect to ensure visibly clean, wrap instruments (if using a vacuum steriliser).</p> <p><b>Hand pieces</b> – remove contaminants through manual disinfection and oiling or automatic cleaning if available (and according to manufacturer instructions), inspect to ensure visibly clean, wrap (if using a vacuum steriliser).</p>			

Flow Diagram 1: task 10.1 HTM 01-05

Table





	<ul style="list-style-type: none"> <li>• clean the door seal with a clean, damp, non-linting cloth</li> </ul>			
Washer-disinfector	<ul style="list-style-type: none"> <li>• cleaning efficiency test</li> <li>• remove and clean strainers and filters</li> </ul>	<ul style="list-style-type: none"> <li>• protein residue test</li> <li>• safety checks</li> </ul>	<ul style="list-style-type: none"> <li>• safety checks</li> <li>• automatic control test</li> <li>• cleaning efficiency test</li> <li>• chemical dosing</li> <li>• thermometric disinfection test</li> </ul>	<ul style="list-style-type: none"> <li>• completion of all validation tests</li> </ul>
Ultrasonic cleaner	<ul style="list-style-type: none"> <li>• degas – start session</li> <li>• cleaning efficiency test</li> <li>• remove and clean strainers and filters</li> <li>• drain machine end of session/day</li> </ul>	<ul style="list-style-type: none"> <li>• protein residue test</li> <li>• safety checks</li> </ul>	<ul style="list-style-type: none"> <li>• automatic control test</li> <li>• verification of calibration</li> <li>• cleaning efficiency test</li> <li>• ultrasonic activity test</li> </ul>	<ul style="list-style-type: none"> <li>• completion of all validation tests</li> </ul>

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
11.				M	PM	NM
11.1	<b>Task 11 (1)</b> Learners must investigate the different types of waste in their surgery and give examples of: <ul style="list-style-type: none"> <li>hazardous waste</li> <li>non-hazardous waste</li> <li>special waste</li> </ul>	LO12 AC12.1	See <b>Table 8</b> below – learners must cover all examples in the table.			
11.2	<b>Task 11 (2)</b> Learners must create a flow chart to explain how the different types of waste are disposed of.	LO12 AC12.3	Flow chart to include: <ul style="list-style-type: none"> <li>sharps</li> <li>clinical waste</li> <li>medicines waste</li> <li>offensive/hygiene waste</li> <li>amalgam waste</li> <li>X-ray fixer</li> <li>X-ray developer</li> <li>lead foils</li> <li>secure storage facilities</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
11.				M	PM	NM
11.3	<b>Task 11 (3)</b> Learners must explain the dangers of not disposing of waste correctly and promptly.	LO12 AC12.3	Learners must explain the risk to the public and the waste transporter if something has been disposed of incorrectly. The following points should be included: <ul style="list-style-type: none"> <li>• mismanagement of waste</li> <li>• contact/handling hazards</li> <li>• environmental hazards</li> <li>• cross-infection hazards</li> </ul>			

**Table 8:** task 11.1 different types of waste

Hazardous waste (infectious, clinical)	Non-hazardous waste (non-infectious, chemical)	Special waste
Face mask	Pouches touched by clean hands	Lead foil disposal
Used gloves	Paper	Sharps
Cotton wool rolls	Empty boxes	Amalgam
Tissues	Pen	Medicinal
Mouthwash beakers		Damaged instruments
Cotton pledgets		
Disposable bib		
Aspirating tip		
3-in-1 tip		
Gauze		
Alcohol wipes		

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
12.				M	PM	NM
12.1	<b>Task 12 (1)</b> Learners must explain reporting procedures in case of: <ul style="list-style-type: none"> <li>• sharps injury</li> <li>• damaged instruments</li> <li>• accidents or injuries</li> <li>• contaminated materials or equipment</li> <li>• damaged sterilised supplies</li> <li>• evidence of potentially infectious diseases</li> </ul>	LO13 AC13.1	<b>Sharps injury:</b> <ul style="list-style-type: none"> <li>• many items in dental practice are classified as 'sharps' and must be disposed of using the correct sharps bin and in the correct manner as they represent the biggest cause of inoculation injury</li> <li>• the sharps bin must be locked when not in use, away from patient reach and not overfilled</li> <li>• should a sharps bin be found damaged/overfilled, it should be reported to the manager</li> <li>• sharps should be disposed of by the person using them, to reduce risk</li> </ul> <b>Damaged instruments:</b> <ul style="list-style-type: none"> <li>• damaged instruments include those that are blunt, bent or damaged, or show any signs of pitting or other corrosion</li> <li>• these are reported to the manager before discarding via the appropriate means</li> <li>• these items cannot perform their function correctly and may increase the risk of cross-infection by harbouring contaminants in pits and damaged areas</li> </ul> <b>Accidents or injuries:</b> <ul style="list-style-type: none"> <li>• identify the category of accident: minor or major</li> <li>• minor – no serious injury to persons or premises and are dealt with 'in-house'</li> <li>• minor – written report in the accident book</li> <li>• major – results in serious injury to a person or severe damage to the premises</li> <li>• major – classed as 'significant events' and are notifiable incidents that must be reported to HSE via RIDDOR</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
12.				M	PM	NM
			<p><b>Contaminated materials and equipment:</b></p> <ul style="list-style-type: none"> <li>• blood contamination is common when treating patients</li> <li>• any blood contamination found on equipment, surfaces or sterile instruments before use should be appropriately dealt with and then reported to manager/decontamination lead</li> <li>• if not appropriately managed, blood contamination can lead to transmission of blood-borne viruses</li> </ul> <p><b>Damaged sterilised supplies:</b></p> <ul style="list-style-type: none"> <li>• the practice should have a policy not to use any materials/equipment that are damaged. All staff must adhere to the policy</li> <li>• any instruments, material and equipment found to be damaged will be reported to the manager</li> <li>• if the equipment is an autoclave or compressor and it has been involved in an explosion, RIDDOR should be notified</li> <li>• damaged materials and equipment could present a variety of different health and safety risks to staff and patients</li> <li>• damaged disposable containers could present a variety of different health and safety risks to staff and patients</li> </ul> <p><b>Evidence of potentially infectious diseases:</b></p> <ul style="list-style-type: none"> <li>• hepatitis B:</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 2 LO/AC	Response required	Assessor mark		
12.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ hepatitis B is a viral infection which can be acquired as a result of inoculation injuries which lead to exposure to the virus</li> <li>○ any inoculation injury must be reported to the manager/decontamination lead and occupational health, who will advise on post-exposure prophylaxis (PEP)</li> <li>○ serious risk of transmission of virus</li> <li>• HIV:               <ul style="list-style-type: none"> <li>○ HIV is a viral infection which can be acquired as a result of inoculation injuries which lead to exposure to the virus</li> <li>○ any inoculation injury must be reported to the manager/decontamination lead and occupational health, who will advise on PEP</li> <li>○ serious risk to the patient of life-threatening infection (immuno-compromised)</li> </ul> </li> <li>• herpes simplex:               <ul style="list-style-type: none"> <li>○ herpes simplex is a common virus which can be transmitted by contact or through splatter and can lead to herpetic hand whitlows and even blindness if infected saliva enters the eye</li> <li>○ hazards such as this should be reported to the dentist before treatment</li> <li>○ treatment should be postponed where possible but full PPE including eye protection must be used</li> <li>○ practice policy should include to reappoint where possible if sores are active</li> </ul> </li> </ul>			

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....



**CORE DN 3: Reflect on and develop own practice as a dental nurse (T/650/8105)**

<b>Unit summary</b>	This unit focuses on the knowledge, skills and behaviours required to reflect on own practice, as well as to agree, implement and evaluate a personal development plan (PDP).
<b>Guided learning hours</b>	15
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.1	<b>Task 1 (1)</b> Learners must write a reflection on their own role as a trainee dental nurse. They must cover how they fit into the dental and wider healthcare team. They should use the template below to ensure they reflect as deeply as possible.	LO1 AC1.1  LO3 AC3.4	The reflection should concentrate on the learner's own practice. See reflective account template below. Some suggested responses are given.  See also Internal Assessment Tasks document, appendix B: a guide to writing a reflective account.			
1.2	<b>Task 1 (2)</b> Learners must research <b>one</b> new technique/guideline and <b>one</b> new technology/material in practice and reflect on their impact on clinical practice. They must explain how this will improve, manage or	LO1 AC1.2	Learners must select <b>one</b> new technique/guideline and <b>one</b> new technology/material that has just been newly developed, and then they must explain how it will change their clinical practice. How and why will it change the way they work?  <ul style="list-style-type: none"> <li>how: report the improvement, manage or mitigate risk and explain what they will do differently as a result of the change</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.						
	mitigate risks in the way they work.		<ul style="list-style-type: none"> <li>why: reflect on why this change is necessary (infection control/patient safety/inoculation/injury reduction/health promotion)</li> </ul> <p>Examples are HTM 01-05, Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, increase in fluoride treatments due to NHS targets, HealOzone, COVID guidance, antibiotic guidelines, 3D printers, digital impressions, patient software.</p>			
1.3	<b>Task 1 (3)</b> Learners must give <b>four</b> examples of the different kinds of supervision and support that could be used to help them develop.	LO1 AC1.3	See <b>Table 9</b> below.			
1.4	<b>Task 1 (4)</b> Learners must explain <b>six</b> characteristics of good constructive feedback.	LO1 AC1.4	<p><b>The characteristics of good constructive feedback (six characteristics)</b></p> <p>Good constructive feedback is:</p> <ul style="list-style-type: none"> <li>• given with the goal of improvement</li> <li>• timely</li> <li>• honest</li> <li>• respectful</li> <li>• clear</li> <li>• issue specific</li> <li>• objective</li> <li>• supportive</li> <li>• motivating</li> <li>• action oriented</li> <li>• solution oriented</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.						
1.5	<b>Task 1 (5)</b> Learners must explain <b>three</b> reasons why it is important to give feedback and how it can be used to develop their own practice.	LO1 AC1.4	<p>Why is it important to give feedback and how it can be used to develop practice:</p> <ul style="list-style-type: none"> <li>to promote improvement</li> <li>feedback is crucial to an organisation's ongoing development and growth</li> <li>in the competitive environment within which businesses operate, constructive feedback is essential for continuous improvement</li> <li>employers need to give effective, constructive feedback regularly to employees to promote engagement with the feedback process</li> <li>what employees look for in feedback from employers includes positive reinforcement and acknowledgment for a job well done as well as ideas or instructions for self-development, learning and doing their jobs better</li> </ul> <p>Learning how to give good feedback is a learnt communication skill and one that can be achieved through thought and planning.</p>			
1.6	<b>Task 1 (6)</b> Learners must provide examples of verbal, written and electronic feedback they have received and explain how it has helped them to improve.	LO1 AC1.4	<p>Examples of feedback:</p> <ul style="list-style-type: none"> <li>verbal – colleagues giving feedback on a procedure or a situation the learner has handled</li> <li>written – appraisals, reviews, marking sheets, assignment feedback</li> <li>electronic – emails and online portfolio</li> </ul>			
1.7	<b>Task 1 (7)</b> Learners must explain the principles of an evidence-based approach to learning and give an example.	LO1 AC1.5	Dental nurses' practice should be based on evidence to ensure it is safe and of a high standard. However, the nature of dental nurses' education means they face barriers to carrying out evidence-based practice. Evidence-based practice is a careful assimilation of the best available evidence, alongside clinical expertise. It enables dental nurses to address health care questions with both an evaluative and qualitative approach.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.			For example, UK Guidelines for returning to work safely after COVID 19: guidelines for safe care in general dental practice (Faculty of General Dental Practice).			
1.8	<b>Task 1 (8)</b> Learners must explain the contribution that a diverse team and effective team working make to the delivery of safe and effective high-quality diverse, individual care.	LO1 AC1.6	Teamwork is the collaborative effort of a group to achieve a common goal or to complete a task in an effective and efficient way. Teamwork is seen within the framework of a team, which is a group of interdependent individuals who work together towards a common goal, high-quality treatment and care for patients.			
1.9	<b>Task 1 (9)</b> Using the General Dental Council (GDC) Standards for the Dental Team 9 Principles, and referring to Principle 6, learners must explain the responsibilities and limitations of delegating to other members of the dental team.	LO1 AC1.7	<p>Taken from the GDC Standards for the Dental Team 9 Principles – Principle 6 – Work with colleagues in a way that is in patients' best interests:</p> <p><b>6.3 You must delegate and refer appropriately and effectively</b></p> <p>6.3.1 You can delegate the responsibility for a task but not the accountability. This means that, although you can ask someone to carry out a task for you, you could still be held accountable if something goes wrong. You should only delegate or refer to another member of the team if you are confident that they have been trained and are both competent and indemnified to do what you are asking. For more information, see the 'Scope of Practice' document.</p> <p>6.3.2 If you delegate a task to another member of the team who does not feel that they are trained or competent to carry it out, you must not take advantage of your position by pressurising them into accepting the task.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p>6.3.3 You should refer patients on if the treatment required is outside your scope of practice or competence. You should be clear about the procedure for doing this.</p> <p>6.3.4 If you ask a colleague to provide treatment, a dental appliance, or clinical advice for a patient, you should make your request clear and give your colleague all the information they need.</p> <p>6.3.5 If you need to refer a patient to someone else for treatment, you must explain the referral process to the patient and make sure that it is recorded in their notes.</p>			
1.10	<b>Task 1 (10)</b> Learners must identify and address discriminatory language, behaviours and microaggressions from key people.	LO1 AC1.8	<p>Discriminatory language, behaviours and microaggressions should not be tolerated within a workplace.</p> <p>They can be insensitive statements, questions, or assumptions.</p> <p>They can happen to anyone, regardless of their background or professional level. These subtle acts can have a significant impact on physical and mental health over time, leading to increased rates of depression, stress, and trauma.</p> <p>Ways to address them:</p> <p>Awareness:</p> <ul style="list-style-type: none"> <li>• educate yourself and others about microaggressions</li> <li>• understand that they can target various aspects of identity, such as race, gender, sexuality, socioeconomic background, and mental health</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p>Recognise:</p> <p>pay attention to everyday speech and behaviour</p> <ul style="list-style-type: none"> <li>be aware of instances where someone may unknowingly perpetrate a microaggression</li> </ul> <p>Respond:</p> <ul style="list-style-type: none"> <li>when you encounter a microaggression, consider this approach:               <ul style="list-style-type: none"> <li>educate: gently educate the person about the impact of their words or actions</li> </ul> </li> </ul> <p>Reflect:</p> <ul style="list-style-type: none"> <li>self-reflect on your own biases and assumptions</li> </ul> <p>Advocate:</p> <ul style="list-style-type: none"> <li>stand up for others by addressing the microaggression directly or supporting the affected person</li> </ul> <p>Create inclusive cultures:</p> <ul style="list-style-type: none"> <li>create a workplace environment where everyone feels respected and valued</li> </ul> <p>Addressing microaggressions contributes to a healthier and more inclusive workplace.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			Use the same approach with all key people within the practice. If unsure, speak to a senior member of the team. If it is a senior member of the team, source a trusted colleague to speak to.			
1.11	<b>Task 1 (11)</b> Learners must reflect on when to take the lead, manage and take professional responsibility for the actions of a colleague relevant to individual care.	LO1 AC1.9	Learners must think about when they may have taken over or guided a colleague who was not performing a task correctly, which could endanger a patient. For example, not aspirating correctly when the dentist washes off acid etch, not using correct decontamination procedures or incorrect note taking.  How would they approach it? Would they report it? What would be put in place to support the colleague moving forward?			

**Reflective account template** (Task 1.1)

Reflective account template
<p><b>1) Description:</b> Briefly describe your role.</p>
<p><b>2) Feelings:</b> Why do you want to be a dental nurse?</p> <p>Career progression/people facing/interest in healthcare</p> <p>Is the role what you expected it to be? Think about the preconceptions of the role, bias and behaviour. If yes, why? If no, why?</p>
<p><b>3) Evaluation:</b> What are your strengths and weaknesses?</p> <p>Effective communicator/caring nature/interest in science and/or health/organised/efficient</p> <p>What skills does a dental nurse need?</p> <p>Patience/compassion/time management/willingness to learn/manual dexterity/respect for others/team working</p>
<p><b>4) Analysis:</b> How does your role contribute to the dental team and the wider healthcare team?</p> <p>If you can, ask others for their thoughts and views. This could be colleagues – both senior and junior.</p>



Reflective account template
<b>5) Conclusions:</b> What can you bring to the team?
<b>6) Action plan:</b> How can you work better with your team?
<b>7) Other:</b> How can you use this reflection to help others to learn and develop?

**Table 9:** task 1.3 different kinds of supervision and support for personal development

Supervision and support	Example
<b>Formal</b>	Appraisals, induction, reviews, mentoring, tutorials, training-provider workshops, observations by assessors
<b>Informal</b>	Discussions with colleagues, mentors, assessors, tutors
<b>Provided from within your organisation</b>	Appraisals, induction, reviews, mentoring from manager and colleagues
<b>Provided from outside your organisation</b>	Tutor and assessor tutorials, discussions and reviews

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must explain the purpose and benefits of: <ul style="list-style-type: none"> <li>• an appraisal</li> <li>• training</li> <li>• review of own performance</li> <li>• feedback from colleagues</li> <li>• personal development plan (PDP)</li> </ul>	LO2 AC2.1	<b>An appraisal can identify:</b> <ul style="list-style-type: none"> <li>• strengths and weaknesses of the person</li> <li>• strengths and weaknesses or how the practice/surgery is run</li> <li>• lack of knowledge and procedures/further training needs</li> <li>• barriers to effective communication</li> <li>• how you want to develop</li> </ul> <b>Training:</b> <ul style="list-style-type: none"> <li>• looking at your continuing professional development (CPD) log and the training already achieved can help you plan what training you do next</li> <li>• you could look at your weaknesses to identify areas for development (for example, assertiveness training if you do not like confrontation)</li> <li>• you may have enjoyed your basic life support training and want to expand by doing an appointed first-aider award</li> </ul> <b>Review of own performance:</b> <ul style="list-style-type: none"> <li>• this is generally done through appraisals or reviews and tutorials at the training provider</li> <li>• this can help you look at strengths and weaknesses and what can be improved</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<p><b>Feedback from colleagues:</b></p> <ul style="list-style-type: none"> <li>• most colleagues will be honest and advise you on appropriate development planning</li> <li>• this can be used in your PDP to develop current targets</li> <li>• this can also be used to review the previous year's targets</li> </ul> <p><b>PDP:</b></p> <ul style="list-style-type: none"> <li>• a PDP is a collection of evidence and reflection that enables dental care professionals to identify learning needs and record their training in a suitable format. It can:               <ul style="list-style-type: none"> <li>○ produce a framework for meeting training needs</li> <li>○ produce evidence that something useful has been learnt</li> <li>○ provide an appropriate record of reflection on learning</li> <li>○ demonstrate that the required professional and systematic approach to CPD is in place</li> <li>○ assist in the development of a structured career pathway in primary and secondary care</li> </ul> </li> </ul>			
2.2	<p><b>Task 2 (2)</b> The GDC requires every dental care professional to complete and revisit a PDP to promote reflective practice and focus on time management and their own educational needs. Learners</p>	<p>LO2 AC2.2 to AC2.6</p> <p>LO3 AC3.1</p>	<p>Learners must develop their own PDP using previous information from units and the following:</p> <ul style="list-style-type: none"> <li>• current CV</li> <li>• SWOT analysis – identify any strengths/concerns – prioritise</li> <li>• development opportunities (see courses and training available) – how will they implement this?</li> <li>• a CPD record of training, with reflection on each course</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
	<p>must develop their own PDP, including the following:</p> <ul style="list-style-type: none"> <li>• current CV</li> <li>• strengths, weaknesses, opportunities and threats (SWOT) analysis – identify any concerns – prioritise</li> <li>• CPD</li> <li>• development opportunities (courses, training) – how will they implement this?</li> <li>• a record of training, with reflection on each course</li> <li>• learning methods (visual, auditory and kinaesthetic (VAKs) assessment)</li> <li>• available resources (mentoring, coaching)</li> <li>• personal goals/progression routes</li> <li>• specific, measurable, achievable, realistic and timebound (SMART) targets</li> <li>• skills scan</li> </ul>		<ul style="list-style-type: none"> <li>• learning methods (for example, visual, auditory, kinaesthetic), use of VAKs assessment to find out learning style and how best to learn the knowledge for the external assessments and underpinning knowledge (for example via demonstrations, reading or writing)</li> <li>• available resources (mentoring, coaching), also what financial resources they have (course and training can be expensive)</li> <li>• personal goals – could include time management and organisational skills/progression routes (what happens next after qualification)</li> <li>• set SMART targets for completion of qualification, PDP, training at surgery</li> <li>• skills scan – highlights areas that might cause concern</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
<b>2.</b>				<b>M</b>	<b>PM</b>	<b>NM</b>
2.3	<b>Task 2 (3)</b> Learners must explain the importance of and requirement for commitment to lifelong learning.	LO2 AC2.7	<p>Refer to the GDC document Shaping the direction of lifelong learning for dental professionals.</p> <p>The general public expect dental professionals to keep up to date with knowledge and skills.</p> <p>Lifelong learning goes beyond CPD. Commitment to lifelong learning is a bigger commitment to professional knowledge and skills. It includes planning, effort, and a holistic approach to development.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
<b>3.</b>				<b>M</b>	<b>PM</b>	<b>NM</b>
3.1	<b>Task 3 (1)</b> Learners must keep a personal development log (PDL). This can be a reflective diary or record of practice activities. Learners must analyse and reflect on what happened and set SMART targets for improvement. What have they learnt, and how has it changed the way they work?	LO3 AC3.2 and AC3.3	<p>A PDL helps learners to identify key areas of learning and development activity that will enable them to either acquire new or develop existing skills and behavioural attributes for the following purposes:</p> <ul style="list-style-type: none"> <li>• enhancing performance in their current role</li> <li>• addressing anticipated changes in their current role</li> <li>• addressing career aspirations towards a future role</li> </ul> <p>See <b>PDL</b> below.</p> <p>To meet these LOs, learners must construct and maintain a PDL which includes the following:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>• training need (description)</li> <li>• how the training need was identified (reflection/feedback)</li> <li>• what type of training is needed (in-house/external)</li> <li>• training need made SMART (with target date for completion)</li> <li>• review date (monthly review of PDL)</li> <li>• actual date (date of achievement of training)</li> <li>• reflection (what has been achieved/benefits/changes to practice/further training need identified)</li> </ul> <p>Learners must demonstrate that they are reviewing the PDL in line with the PDP monthly for the duration of the qualification.</p> <p><b>This task should be reviewed at least 6 months prior to the end of the qualification in order to ensure their achievement of the task.</b></p>			
3.2	<b>Task 3 (2)</b> After writing the first draft of their PDP, learners must revisit it at regular intervals, reflecting on their own practice using a PDL.	LO3 AC3.2	<ul style="list-style-type: none"> <li>• once their PDP is completed, they should set review dates for monthly intervals and ensure all targets are reviewed</li> <li>• if targets have been met, they should write a reflection on what was learnt and whether it has changed how they work; if targets have not been met, they should create a new SMART target with an action plan showing how to achieve it, and set a new review date</li> </ul> <p><b>This task should be reviewed at least 6 months prior to the end of the qualification in order to ensure their achievement of the task.</b></p>			

**Personal development log (PDL): guidance notes (Task 3.1)**

A personal development log (PDL) helps learners to identify key areas of learning and development activity that will enable them to either acquire new or develop existing skills and behavioural attributes for the following purposes:

- enhancing performance in their current role
- addressing anticipated changes in their current role
- addressing career aspirations towards a future role

Prior to completing the PDL, learners should:

- complete a skills analysis activity such as skill scan to determine their learning and development targets (may be indicated on the personal development plan (PDP))
- undertake a strengths, weaknesses, opportunities and threats (SWOT) analysis to identify development objectives to meet those targets (may be indicated on the PDP)
- set specific, measurable, achievable, realistic and timebound (SMART) targets for achieving those targets
- reflect on the learning process

We recommend that the personal development planning process should be undertaken initially by learners, followed by discussion and agreement with their assessor/tutor.

It is recommended that this process should be an ongoing exercise throughout the qualification and, ideally, should form part of the development review (appraisal) and tutorial/review process. However, it can be equally valuable when undertaken as a standalone activity.

Ideally, the personal development planning process should begin at the point at which learners are new to their role and undertaking their induction. The process can then continue at the workplace and training provider.

**Target** and **actual dates** state when it is intended the development objectives will be achieved, followed by the date they are actually achieved. Data in these columns is particularly useful when reviewing the PDL as they will enable identification of any factors that may have prevented learners from achieving the development objectives on the target date and build in contingencies to prevent this from occurring in the future.

**Review date** states when the progress will be reviewed in the PDL. We recommend that the PDL is reviewed every month, thereby enabling learners to:

- assess the progress
- reflect on the learning
- identify whether the development objectives need to be amended
- identify factors that may have prevented them from achieving the development objectives
- build in contingencies to enable them (where possible) to meet the agreed target date in the future

The following log could be used:

How did I identify my training needs? (S)	How did I identify my training needs? How will I know I have achieved my needs? (M)	What type of training is needed and is it achievable? (A)	Timescale – set target for completion (R)	Review date	Actual date achieved (T)	Reflection on completion. What have I achieved? What benefits/practices have changed?

**SMART** stands for:

- **Specific:** clearly state what is to be achieved (for example, learning muscles of mastication)
- **Measurable:** how you will know that you have achieved your need, the desired outcome (for example, testing by tutor or peers)
- **Achievable/agreed:** you have discussed this with tutor/mentor and agreed an aim
- **Realistic:** the target is possible given the resources available
- **Timebound:** the target will be met by 25/12/25



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> Learners must identify what a patient advocate is.	LO4 AC4.1	Someone who stands up for another person's rights.			
4.2	<b>Task 4 (2)</b> Learners must provide examples of how they might act as a patient advocate in the following situations:  <ul style="list-style-type: none"> <li>providing further information to support a patient in determining treatment options</li> <li>raising concerns if a patient is at risk</li> </ul>	LO4 AC4.1	<ul style="list-style-type: none"> <li>listening fully to the patient</li> <li>putting the interests of the patient first</li> <li>explaining the care and treatment that is being provided in simple language</li> <li>ensuring that patients with additional needs have the time they need to receive dental treatment</li> <li>treating patients with respect and promoting their dignity</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
5.1	<b>Task 5 (1)</b> Learners must describe methods of self-monitoring, self-care and where to seek advice from to support own wellbeing.	LO5 AC5.1	<p>Taking care of your wellbeing is essential. Here are some methods for self-monitoring and self-care:</p> <p><b>Self-monitoring:</b></p> <ul style="list-style-type: none"> <li>awareness:</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ be mindful of your behaviour and emotions, and their impact on your environment</li> <li>• adaptability:               <ul style="list-style-type: none"> <li>○ adjust your behaviour based on social situations or stress levels</li> </ul> </li> <li>• types:               <ul style="list-style-type: none"> <li>○ self-monitoring can be acquisitive (seeking attention or approval) or protective (avoiding disapproval)</li> </ul> </li> <li>• sleep routine:               <ul style="list-style-type: none"> <li>○ prioritise good sleep by avoiding caffeine and sugar before bed, reducing stress, and creating a distraction-free bedroom</li> </ul> </li> </ul> <p><b>Self-care strategies:</b></p> <ul style="list-style-type: none"> <li>• nutrition:               <ul style="list-style-type: none"> <li>○ eat well-balanced meals</li> </ul> </li> <li>• stress reduction:               <ul style="list-style-type: none"> <li>○ practice relaxation techniques, for example deep breathing, meditation</li> </ul> </li> <li>• exercise regularly:               <ul style="list-style-type: none"> <li>○ physical activity positively impacts mental health</li> </ul> </li> <li>• me-time:               <ul style="list-style-type: none"> <li>○ prioritise self-care in your busy schedule</li> </ul> </li> <li>• seek support:               <ul style="list-style-type: none"> <li>○ talk to a coach, therapist, or join self-care programmes</li> </ul> </li> </ul> <p><b>Where to seek advice:</b></p> <ul style="list-style-type: none"> <li>• various online support available</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>• friends and family</li> <li>• manager or senior colleagues, as they may be able to help in relation to relieving work stress</li> </ul> <p>Self-care is ongoing. Once you find things to help, keep them up to support your wellbeing.</p>			
5.2	<b>Task 5 (2)</b> Learners must describe strategies and coping strategies to manage personal and emotional challenges of work, teamwork, workload and any related uncertainty and change associated with the challenges.	LO5 AC5.2 AC5.3	<b>Strategies</b>  <b>Organise your time</b>  Try to prioritise – review your to-do list and deadlines each week to help reduce last-minute stress. Do not get overwhelmed by too many tasks. Decide what needs doing now and what can wait. Think about which tasks will make the biggest difference and try to concentrate on one at a time. If you are still feeling very stressed at this point, pick one task and focus on that.  Divide projects up – break them up into smaller, more manageable chunks. Doing everything at once can increase levels of stress and frustration when things do not get done. Put time in your diary for important tasks and deadlines so they do not get forgotten.  Keep a structure to your day – keeping to a routine can really help if you are coping with stress; get up and go to bed at the same times and try to get out and do your usual leisure activities.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Take control</b></p> <p>Keep your desk tidy – a calm working space where you can find your papers can help reduce unnecessary stress.</p> <p>Manage your workload – start to plan projects early so that you can set deadlines for yourself and flag any problems to your manager.</p> <p>Plan for the unexpected – create some slack in your workload each day so you can react to unexpected demands and tasks that take longer than expected.</p> <p><b>Take proper breaks</b></p> <p>Take a lunch break – you will get more done in the afternoon. Go for a walk in the fresh air. Being mindful of what is happening around you, rather than thinking about work, will help you return to your desk feeling refreshed and more relaxed.</p> <p>Take your holidays – working under pressure for months without stopping can allow stress to build up and affect how you are feeling and behaving.</p> <p>Pace yourself – working long hours and taking work home will increase tiredness, reduce your resilience and mean less time for relaxation and exercise. Switch off mobile phone alerts from work emails outside of work hours.</p> <p><b>Reduce the pressure</b></p> <p>Are your managers expecting too much of you? If you are struggling, or not clear about your role, try to talk this through with your manager. If you are given</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p>unrealistic targets at work, try to address this. Explain what is realistic and why, and suggest an alternative solution instead.</p> <p>Are you expecting too much of yourself? Do you put extra pressure on yourself to get everything finished? Does everything you do have to be perfect? Do you do everything at high speed? Do you usually do too many things at once? Learn to be more realistic about what you can achieve. Ask yourself what can wait, what is important and whether anyone else can help.</p> <p><b>Get a good night's sleep</b></p> <p>Sleep is essential for both our physical and mental health. Try to switch off digital devices at least an hour before bedtime.</p> <p><b>Take time to relax</b></p> <p>Practise relaxation and breathing techniques every day – breathing techniques such as diaphragmatic breathing can help you feel calmer and help combat the physical and emotional effects of stress.</p> <p>Try different ways to relax.</p> <p>Slow down – talk, walk and eat more slowly, relax your shoulders and breath more naturally.</p> <p><b>Watch what you eat and drink</b></p> <p>Eat well – eat a well-balanced diet with lots of fresh vegetables.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Look after your health</b></p> <p>Take regular moderate exercise – 30 minutes every day can help you feel calmer and boost your wellbeing. Take a stroll at lunchtime.</p> <p><b>Stay connected</b></p> <p>The support of a good social network is important – take time to develop your relationships with family, friends and colleagues. Be open with them about how you are feeling. Positive self-talk is important.</p> <p>Try to challenge any negative or anxious thoughts – sometimes having negative thoughts can affect our mood and the way we feel. Talk to yourself kindly and with encouragement. How would a good friend talk to you?</p> <p>Be positive – take time to be thankful for the good things.</p> <p><b>Coping strategies</b></p> <p>Coping strategies can support individuals to manage personal and emotional challenges of work, teamwork and any related uncertainty and change associated with the challenges.</p> <p>Benefits of coping strategies – reduces stress, improves emotional regulation and improves emotional wellbeing.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Reflection</b></p> <p>Reflection is important as it helps to understand and evaluate the effectiveness of coping strategies.</p> <p>Problem-focused coping – dealing with the cause of stress to eliminate it.</p> <p>Emotion-focused coping – managing emotions that come from stress rather than the problem itself.</p> <p>Reflection aids coping strategy selection by evaluating past experiences to choose effective strategies.</p> <p><b>Self-acceptance</b></p> <p>Self-acceptance is important in helping individuals to recognise their worth and embrace their true selves.</p> <p>Self-acceptance is acknowledging and valuing oneself despite flaws and failures.</p> <p>Higher self-acceptance is associated with better mental health.</p> <p>Benefits of self-acceptance – greater life satisfaction and resilience.</p> <p>How to practice self-acceptance – through self-compassion and positive self-talk.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Debriefing</b></p> <p>Debriefing is a structured discussion following an event to process what occurred. It assists in understanding and processing experiences.</p> <p>Role of debriefing in coping – facilitates expression of emotions and reflection on the event.</p> <p>Effective debriefing practices – creating a safe environment and encouraging open communication.</p> <p>Challenges in debriefing – potential for retraumatisation if not handled sensitively.</p> <p>Outcome of effective debriefing – improved coping skills and psychological resilience.</p> <p><b>Handover to a colleague</b></p> <p>Handing over to a colleague is important in ensuring continuity of care and minimising stress for both the outgoing and incoming colleague. It provides clear, concise information that helps the incoming colleague quickly understand the current situation and priorities.</p> <p>Time management – ensures that the handover is comprehensive but concise.</p> <p>Clear communication – helps to prevent misunderstandings and ensures that all relevant information is conveyed effectively.</p>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p>Prioritising tasks – ensures that the most critical tasks are addressed first, reducing the risk of important issues being overlooked.</p> <p>Documentation – provides a written record of tasks and important information, reducing the likelihood of errors.</p> <p>Feedback – helps to identify areas for improvement and reinforces effective practices.</p> <p>Teamwork – ensures that responsibilities are shared, and support is available, reducing individual stress.</p> <p>Staying organised – helps to ensure that all necessary information is transferred efficiently and accurately.</p> <p><b>Peer support</b></p> <p>Peer support provides emotional and practical assistance, fostering a sense of community and shared understanding.</p> <p>Active listening – is a common coping strategy used in peer support. It helps by validating feelings and encouraging open communication.</p> <p>Emotional regulation – is the ability to manage and respond to emotional experiences in a healthy way. It helps individuals to remain calm and supportive, fostering a safe environment.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p>Empathy – allows peers to understand and share feelings, enhancing mutual support.</p> <p>Sharing experiences – can provide comfort, reduce feelings of isolation, and offer new perspectives.</p> <p>Mindfulness – is focusing on the present moment without judgement, which can help manage stress and improve emotional wellbeing.</p> <p><b>Asking for help in responding to challenges and setbacks</b></p> <p>It is important to ask for help to access new perspectives, support and resources.</p> <p>Social support – provides a sense of belonging and offers practical help. Helps individuals manage their emotions and find solutions.</p> <p>Resilience – the ability to bounce back from setbacks and challenges. Coping strategies contribute to resilience by equipping individuals with tools to manage stress and recover from difficulties.</p>			
5.3	<p><b>Task 5 (3)</b></p> <p>Learners must recognise personal assumptions, biases and prejudices and manage the impact of these on individual care and professional behaviour with colleagues, individuals and wider society.</p>	LO5 AC5.4	<p>Implicit bias – those unconscious stereotypes and attitudes we develop toward certain groups – can significantly impact patient care and professional behaviour.</p> <p>Here are some key points to consider:</p> <p><b>Unconscious bias in healthcare</b></p> <p><b>Assumptions</b></p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p>We all make assumptions based on past experiences, which can lead to erroneous clinical decisions (for example, assuming older patients are sedentary or deaf) without realising it.</p> <p><b>Preferential treatment</b></p> <p>Unconscious bias can result in giving preferential treatment to patients we relate to well, without us being aware.</p> <p><b>Communication</b></p> <p>Our beliefs about social class may influence how we speak to patients.</p> <p><b>Implicit bias</b></p> <p>It affects decision-making in medical settings and may impact care decisions.</p> <p><b>Discrimination against patients</b></p> <p>Implicit bias can cause us to discriminate against patients based on factors like ethnicity, gender, and disability.</p> <p>It is essential to recognise that patients themselves may also have unconscious biases, which may affect the patient–dental care professional relationship.</p> <p><b>Awareness</b></p> <p>Recognise your own biases and blind spots.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Education</b></p> <p>Training and workshops on unconscious bias can help healthcare professionals become more aware.</p> <p><b>Diverse teams</b></p> <p>Encourage diverse teams to minimise bias.</p> <p><b>Patient-centred care</b></p> <p>Focus on individualised, quality care by actively dismissing stereotypes and attitudes that affect interactions.</p> <p>Remember that addressing implicit bias is crucial for providing equitable and compassionate care.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 3 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
6.1	<b>Task 6 (1)</b> Learners must explain what is meant by the term <b>insight</b> in the context of professional practice and why it is important in ensuring safe and effective individual care, and in personal development.	LO6 AC6.3 and AC6.4	<p>Insight refers to gaining a deeper understanding and awareness of one's actions, decisions, and experiences. It involves thinking analytically about different aspects of your practice, both positive and challenging. Here is why <b>insight</b> is crucial:</p> <ul style="list-style-type: none"> <li>enhancing practice: <ul style="list-style-type: none"> <li>insight helps professionals identify areas for improvement and development</li> <li>by reflecting on their actions, they can apply lessons learnt to maintain good practice and enhance service delivery</li> </ul> </li> <li>patient care: <ul style="list-style-type: none"> <li>professionals with insight can better identify ways to improve patient care</li> <li>whether it is recognising positive experiences or processing challenging situations, insight informs better decision-making and patient outcomes</li> </ul> </li> <li>personal development: <ul style="list-style-type: none"> <li>insight contributes to personal growth</li> <li>it allows professionals to learn from their experiences, adapt, and continuously develop their skills</li> <li>regular reflection fosters a more confident, open, and honest approach to practice</li> </ul> </li> </ul> <p>In summary, cultivating insight benefits both professionals and their service users, leading to safer and more effective care. Employers and managers should encourage regular reflection to create cohesive and insightful teams.</p>			

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....

**CORE DN 4: Promote oral health for individuals (Y/650/8106)**

<b>Unit summary</b>	This unit focuses on the knowledge, skills and behaviours required to support the promotion of oral health for individuals.
<b>Guided learning hours</b>	20
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.						
1.1	<b>Task 1 (1)</b> Learners must describe types of oral diseases.	LO1 AC1.1	<ul style="list-style-type: none"> <li>• caries</li> <li>• gingivitis</li> <li>• periodontal disease</li> <li>• erosion</li> <li>• abrasion</li> <li>• attrition</li> </ul>			
1.2	<b>Task 1 (2)</b> Learners must explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and their application to individual management.	LO1 AC1.2	<p>Responses should include the following:</p> <p><b>Caries</b> (<i>Streptococcus mutans</i>):</p> <ul style="list-style-type: none"> <li>• the neutral pH of the mouth is around 7</li> <li>• fermentable carbohydrates (sugars) combine with plaque bacteria to produce acid</li> <li>• the pH drops to 5.5 and a susceptible tooth is then exposed to an acid attack</li> <li>• demineralisation occurs, calcium and phosphate leach from the enamel</li> <li>• as pH rises, remineralisation takes place, calcium and phosphate return to the enamel – this can take from 20 minutes to 3 hours</li> <li>• as a result, caries may occur (if demineralisation exceeds remineralisation)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p><b>Periodontal disease:</b></p> <ul style="list-style-type: none"> <li>• plaque that is not removed by brushing accumulates at the gum margin</li> <li>• the plaque thickens as the microbial population flourishes</li> <li>• the endotoxins produced by the bacteria enter the periodontal tissues and initiate an immune response</li> <li>• it is the continued immune response that leads to destruction of periodontal tissues over time</li> </ul>			
1.3	<p><b>Task 1 (3)</b> Learners must describe in detail the following:</p> <ul style="list-style-type: none"> <li>• the progression of dental caries</li> <li>• the progression of periodontal disease</li> <li>• the inflammatory process</li> <li>• the effects of the disease process</li> </ul> <p>and explain the development of plaque and its composition.</p>	LO1 AC1.3 to AC1.7	<p>The following points should be included:</p> <p><b>Progression of dental caries:</b></p> <ul style="list-style-type: none"> <li>• acid formation</li> <li>• demineralisation</li> <li>• white spot lesion – reversible</li> <li>• enamel structure destroyed</li> <li>• extends beyond amelodentinal junction</li> <li>• enters the dentine – rapidly spreads</li> <li>• reversible pulpitis</li> <li>• irreversible pulpitis</li> <li>• alveolar abscess</li> </ul> <p><b>Progression of periodontal disease:</b></p> <ul style="list-style-type: none"> <li>• poor oral hygiene</li> <li>• bacterial endotoxins initiate immune response</li> <li>• false pockets form – gingivitis</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• more plaque (populated by anaerobic bacteria)</li> <li>• calculus forms – supragingival and subgingival calculus – gingivitis</li> <li>• ulceration – chronic periodontitis</li> <li>• true pockets – chronic periodontitis</li> <li>• alveolar bone loss</li> </ul> <p><b>Inflammatory process:</b></p> <ul style="list-style-type: none"> <li>• five classic signs of inflammation:               <ul style="list-style-type: none"> <li>○ heat – due to increased blood flow to the area</li> <li>○ redness – due to increased blood flow to the area</li> <li>○ swelling – due to increased blood flow to the area</li> <li>○ pain – caused by the pressure of the increased blood flow on the surrounding nerve endings in the tissues affected</li> <li>○ loss of function of the affected tissue – due to the pain and swelling present</li> </ul> </li> </ul> <p><b>Effects of the disease process:</b></p> <ul style="list-style-type: none"> <li>• increased blood flow brings increased leucocytes to the area</li> <li>• monocytes pass out of the capillaries and into the tissues at the site of the infection (where they are called macrophages)</li> <li>• macrophages engulf (phagocytose) the micro-organisms; pus is formed as the cells die (both micro-organism and macrophage)</li> <li>• antibodies may be carried to that area in the blood plasma to assist the attack on the micro-organism (toxins)</li> </ul> <p><b>Development and composition of plaque:</b></p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• plaque is a composition of bacteria and food debris, epithelial cells</li> <li>• develops around stagnation areas – pits and fissures, interdental surfaces, gum margins</li> <li>• initially aerobic bacteria; as plaque thickens, populated by anaerobic bacteria</li> <li>• buildup of plaque is directly associated with the onset of gingivitis and periodontal disease</li> </ul>			
1.4	<b>Task 1 (4)</b> Learners must explain the variance in disease presentation across diverse cultural and social groups, and those with protected characteristics, and how it impacts on diagnosis, prevention and treatment.	LO1 AC1.8	<p>Health patterns differ between ethnic minority groups and the white population, as well as among different minority groups.</p> <p>These differences reflect the diversity of demographic, socio-economic, behavioural, cultural, and other characteristics across ethnic groups. For instance, certain diseases may manifest differently based on cultural practices, beliefs, and social contexts. Here are some key points:</p> <p><b>Cultural and social factors</b></p> <p>Symptom presentation:</p> <ul style="list-style-type: none"> <li>• cultural norms and beliefs influence how individuals perceive and express symptoms</li> <li>• some cultures may emphasise stoicism or downplay symptoms, affecting timely diagnosis</li> </ul> <p>Health-seeking behaviour:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>cultural practices impact when and where people seek medical help</li> <li>stigma, language barriers, and mistrust can hinder access to care</li> </ul> <p>Risk perception:</p> <ul style="list-style-type: none"> <li>cultural attitudes toward risk (for example, diet, exercise, smoking) affect disease prevalence and outcomes</li> </ul> <p><b>Protected characteristics</b></p> <p>Age:</p> <ul style="list-style-type: none"> <li>disease presentation varies across age groups, for example, paediatric diseases differ from those in older adults</li> </ul> <p>Gender:</p> <ul style="list-style-type: none"> <li>some diseases predominantly affect specific genders (for example, breast cancer in women, prostate issues in men)</li> </ul> <p>Disability:</p> <ul style="list-style-type: none"> <li>individuals with disabilities may experience unique health challenges and require tailored care</li> </ul> <p>Sexual orientation and gender identity:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA+) individuals face specific health disparities due to discrimination and stigma</li> </ul> <p>Race and ethnicity:</p> <ul style="list-style-type: none"> <li>ethnicity impacts disease susceptibility, response to treatments, and access to healthcare</li> </ul> <p><b>Impact on diagnosis, prevention, and treatment</b></p> <p>Diagnosis:</p> <ul style="list-style-type: none"> <li>clinicians must consider cultural context to interpret symptoms accurately – misunderstanding cultural cues can lead to misdiagnosis</li> </ul> <p>Prevention:</p> <ul style="list-style-type: none"> <li>culturally sensitive prevention programmes are essential</li> <li>tailored messaging and community engagement improve preventive behaviours</li> </ul> <p><b>Treatment</b></p> <p>Cultural competence ensures effective treatment. Understanding cultural beliefs helps tailor interventions and improve adherence.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			In summary, acknowledging cultural diversity and protected characteristics is crucial for equitable healthcare delivery, accurate diagnosis, and effective prevention and treatment.			
1.5	<b>Task 1 (5)</b> Learners must explain the principles underpinning diagnosis, prevention and treatment of oral disease.	LO1 AC1.9	<p>The principles underpinning the diagnosis, prevention and treatment of oral diseases include the following:</p> <p><b>Periodontal assessment:</b></p> <ul style="list-style-type: none"> <li>regularly screen all patients for periodontal diseases during routine dental examinations</li> <li>evaluate risk factors and perform clinical examinations</li> <li>use radiographic/photographic assessments to inform diagnosis and risk levels</li> </ul> <p><b>Making a diagnosis:</b></p> <ul style="list-style-type: none"> <li>establish a periodontal diagnosis for all patients</li> <li>record the diagnostic statement in the clinical record</li> <li>for patients with periodontitis, include disease type, extent, stage, grade, current status, and risk factors</li> </ul> <p><b>Planning periodontal treatment:</b></p> <ul style="list-style-type: none"> <li>use a structured, stepwise approach to plan periodontal therapy</li> <li>assess tooth prognosis and identify treatment needs</li> <li>components of periodontal treatment</li> <li>control modifiable systemic and local risk factors</li> <li>provide personalised oral hygiene instruction</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• avoid systemic antibiotics during routine care</li> </ul> <p><b>Establishing a treatment plan:</b></p> <ul style="list-style-type: none"> <li>• create a personalised treatment plan with defined goals</li> <li>• address the causes of disease, assess tooth prognosis, and control risk factors</li> <li>• encourage effective home care and oral hygiene behaviour</li> </ul> <p>Remember that early detection and individualised care are essential for maintaining oral health.</p>			
1.6	<p><b>Task 1 (6)</b> Learners must evaluate the health risks of prescribed, non-prescribed and recreational drug use and misuse on oral and general health. To include appropriate advice and where support can be found, including signposting or referral.</p>	LO1 AC1.10	<p>Drug misuse can have serious health consequences. Here are some risks associated with different types of drugs:</p> <p><b>Illicit drugs:</b></p> <ul style="list-style-type: none"> <li>• mental health problems:               <ul style="list-style-type: none"> <li>○ anxiety</li> <li>○ depression</li> <li>○ psychosis</li> <li>○ personality disorders</li> <li>○ suicidal thoughts</li> </ul> </li> <li>• physical health issues:               <ul style="list-style-type: none"> <li>○ lung damage</li> <li>○ cardiovascular disease</li> <li>○ blood-borne viruses</li> </ul> </li> <li>• injectors:               <ul style="list-style-type: none"> <li>○ poor vein health</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ immobility</li> <li>• common problematic drugs:               <ul style="list-style-type: none"> <li>○ heroin</li> <li>○ cocaine</li> </ul> </li> </ul> <p><b>Prevalence:</b></p> <ul style="list-style-type: none"> <li>• approximately 314 000 people in England use these drugs</li> </ul> <p><b>Misuse of medication:</b></p> <ul style="list-style-type: none"> <li>• over-the-counter (OTC) and prescription medications (POM)</li> </ul> <p><b>Drug interactions:</b></p> <ul style="list-style-type: none"> <li>• can lead to physical and mental health effects, including psychosis, blood-borne virus transmission, renal failure, and QT prolongation</li> </ul> <p><b>Socio-economic impact:</b></p> <ul style="list-style-type: none"> <li>• affects individuals, families, and communities</li> </ul> <p><b>Recreational drugs:</b></p> <ul style="list-style-type: none"> <li>• addiction:               <ul style="list-style-type: none"> <li>○ most recreational drugs can be addictive</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p><b>Shared needles:</b></p> <ul style="list-style-type: none"> <li>injecting drugs with contaminated needles can transmit diseases</li> </ul> <p><b>Social and personal problems:</b></p> <ul style="list-style-type: none"> <li>drug misuse can cause personal, social, and health-related issues</li> </ul> <p><b>For advice and support, consider the following:</b></p> <ul style="list-style-type: none"> <li>confide in someone as soon as you can (for example, family, friend, colleague)</li> <li>healthcare professionals:               <ul style="list-style-type: none"> <li>consult with your doctor, practice nurse or a substance misuse specialist</li> </ul> </li> <li>local services:               <ul style="list-style-type: none"> <li>check local services available in your area; adverts will be in GP surgeries, hospitals, libraries, community centres and online</li> </ul> </li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must complete the table on oral health techniques.	LO2 AC2.1	Learners must populate the table on oral health techniques. Responses must include the points listed.  See <b>Table 10</b> below.			
2.2	<b>Task 2 (2)</b> Learners must design a leaflet or poster describing the effects of the following on oral health: <ul style="list-style-type: none"> <li>• sugar in diet</li> <li>• acid content of diet</li> <li>• smoking</li> <li>• alcohol</li> <li>• substance misuse</li> </ul>	LO2 AC2.2	<b>Sugar in diet:</b> <ul style="list-style-type: none"> <li>• intrinsic sugars/fructose</li> <li>• non-milk extrinsic sugars (NMEs)</li> <li>• foods – processed foods and medicines</li> <li>• primary cause of caries</li> <li>• hidden sugars</li> <li>• food plate (good/bad food)</li> </ul> <b>Acid content of diet:</b> <ul style="list-style-type: none"> <li>• carbohydrates</li> <li>• pH levels</li> <li>• demineralisation/remineralisation</li> <li>• caries</li> <li>• saliva</li> <li>• pulpitis/abscess</li> </ul> <b>Smoking:</b> <ul style="list-style-type: none"> <li>• stickier plaque</li> <li>• smoking may mask periodontal disease</li> <li>• halitosis/staining</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<ul style="list-style-type: none"> <li>• loss of taste and smell</li> <li>• risk factor for oral cancer</li> <li>• smoking cessation services</li> <li>• national campaigns</li> </ul> <p><b>Alcohol:</b></p> <ul style="list-style-type: none"> <li>• excessive consumption is associated with:               <ul style="list-style-type: none"> <li>○ periodontal disease</li> <li>○ dental trauma</li> <li>○ oral cancers</li> </ul> </li> <li>• units of alcohol:               <ul style="list-style-type: none"> <li>○ recommended limits</li> </ul> </li> </ul> <p><b>Substance misuse:</b></p> <ul style="list-style-type: none"> <li>• high caries experience is seen in heroin users</li> <li>• may be caused by a combination of xerostomia caused by opiates and the high-sugar content of oral methadone solutions used to manage withdrawal from the drug</li> <li>• cocaine has a vasoconstrictive effect that causes ulceration and atrophy of the tissues</li> <li>• there may also be stimulant effects on the facial and masticatory muscles</li> <li>• oral health can be a low priority while using drugs</li> <li>• help and advice</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.3	<b>Task 2 (3)</b> Learners must describe how social factors can affect oral health.	LO2 AC2.2	<b>Primary socialisation:</b> <ul style="list-style-type: none"> <li>the learning that takes place from birth and before school</li> <li>establishes the family norms and values such as good diet and oral hygiene</li> <li>parents that have never had experience of going to the dentist regularly may be less likely to encourage their children</li> <li>these values and norms are the most difficult to challenge/change</li> </ul> <b>Finance:</b> <ul style="list-style-type: none"> <li>dentistry is a 'paid for' service whether NHS or private</li> <li>some families live just above or below the poverty line, but may not be entitled to free dental treatment</li> <li>healthy food and oral hygiene products may be considered too expensive</li> <li>may lack awareness of, or access to, free NHS treatment for children</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.4	<b>Task 2 (4)</b> Learners must identify <b>two</b> forms of fluoride and how they can be used in oral health care. Evaluate the uses of fluoride.	LO2 AC2.3 AC2.4	<b>Topical fluorides:</b> <ul style="list-style-type: none"> <li>fluoride toothpastes</li> <li>fluoride mouthwashes</li> <li>fluoride gels</li> <li>fluoride varnish</li> </ul> <b>Systemic fluorides:</b> <ul style="list-style-type: none"> <li>fluoridated water 1 ppm</li> <li>fluoride drops</li> <li>fluoride tablets</li> <li>some foods (for example, tea/fish bones)</li> </ul> <b>Fluoride can be used to help prevent tooth decay in the following ways:</b> <ul style="list-style-type: none"> <li>in the water supply to give a daily dose to reduce tooth decay through systemic buildup</li> <li>in toothpaste to apply directly to the teeth</li> <li>in topical gels as a stronger dose to high-risk areas such as fissures</li> </ul>			
2.5	<b>Task 2 (5)</b> Learners must explain the importance of difficult conversations and verbal and non-verbal communication. Give examples of methods used in communicating	LO2 AC2.5  LO3 AC3.6	<b>Verbal communication:</b> <ul style="list-style-type: none"> <li>any form of communication involving words</li> <li>can be spoken, written or signed</li> <li>includes technology that enables us to communicate with one another no matter the physical distance</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
	information on the prevention of oral diseases.		<p><b>Non-verbal communication:</b></p> <ul style="list-style-type: none"> <li>• non-verbal communication includes body language, such as gestures, facial expressions, eye contact and posture, and listening skills</li> <li>• touch is a non-verbal communication that can indicate feelings or level of comfort, and personality characteristics</li> <li>• the sound of our voice, including pitch, tone, speed and volume, are also forms of non-verbal communication</li> <li>• meaning behind words can be different than the literal translation, as is seen in instances of sarcasm and mockery</li> <li>• clothing and the way we design our living space are also forms of non-verbal communication that frequently shape judgements about others, regardless of whether the perceptions are true</li> </ul> <p><b>Difficult discussions</b> (for example, breaking bad news, discussing issues such as alcohol and smoking):</p> <ul style="list-style-type: none"> <li>• be direct: start by using a statement like 'I have some difficult news to tell you', then get straight to the point without unnecessary delay</li> <li>• preface with positivity: soften the blow by prefacing the news with a positive statement</li> <li>• euphemisms: while being direct, consider using gentle language to lessen the impact and always be respectful</li> <li>• SPIKES protocol: <ul style="list-style-type: none"> <li>○ this six-part method provides a straightforward process for sharing difficult-to-hear news</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<ul style="list-style-type: none"> <li>▪ it acknowledges the challenges faced by both the doctor and the patient during such conversations</li> <li>• Step 1: S – Setting up the interview</li> <li>• Step 2: P – Assessing the patient's perception</li> <li>• Step 3: I – Obtaining the patient's invitation</li> <li>• Step 4: K – Giving knowledge and information to the patient</li> <li>• Step 5: E – Addressing the patient's emotions with empathic responses</li> <li>• Step 6: S – Strategy</li> </ul> <p><b>Methods used in communicating information of the prevention of oral diseases:</b></p> <ul style="list-style-type: none"> <li>• One-to-one discussion</li> <li>• demonstration</li> <li>• group discussion</li> <li>• leaflets</li> <li>• posters</li> <li>• DVDs</li> <li>• internet</li> </ul> <p>It is important to use different methods of communication that will most benefit the patient need.</p> <p>Adapting communication methods allows us to get the message across to a diverse range of patients across a wider cross-section of the general public.</p>			

**Table 10:** task 2.1 oral health techniques

Oral health technique	How does this technique prevent oral disease?
<b>Fluoride supplements</b>	These are usually prescribed to children up to 13 years old considered to be at risk because of medical or physical condition. The fluoride is ingested and then incorporated into the enamel structure within the body.
<b>Disclosing tablets/solutions</b>	Disclosing tablets/solutions will show the presence and position of bacterial plaque. This motivates the person to improve plaque removal with a toothbrush and interdentally.
<b>Toothbrushing</b>	Toothbrushing is the method to remove supra-gingival plaque and food debris from the smooth surfaces of the teeth. This is the mechanical way of removing plaque alongside interdental cleaning.
<b>Interdental aids</b>	Interdental aids are used alongside mechanical toothbrushing to reach interproximal areas which are vulnerable to caries because they are stagnation areas.
<b>Mouthwashes</b>	General mouthwashes contain sodium fluoride and triclosan, which help promote good oral hygiene and provide a topical fluoride application to the teeth.
<b>Dental health messages</b>	Dental health messages on oral hygiene, diet advice and modifying contributory factors all help towards motivating patients to look after their teeth, thus preventing oral disease.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
3.1	<p><b>Task 3 (1)</b> Learners must look at the following individuals:</p> <ul style="list-style-type: none"> <li>adults</li> <li>children and young people</li> <li>older adults</li> <li>those with additional needs</li> </ul> <p>Learners must analyse <b>one</b> method of communication for each that can be used to promote oral health to maximise understanding, confidence and motivation, ensuring sensitivity where required.</p> <p>Learners must identify what resources are needed.</p>	LO3 AC3.5	<p>Learners should consider which type or method of communication would be most appropriate for each group.</p> <p>Learners should make reference to each of the following points:</p> <ul style="list-style-type: none"> <li>communication/message should be reinforced over a number of sessions – applies to all groups</li> <li>checking the person has understood – applies to all groups</li> <li>reinforce information with a parent/carer – applies to children and those reliant on a carer</li> <li>let them ask questions/give them the opportunity to discuss needs – applies to all groups</li> <li>learning and communication through group play/talk – may apply to all groups but specifically children and young people</li> <li>making changes when it becomes clear that words, behaviours and symbols are not being understood – applies to all groups</li> <li>do not rush when speaking – applies to all groups</li> <li>using plain language and not technical talk – applies to all groups</li> <li>face to face with animated voice and eyes, smiling face and positive body language – applies to all groups</li> <li>use statistics, stories, pictures, leaflets, demonstrations – applies to all groups but will need to be age appropriate</li> <li>discuss the oral health risks associated with the particular behaviour or problem – applies to all groups except young children (in this case, discuss with parents)</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<p>Types of resource needed:</p> <ul style="list-style-type: none"> <li>• leaflets</li> <li>• models</li> <li>• demonstrations</li> <li>• fact sheets</li> <li>• diet sheets</li> <li>• video clips</li> </ul>			
3.2	<p><b>Tasks 3 (2)</b> Learners must describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication.</p>	LO3 AC3.6	<p>Learners should clearly understand how to communicate with patients using different methods. Patients cannot make the right decisions without the correct information, which comes down to communication skills.</p> <p>Links to:</p> <ul style="list-style-type: none"> <li>• GDC Principle 1 Put patients' interests first:               <ul style="list-style-type: none"> <li>○ 1.1 You must listen to your patients</li> </ul> </li> <li>• GDC Principle 2 Communicate effectively with patients:               <ul style="list-style-type: none"> <li>○ 2.1 You must communicate effectively with patients – listen to them, give them time to consider information and take their individual views and communication needs into consideration</li> <li>○ 2.3 You must give patients the information they need, in a way they can understand, so they can make informed decisions</li> </ul> </li> </ul>			
3.3	<p><b>Task 3 (3)</b> Learners must explain how individuals' personal beliefs and preferences can be respected when</p>	LO3 AC3.7	<p>Learners should clearly indicate how to respect the individual and their beliefs and preferences when communicating with them. At least <b>four</b> of the following points should be included:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
	communicating with them. They must give <b>four</b> examples.		<ul style="list-style-type: none"> <li>• understanding that background, culture, faith or sexuality of the patient in their care may be different from their own</li> <li>• these factors may influence how they want to be cared for</li> <li>• the surgery staff should be aware of the person's needs</li> <li>• if the person has a different culture or faith, it may be necessary to consider how they worship or pray, their personal routine and the importance of objects or symbols to them</li> <li>• if unfamiliar with their customs, traditions, rituals or needs, it may be useful to do some research</li> </ul>			
3.4	<b>Task 3 (4)</b> When treatment/oral health planning, learners must explain what should be considered for patients from social and ethnic group backgrounds. Learners must give <b>three</b> examples.	LO3 AC3.7	Learners should explain aspects that should be considered when planning treatment or oral health promotion for patients from different social and ethnic backgrounds. At least <b>three</b> of the following bold headings should be included.  <b>Worship and prayer</b>  The patient may need: <ul style="list-style-type: none"> <li>• a particular time for prayer (some ethnic/religious groups pray at certain times, or have certain religious days for example, in the Jewish faith Saturday (Shabbat) is the day of rest)</li> <li>• suitable clothing and any religious objects or symbols, such as a holy book or head covering (each faith has its own symbols or objects, such as the Sikh turban, Jewish skull cap or Christian crucifix necklace); these should be treated with respect and not removed without consent</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<p><b>Diet</b></p> <p>The patient may:</p> <ul style="list-style-type: none"> <li>• have strict food laws (for example, Muslims do not eat pork or drink alcohol, Sikhs do not eat beef)</li> <li>• fast at certain times (common in Hindu communities during Diwali, and Muslims during Ramadan)</li> <li>• have particular cultural practices; for example, Asian groups tend to breastfeed their babies up to the age of two years old, but many Asian foods are very high in sugar (advice on oral/general health and potential consequences should be given, whilst respecting the cultural values)</li> <li>• have underlying medical conditions which already requires specific dietary guidance from a specialist clinic (for example, diabetic nurse)</li> </ul> <p><b>Low socio-economic groups</b></p> <p>The patient may:</p> <ul style="list-style-type: none"> <li>• not be willing to attend regular dental appointments</li> <li>• be more likely to smoke and drink higher levels of alcohol – patients should be advised of the recommended daily limits of alcohol and signposted to local smoking cessation services if they wish to do so</li> <li>• possibly feel intimidated by the clinical environment and dental professionals</li> <li>• have a poor diet, increasing the chance of general poorer health and dental disease</li> <li>• not have access to healthier food options, possibly due to cost</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>• use less expensive rewards and treats for children (for example, sweets as opposed to books or toys)</li> </ul> <p>The finances of these families cannot be changed, but they should be advised to reduce the frequency of free sugars and given advice about when they could be consumed.</p> <p><b>Health</b></p> <p>The patient may:</p> <ul style="list-style-type: none"> <li>• struggle with manual dexterity</li> <li>• have underlying conditions affecting mobility/capacity</li> <li>• be severely compromised (for example, a debilitating stroke or motor neurone disease (MND))</li> <li>• have changes to the oral cavity due to ageing (for example, bone density, salivary gland changes (especially drug induced), darkening and sclerosis of the teeth)</li> <li>• have severe anxiety issues (for example, a dental phobia)</li> <li>• have learning disabilities (for example, dyspraxia, dyslexia, dyscalculia)</li> <li>• have hearing/sight impairments</li> </ul> <p><b>Producing and delivering suitable material/resources for oral health promotion</b></p> <p>Ensure that:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>all resources reflect all population groups</li> <li>any pictures of foodstuffs should be culturally sensitive to the target group</li> <li>written resources are available in several languages</li> <li>any symbols used are universally recognised</li> <li>any patients who use a signer or translator are encouraged to bring them to their appointments</li> <li>patients know what is happening and have a say in their own treatment</li> </ul>			
3.5	<b>Task 3 (5)</b> Learners must research their internal practice and external referral systems. They must outline the procedure and give examples of the forms and communication provided by the referrer.  (This can be linked to CORE DN 5, LO4, AC4.4.)	LO3 AC3.8	Learners must outline the procedure for their practice's internal and external referral systems (learner responses will be dependent on each individual workplace's usual practice).  Examples of forms used must be included.  It is expected that the information contained in any referral would include the following: <ul style="list-style-type: none"> <li>patient name</li> <li>address</li> <li>date of birth (DOB)</li> <li>recall period</li> <li>treatment needed</li> <li>basic periodontal examination (BPE) and mobility scoring</li> <li>radiographs</li> <li>medical history</li> <li>name of referrer</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
3.6	<p><b>Task 3 (6)</b> It is important that individuals understand the information that is being given to them.</p> <p>Learners must explain the way to:</p> <ul style="list-style-type: none"> <li>provide information that is accurate and consistent with organisational guidelines</li> <li>give the individuals the opportunity to discuss and seek clarification</li> <li>answer their questions clearly</li> <li>refer any questions beyond their own role to an identified member of the team</li> </ul>	LO3 AC3.1 to AC3.4	<p>Responses must include the following:</p> <p><b>Provide information that is accurate and consistent with organisational guidelines:</b></p> <ul style="list-style-type: none"> <li>give the patient advice on flossing, toothbrushing that is evidence-based and recognised by the British Dental Association's Delivering better oral health toolkit</li> <li>back up/reinforce with leaflets and fact sheets</li> <li>follow National Institute for Health and Care Excellence (NICE) guidelines</li> </ul> <p><b>Give the individuals the opportunity to discuss and seek clarification:</b></p> <ul style="list-style-type: none"> <li>confirm understanding by asking for clarification of what they have understood</li> <li>make changes if it becomes clear that words, behaviours and symbols are not being understood</li> <li>ensure you have used plain language and not rushed the information</li> </ul> <p><b>Answer their questions clearly:</b></p> <ul style="list-style-type: none"> <li>do not try to answer any questions where you are unsure of the answer</li> <li>make sure you are face to face with animated voice and eyes, smiling face and positive body language</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<b>Refer any questions beyond their own role to an identified member of the team:</b> <ul style="list-style-type: none"> <li>always ask a qualified or senior dental nurse, dentist, hygienist and/or therapist if the patient has asked you something you do not know</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> Learners must identify <b>three</b> different oral health instruction aids.	LO4 AC4.2	The response must include the following: <ul style="list-style-type: none"> <li>models – models show a visual representation of the teeth and surrounding tissues, allowing the oral health educator to show oral hygiene techniques</li> <li>visual aids – such as poster books, videos and photographs enable the oral health educator to show in detail the problems being discussed</li> <li>leaflets – reinforce the information given to the patient by the oral health educator</li> <li>media – allow other forms of visual learning, learners enjoy using media to learn as they add different dimensions and offer perspectives that may support how they learn, readily available, can be fun</li> </ul>			
4.2	<b>Task 4 (2)</b> Learners must explain the importance of the below oral hygiene techniques in preventative dental care:	LO2 AC2.1  LO4 AC4.3	<b>Cleaning teeth and the mouth:</b> <ul style="list-style-type: none"> <li>removal of plaque</li> <li>removal of pieces of food</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
	<ul style="list-style-type: none"> <li>• cleaning teeth and the mouth</li> <li>• the use of interdental aids</li> <li>• mouthwash rinses</li> <li>• disclosing agents</li> <li>• individuals' awareness of oral abnormalities (oral cancer, inflammation)</li> </ul>		<p><b>The use of interdental aids (floss, interdental brushes, water picks):</b></p> <ul style="list-style-type: none"> <li>• removal of plaque</li> <li>• removal of pieces of food</li> </ul> <p><b>Mouthwash rinses:</b></p> <ul style="list-style-type: none"> <li>• prevent gingivitis and gum disease by killing bacteria to prevent the buildup of plaque</li> <li>• strengthen enamel</li> <li>• prevent tooth decay</li> </ul> <p><b>Disclosing agents:</b></p> <ul style="list-style-type: none"> <li>• preparations containing dye or other colouring agents used for the identification of bacterial plaque</li> <li>• provide a valuable visual aid and help in the maintenance of good oral health</li> </ul> <p><b>Patient awareness of oral abnormalities (oral cancer, inflammation):</b></p> <ul style="list-style-type: none"> <li>• oral cancer screening</li> <li>• suspected lesions</li> <li>• patient management and education</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
5.1	<p><b>Task 5 (1)</b> Learners must research social, cultural, psychological and environmental factors that may contribute to health and illness.</p> <p>They must explain how this would affect oral health promotion planning.</p>	LO5 AC5.1	<p>Learners should demonstrate an understanding of each of the following points:</p> <p><b>Social factors</b></p> <p>Social factors can include smoking and alcohol; these can both lead to increased incidence of periodontal disease and oral cancers. Plan to give guidance on stopping, (national and local campaigns). Tailor oral health advice.</p> <p>Individuals with low socio-economic status may have a diet high in carbohydrates rather than fresh vegetables and fruit due to higher costs. These groups are also least likely to be regular dental attenders so lack in advice.</p> <p>Among other factors, the availability of NHS services increases access to care, but some areas may have limited NHS resources for dental care.</p> <p>Preventive interventions (for example dental sealants) exist but are not uniformly used or reinforced.</p> <p>Nursing homes and other long-term care institutions have limited capacity to deliver needed oral health services to their residents, most of whom are at increased risk for oral diseases.</p> <p>Healthy eating is an important part of keeping the older generation healthy. This could involve having promotion of oral health in day-care centres and/or nursing homes to enable the elderly to look after their teeth.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Cultural factors</b></p> <p>Cultural factors can include different ethnic groups; for example, some religions will have fasting days or will fast during daylight hours. English not being the first language in many groups can lead to difficulties delivering oral health messages – access translators when giving oral health advice, use leaflets available in different languages.</p> <p><b>Psychological factors</b></p> <p>Patients may have low self-esteem, with oral hygiene not a priority, it may be difficult to deliver oral health messages. Rely on carers to reinforce.</p> <p><b>Environmental factors</b></p> <p>Fluoridated water is now available in all areas. Diseases are more likely to spread in overcrowded areas. Risk of indoor/outdoor pollution can affect health and poor hygiene.</p>			
5.2	<p><b>Task 5 (2)</b></p> <p>Learners must identify <b>three</b> activities that they could devise to help promote oral health to younger children or teenagers. They must determine the age range they are considering and offer examples of methods of how</p>	LO5 AC5.2	<p>Learners could work in pairs/groups to complete this.</p> <p>This task will be reviewed by the assessor/tutor and feedback will enable discussion of the findings within the group.</p> <p>The pair/group must:</p> <ul style="list-style-type: none"> <li>introduce themselves and their target group's age range</li> <li>identify a range of <b>three</b> activities that could help promote oral health to their target group</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
	oral health care can be planned and delivered.  They must present this information to the rest of the group. They will peer assess each other and give feedback.		<ul style="list-style-type: none"> <li>competently describe the activities and/or demonstrate to the audience</li> <li>clearly show that consideration for the activities has been given in respect of the age needs of the target group</li> <li>illustrate some aspects of the planning/research that they have undertaken</li> <li>describe the specific ways and times that this oral health care can be delivered</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
6.1	<b>Task 6 (1)</b> Learners must describe the basic principles of a population health approach, how these are measured and current patterns for: <ul style="list-style-type: none"> <li>demographic and social trends</li> <li>UK and international oral health trends</li> <li>determinants of health</li> <li>inequalities in health</li> </ul>	LO6 AC6.1	<b>Demographic and social trends</b>  Learners should explain: <ul style="list-style-type: none"> <li>socialisation – primary and secondary socialisation/values and norms of society</li> </ul> <b>UK and international oral health trends</b>  Learners should explain: <ul style="list-style-type: none"> <li>oral health trends in the UK by explaining decayed, missing, filled, permanent (DMFT) and BPE indices and referring to national dental surveys: <ul style="list-style-type: none"> <li>Adult Dental Health Survey 2009 (NHS England)</li> <li>National Dental Epidemiology Programme – 5-year and 12-year DMFT surveys</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ Scottish Health Boards Dental Epidemiological Programme (2013)</li> <li>• determinants of health – these are things that influence health but are outside of the individuals' control, for example, social status or income (higher income generally equals better health)</li> <li>• inequalities in health – these are preventable and affect individual health, for example, the differences between NHS and private healthcare, with income defining the access to private healthcare</li> </ul>			
6.2	<b>Task 6 (2)</b> Learners must explain the principles of an evidence-based approach to prevention and improvement of oral health by evaluating dental and wider healthcare systems. They must include: <ul style="list-style-type: none"> <li>• Care Quality Commission (CQC)</li> <li>• Department of Health and Social Care (DHSC)</li> <li>• National Institute for Health and Care Excellence (NICE)</li> <li>• British Association for the Study of Community Dentistry (BASCD)</li> </ul>	LO6 AC6.2	<b>CQC</b>  The CQC is an independent regulatory body which overlooks and inspects healthcare services in England. It is in place to ensure that patients and healthcare users receive the best possible care by promoting wellbeing and ensuring everyone is safe.  <b>DHSC</b>  The DHSC is a ministerial department of the Government of the United Kingdom. It is responsible for government policy on health and adult social care matters in England. The department is led by the Secretary of State for Health and Social Care.  It is responsible for: <ul style="list-style-type: none"> <li>• supporting and advising ministers: <ul style="list-style-type: none"> <li>○ helping them shape and deliver policy that delivers the government's objectives</li> </ul> </li> <li>• setting direction:</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ anticipating the future and leading debate to ensure the protection and improvement of global and domestic health</li> <li>• accountability:               <ul style="list-style-type: none"> <li>○ making sure the department and arm's length bodies deliver on the agreed plans and commitments</li> </ul> </li> <li>• acting as guardian of the health and care framework:               <ul style="list-style-type: none"> <li>○ it makes sure the legislative, financial, administrative and policy frameworks are fit for purpose and work together</li> </ul> </li> <li>• troubleshooting:               <ul style="list-style-type: none"> <li>○ in the last resort, the public and Parliament expect them to take any action needed to resolve crucial and complex issues</li> </ul> </li> </ul> <p><b>NICE</b></p> <p>NICE is responsible for providing national guidance on the promotion of good health and the prevention and treatment of poor health in the following areas:</p> <ul style="list-style-type: none"> <li>• public health</li> <li>• health technologies (medicines, treatments, and procedures)</li> <li>• clinical practice</li> </ul> <p>It is an independent organisation but all NHS contractors in England and Wales are required to comply with their relevant guidelines. Those relevant to dental services include:</p> <ul style="list-style-type: none"> <li>• wisdom teeth removal</li> <li>• dental recall</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>• referral guidelines for suspected cancer</li> <li>• referral for smoking cessation</li> <li>• oral health promotion</li> <li>• antimicrobial prophylaxis (infective endocarditis)</li> <li>• sedation in children and young people</li> </ul> <p><b>BASCD</b></p> <p>BASCD is Great Britain's professional association for the science, philosophy, and practice of promoting the oral health of populations and groups in society. BASCD plays a key role in supporting dental epidemiology in the NHS. It is responsible for the co-ordination of surveys of child dental health across Great Britain, allowing national and local comparisons of oral health.</p>			
6.3	<p><b>Task 6 (3)</b></p> <p>Learners must describe and evaluate the role of health promotion in terms of the changing environment and community and individual behaviours in delivering health gain.</p>	LO6 AC6.3	<p>Health promotion teaches people about having better oral health.</p> <p>It can be used to change the behaviour of a community and also an individual. For example, Stoptober is designed to raise awareness about the health hazards of smoking and change a community, while oral health advice is individualistic.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
7.1	<b>Task 7 (1)</b> Learners must explain the principles of planning oral health care for communities to meet needs and demands.	LO7 AC7.1	<p>Planning oral health care for communities involves several key principles to ensure the needs and demands of the population are met. Here are some essential considerations:</p> <p><b>Community involvement</b></p> <p>Community oral health programmes should engage the community broadly, including individuals and organisations. This involvement ensures that the programme design and implementation align with the community's unique needs and preferences.</p> <p><b>Needs assessment</b></p> <p>Conduct thorough oral health needs assessments within the community. Understand the specific challenges, existing resources, and gaps in oral health care. This assessment helps tailor interventions effectively.</p> <p><b>Local strategy development</b></p> <p>Develop a local strategy for oral health improvement. This strategy should address various aspects, such as promoting a healthy diet, reducing sugary food and drink consumption, and improving oral hygiene practices.</p> <p><b>Training for staff</b></p> <p>Provide appropriate training to healthcare staff involved in oral health care. Staff members need to understand the specific requirements and best practices for maintaining oral health in the community.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<b>Holistic approach</b>  Recognise that oral health is interconnected with overall wellbeing.			
7.2	<b>Task 7 (2)</b> Learners must describe the principles and limitations of the options currently available for funding of dental healthcare provision for individuals.	LO7 AC7.2	The principles and limitations of funding options for dental healthcare provision for individual patients:  <b>NHS England Individual Funding Requests (IFRs)</b>  <b>Principle</b>  IFRs allow clinicians to request treatments or services that are not routinely offered by the NHS. These requests are made when a patient's clinical circumstances are exceptional.  <b>Limitations</b>  Limited evidence: some treatments may not be routinely available due to insufficient evidence of their effectiveness.  High cost: treatments with very high costs may not be routinely funded if they do not offer good value for money.  Process: clinicians submit IFR applications on behalf of patients, explaining why the treatment is necessary.			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<p><b>Principle</b></p> <p>NHS dentistry provides clinically necessary treatments to maintain oral health and prevent pain.</p> <p><b>Limitations</b></p> <p>Limited funding: The NHS contribution to dentistry is approximately £2.3 billion annually.</p> <p>Not all treatments covered: some services may not be routinely funded due to cost or lack of evidence.</p> <p>NHS dentistry is limited due to the amount of practices providing NHS options. Many practices only offer private care which is funded by the person needing/having the treatment required to maintain good oral health.</p>			
7.3	<p><b>Task 7 (3)</b></p> <p>Learners must explain the ethical challenges associated with providing individual care within the current dental healthcare systems.</p>	LO7 AC7.3	<p>There are several ethical challenges that professionals may encounter. Here are some key points:</p> <p><b>Patient autonomy and informed consent</b></p> <p>Dentists must respect patients' autonomy by providing comprehensive information about treatment options, risks, and benefits.</p> <p>Obtaining informed consent ensures patients make informed decisions about their oral health.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<p><b>Confidentiality and privacy</b></p> <p>Safeguarding patient information is crucial. Dentists must maintain confidentiality and protect sensitive data.</p> <p>Challenges arise when sharing patient data for research or public health purposes.</p> <p><b>Professional integrity and competence</b></p> <p>Dentists should continually update their knowledge and skills to provide high-quality care.</p> <p>Ethical issues arise when practitioners lack competence or engage in fraudulent practices.</p> <p><b>Dual loyalties and conflicts of interest</b></p> <p>Dentists may face conflicts between patient interests and financial incentives.</p> <p>Balancing professional obligations with business interests requires ethical judgement.</p>			
7.4	<p><b>Task 7 (4)</b></p> <p>Learners must describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks.</p>	LO7 AC7.4	<p><b>Resource allocation and equity</b></p> <p>Limited resources (such as dental care facilities, equipment, and personnel) can lead to ethical dilemmas.</p> <p>Dentists must balance equitable distribution of services while prioritising patients with urgent needs.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
				M	PM	NM
7.			Practical steps to improving the quality of care and services using NICE guidance.			
7.5	<b>Task 7 (5)</b> Learners must describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients.	LO7 AC7.5	By implementing interprofessional collaboration into healthcare environments, multiple disciplines can work more effectively as a team to help improve patient outcomes.  Working together in collaboration allows us to source more information from wider communities and use this information for the good of making health and social care better for the community and individual patients.			
7.6	<b>Task 7 (6)</b> Learners must describe and, where appropriate, support individuals to negotiate the barriers and challenges that prevent sections of the population accessing oral health care, including individuals from marginalised populations and individuals with protected characteristics.	LO7 AC7.6	<b>Financial barriers</b>  Many marginalised individuals face financial constraints that hinder their ability to access dental care.  Solution: implement subsidised or free dental services, community clinics, and outreach programmes to reduce costs.  This has increased since many practices stopped taking NHS patients.  <b>Lack of awareness and education</b>  Some patients may not understand the importance of oral health or know how to access care.  Solution: provide targeted educational programmes, workshops, and campaigns to raise awareness about oral health and available services.  <b>Geographic accessibility</b>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<p>Patients in rural or underserved areas may struggle to find nearby dental clinics.</p> <p>Solution: establish mobile dental units, telehealth options, or transportation services to improve access.</p> <p><b>Cultural and language barriers</b></p> <p>Language differences and cultural norms can affect communication and understanding.</p> <p>Solution: employ bilingual staff, provide translated materials, and promote cultural competence among dental professionals.</p> <p><b>Stigma and discrimination</b></p> <p>Patients with protected characteristics (for example, LGBTQ+ individuals, people with disabilities) may face discrimination or fear judgement.</p> <p>Solution: create inclusive and nonjudgmental environments within dental practices.</p> <p>Train staff to be sensitive and respectful.</p> <p><b>Physical and cognitive challenges</b></p> <p>Patients with disabilities may struggle with mobility, communication, or understanding instructions.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<p>Solution: adapt dental facilities (for example, wheelchair ramps, sensory-friendly spaces), offer longer appointment times, and provide clear instructions.</p> <p><b>Health literacy</b></p> <p>Patients with low health literacy may find it difficult to navigate the healthcare system.</p> <p>Solution: simplify information, use visual aids, and involve caregivers or advocates.</p> <p><b>Legal obligations</b></p> <p>The Equality Act 2010 mandates reasonable adjustments to reduce barriers.</p> <p>Solution: dental services should proactively make necessary adjustments for patients with disabilities.</p>			
7.7	<p><b>Task 7 (7)</b></p> <p>Learners must describe the main principles relating to sustainable oral health care, and the challenges of and barriers to implementing a sustainable approach.</p>	LO7 AC7.7	<p>Sustainable oral health care involves minimising environmental impact while promoting optimal oral health. Here are the key principles, challenges, and barriers:</p> <p><b>Environmental impact</b></p> <p>Oral health care contributes to waste, carbon emissions, and pollution. Factors include material supply chains, patient/staff commuting, direct care, and end-of-life management of restorative materials and single-use plastics (SUPs) like personal protective equipment (PPE).</p> <p><b>Challenges</b></p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<p>SUP waste:</p> <ul style="list-style-type: none"> <li>COVID-19 pandemic has led to a surge in SUP waste</li> </ul> <p>Travel emissions:</p> <ul style="list-style-type: none"> <li>commuting and patient/staff travel contribute to carbon emissions</li> </ul> <p>Waste recovery and recycling:</p> <ul style="list-style-type: none"> <li>proper disposal and recycling of dental materials pose challenges</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>dental professionals need more knowledge and education on sustainable practices</li> </ul> <p>Barriers:</p> <ul style="list-style-type: none"> <li>awareness gap</li> <li>some dental professionals may lack awareness of sustainability</li> </ul> <p>Behavioural disconnect:</p> <ul style="list-style-type: none"> <li>attitudes as people do not always translate to professional behaviours</li> </ul> <p>Multi-stakeholder action needed:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<ul style="list-style-type: none"> <li>reducing healthcare-related waste requires collaboration across various stakeholders</li> </ul> <p>Quality assurance:</p> <ul style="list-style-type: none"> <li>sustainability should be part of quality assurance and improvement efforts</li> </ul> <p>Sustainable oral health care requires a holistic approach, considering both environmental impact and patient wellbeing.</p>			
7.8	<b>Task 7 (8)</b> Learners must evaluate and apply their knowledge in relation to the environmental impacts of common treatment methods and common approaches to the delivery of care.	AC7.8	<p><b>Reducing SUPs:</b> eliminating non-clinical, SUPs is a straightforward method to lessen environmental impact (plastic waste from food and beverage containers, for instance).</p> <p><b>Recycling:</b> whenever possible, dental practices should prioritise recycling. Proper disposal of materials like paper, plastics, and other recyclables can significantly reduce the environmental footprint.</p> <p><b>Energy consumption:</b> practices can take steps to reduce energy consumption. This includes using energy-efficient appliances, turning off lights and equipment when not in use, and optimising heating and cooling systems.</p> <p><b>Limiting paper usage:</b> going digital and minimising paper usage can help. Electronic records, digital communication, and online forms can reduce the need for paper.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 4 LO/AC	Response required	Assessor mark		
7.				M	PM	NM
			<p><b>Chemical transparency:</b> dental professionals should seek information about the chemicals and processes used in materials. Transparency from manufacturers and suppliers is essential to make informed choices.</p> <p><b>Antibiotic use:</b> proper antibiotic use is critical. Overuse and misuse of antibiotics in dental practice can contribute to antimicrobial resistance.</p> <p><b>Water treatment methods:</b> evaluating water treatment methods is crucial. Some approaches, such as controlling biofilm contamination, can help reduce environmental impact.</p> <p>Practices can take immediate steps to promote environmental responsibility. By combining efforts, we can protect both patient safety and the environment.</p>			



**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....

**CORE DN 5: Provide support during the assessment of individuals' oral health (A/650/8107)**

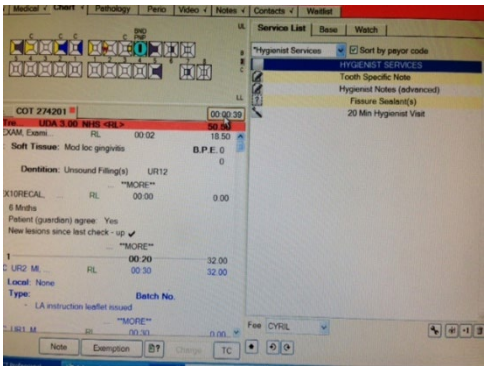

<b>Unit summary</b>	This unit focuses on the knowledge, skills and behaviours required to assist the clinician during the assessment of individuals' oral health.
<b>Guided learning hours</b>	25
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.


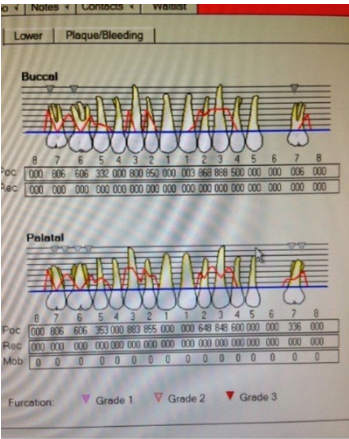
No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 5 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.1	<b>Task 1 (1)</b> Learners must identify what is meant by 'valid patient consent' and the legal responsibilities of maintaining and protecting patient information and why this is important.	LO2 AC2.1	<p>Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination. This must be done on the basis of an explanation by a clinician. Consent must contain all treatment options, pros and cons of each option including cost and the consequences of not having any treatment.</p> <p>Consent from a patient is needed regardless of the procedure, whether it is a physical examination, organ donation or something else.</p> <p>General Dental Council (GDC) Principle 3 Obtain valid consent.</p> <p>The principle of consent is an important part of medical ethics and international human rights law.</p> <p>Consent must be informed, specific, given voluntarily, and the patient must have the ability to give the consent.</p> <p>Principle 4 Maintain and protect patients' information.</p>			


No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 5 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.						
1.2	<b>Task 1 (2)</b> Using the table, learners must complete the identification of dental records and charts and identify <b>one</b> reason why they are used as part of assessment.	LO2 AC2.2	See <b>Table 11</b> below.  Learners must complete the table and include an example and give reasons.			
1.3	<b>Task 1 (3)</b> Learners must explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice.	LO2 AC2.3	GDC Principle 4 Maintain and protect patients' information 4.1 You must make and keep contemporaneous, complete and accurate patient records.  The Care Quality Commission (CQC), which oversees dental providers in England, states: 'One of the fundamental criteria used to manage risk in a dental practice is keeping good quality clinical records.'  CQC inspectors may want to review practice protocols for completing dental health records and have powers to access dental records to check they are 'accurate, complete, legible, up to date, stored and shared appropriately'.  Records have a valuable dento-legal purpose if a dental professional's standard of care is called into question.			
1.4	<b>Task 1 (4)</b> Learners must give <b>three</b> reasons why the individual's charts, records and images should be selected prior to an assessment.	LO2 AC2.4	Learner responses must include <b>three</b> of the following: <ul style="list-style-type: none"><li>• patient charts are an up-to-date case history of the patients' condition</li><li>• includes examinations, findings and treatment given on each attendance at the surgery</li><li>• this is important when checking the history of a tooth or condition</li><li>• images like photographs and radiographs can aid diagnosis and also show what was there when they were initially taken</li></ul>			

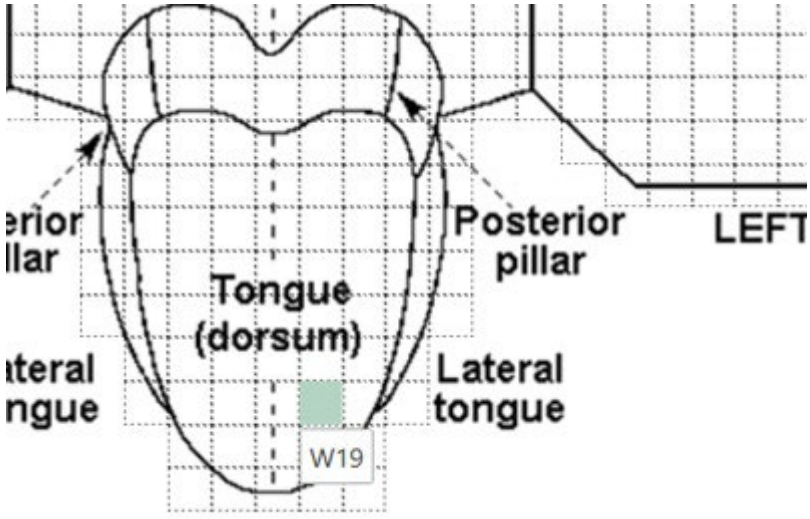
No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 5 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.5	<b>Task 1 (5)</b> Learners must complete a forensic charting assessment, as spoken by their assessor.	LO2 AC2.6	See <b>Forensic Chart 1</b> below.  Learners must include all aspects of the charting – as outlined in the Internal Assessment Tasks.			
1.6	<b>Task 1 (6)</b> Learners must reflect on a patient assessment process in their dental practice and explain how they assess patients.	LO2 AC2.7	See <b>Reflective account marking guide</b> below.			

**Table 11:** task 1.2 dental records and charts

Dental records and charts	Insert example	Identify why we use them
<b>Dental charts</b>	 <p>© NCFE CACHE 2014</p>	<ul style="list-style-type: none"> <li>• charting is used as a style of shorthand to quickly and accurately record a patient's dentition as it appears at the time of the oral assessment</li> <li>• provides an up-to-date case history of each patient's condition, including examinations, findings and treatment given on each attendance at the surgery</li> </ul>
<b>Radiographs (example answer)</b>	 <p>© NCFE CACHE 2014</p> <p>Bitewing X-ray</p>	<ul style="list-style-type: none"> <li>• we use bitewing X-rays to check the interproximal surfaces of the teeth for caries</li> <li>• can be used also to determine both the presence or absence of various structures or pathology, also bone levels</li> </ul>

Dental records and charts	Insert example	Identify why we use them
<b>Photographs</b>	 <p>© NCFE CACHE 2014</p>	<ul style="list-style-type: none"> <li>photographs are used to record the visible appearance of a structure at that time, and for comparison with earlier or later views</li> </ul>
<b>Periodontal charts – agreed</b>	 <p>© NCFE CACHE 2014</p>	<ul style="list-style-type: none"> <li>the periodontal chart records the periodontal tissues (supporting tissues) around the tooth</li> <li>these tissues undergo disease to a varying degree, so this charting will show that progress</li> </ul>

Dental records and charts	Insert example	Identify why we use them
<b>Study models</b>	 <p>© NCFE CACHE 2014</p>	<ul style="list-style-type: none"> <li>• study models are useful when looking at occlusal analysis in complicated treatment plans, orthodontic cases</li> <li>• also used to monitor tooth surface loss either by erosion or attrition</li> </ul>
<b>Personal details</b>	Name, address, date of birth (DOB), telephone numbers, doctor's details, full medical history, NHS number, National Insurance number, benefit information	<ul style="list-style-type: none"> <li>• this allows us to accurately put together the patient chart</li> <li>• we need certain information to claim payment from the Business Services Authority (BSA)</li> <li>• also used to contact patients, and for referrals</li> </ul>
<b>Medical history – agreed</b>	Medical history usually includes past and present illnesses, drugs prescribed, hormonal change (pregnancy), smoking habits, drinking habits and relevant illnesses where resistance to infection is low	<ul style="list-style-type: none"> <li>• a regularly updated medical history is an essential feature of all patients' records, whatever the reason for attendance or the treatment required</li> <li>• medical conditions or medication could affect procedures we carry out</li> </ul>
<b>Orthodontic measurements</b>	Class I, Class II div1, Class II div2, Class III Angles classification determines occlusion and malocclusion. Overlap and overbite measurements	<ul style="list-style-type: none"> <li>• these measurements are used when monitoring malocclusions</li> <li>• also used when referring patients to the orthodontist, informing them of the initial problem</li> </ul>

Dental records and charts	Insert example	Identify why we use them
<b>Soft tissue assessment</b>		<ul style="list-style-type: none"><li>• to identify abnormalities, potential issues or lesions</li><li>• to keep a detailed record of abnormalities to monitor size and changes over time</li></ul>



[illegible]

**Version 1.0** July 2025

### Reflective account marking guide

The marking guide has been prepared for assessors and can be used for all learner reflections. The guide enables the assessor to give marks for the quality of the reflection written by learners. A total of up to **12 marks** can be awarded should learners score 'good' for each criteria (A to F).

	Criteria	Good	2	Average	1	Poor	0
<b>A</b>	<b>Description of event to be reflected upon</b>  Describe the incident, event or thing that you have decided to reflect upon. Think about the context and who else was involved.  <b>Note:</b> it does not have to be a negative event; perhaps a patient or colleague complemented you on your professionalism or performance.	Description of event to be reflected upon to include what happened, what learners did and how they did it.		Description of event to be reflected upon to include what happened and what learners did.		Minimal description lacks evidence of learner participation or no description of event to be reflected on.	
<b>B</b>	<b>Links the underpinning knowledge relevant to dentistry to the surgery environment</b>	Linking of theory to practical application.		Limited linking of theory to practical application.		No linking of theory to practical application.	
<b>C</b>	<b>Reflection on own response to the event</b>  What sense can you make of the situation – what does it mean? Explore the details more closely and try to think about what challenged you and why you did what you did.  Describe how the incident/event made you feel.	Reasons for what the learner did and how they did it using theory where appropriate to support underpinning knowledge.		Reasons for what the learner did and how they did it; links to theory not evident.		Learner does not give reasons for own response to the event.	

	Criteria	Good	2	Average	1	Poor	0
	Try not to use reflection to blame others – only consider <b>your</b> behaviour/actions/attitude.						
<b>D</b>	<b>Reflects upon the event process</b>  What was good or bad about the experience? Sometimes bad incidents have good parts and vice versa. Try to pick out the good <b>and</b> the bad.	Reflects critically on and considers what went well and what did not go well, giving reasons for conclusions.		Reflects on what went well and what did not go well.		Reflection is a simplistic summary or no reflection.	
<b>E</b>	<b>Application of learning and implications for own future practice</b>  What have you learnt as a result of the incident/event or thing? What else could you have done to achieve a different outcome?  What will you do next? How will you work towards avoiding repeating something bad or building on something good? Will you need help in order to do this?  <b>Note:</b> this action plan could form part of your personal development plan (PDP) and become a development goal.	Explains learning from reflection, identifies actions to be taken to improve own future practice and devises a PDP.		Explains learning from reflection, identifies some actions to be taken to improve own future practice but does not devise a PDP.		No thought to improving own future practice.	

	Criteria	Good	2	Average	1	Poor	0
<b>F</b>	<p><b>Summary</b></p> <p>What will you do next? How will you work towards avoiding repeating something bad or building on something good? Will you need help in order to do this?</p> <p><b>Note:</b> this action plan could form part of your PDP and become a development goal.</p> <p>What is your next plan of action or project?</p>	Overall conclusion that analyses the impact of this reflection on own future practice.		Conclusion that identifies the impact of this reflection on own future practice.		No conclusion.	

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 5 LO/AC	Response required	Assessor mark		
				M	PM	NM
2.						
2.1	<b>Task 2 (1)</b> Learners must describe methods of monitoring the physical characteristics of an individual and the possible outcomes linked to these physical characteristics.	LO3 AC3.1 AC3.2	Learner responses must include the following: <ul style="list-style-type: none"> <li>• a dental nurse must always visually monitor the patients as they are in the chair</li> <li>• they should take note of their breathing, skin colour, if they are shaking or clenching their fists; these can all be indicators that something could be wrong</li> <li>• patient anxiety</li> <li>• past experience</li> <li>• treatment expectations</li> </ul>			
2.2	<b>Task 2 (2)</b> Learners must explain how to alert the clinician should there be any sign of a potential medical emergency.	LO3 AC3.4	This will be specific to the clinician the learner is working with.  Learner responses should include stopping treatment and calmly alerting the clinician to a concern; we do not want to alarm the patient.			
2.3	<b>Task 2 (3)</b> Learners must explain the correct way to support a patient throughout an oral assessment.	LO3 AC3.3	The correct way to support the patient includes: <ul style="list-style-type: none"> <li>• being aware of any risks posed by pre-existing medical conditions</li> <li>• monitoring the patient and their wellbeing</li> <li>• providing reassurance</li> <li>• reporting and acting upon any indicators that something could be wrong</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 5 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.						
3.1	<b>Task 3 (1)</b> Learners must explain how to communicate the reasons for further assessment or treatment. Why is this important?	LO4 AC4.1	Learner responses must include the following: <ul style="list-style-type: none"> <li>explain the different ways of communication – verbal and written</li> <li>ensure the patient has understood what had been discussed</li> <li>ask questions for clarification and to test understanding</li> <li>patients must fully understand their treatment if they are to give informed, valid consent</li> </ul>			
3.2	<b>Task 3 (2)</b> Learners must explain their surgery's procedure for arranging further treatment or assessment.	LO4 AC4.2	Learner to research own practice procedure for arranging further treatment/assessment (for example, internally to therapist) and to explain which treatments or assessments are referred, to whom and why.  Learner responses will be dependent on each individual workplace's usual practice: <ul style="list-style-type: none"> <li>which treatments are referred to others</li> <li>to whom these treatments are referred (internal/external referral)</li> <li>why these referrals are made (may include – specialist/orthodontic/medical/anxiety/additional needs and/or access)</li> </ul>			
3.3	<b>Task 3 (3)</b> Learners must give <b>four</b> reasons why some individuals may need to be referred to other team members.	LO4 AC4.3	Learners must explain why some individuals may need to be referred to other team members. Responses must include at least <b>four</b> of the following: <ul style="list-style-type: none"> <li>specialist treatment for malocclusion</li> <li>specialist to undertake advanced restorative procedures</li> <li>specialist to undertake complex restorative procedures</li> <li>dental anxiety/phobia</li> <li>specialist equipment for additional needs/mobility issues</li> <li>age and/or general health of the patient</li> <li>referral to therapist or hygienist.</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 5 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.						
			Learners can cross-reference evidence from CORE DN 4 for this task.			
3.4	<b>Task 3 (4)</b> Learners must explain internal practice and external referral systems and give <b>three</b> examples of the forms and communication provided by the referrer.  (This can be linked to CORE DN 4 AC3.9.)	LO4 AC4.4	See guidelines for CORE DN 4 AC3.9.  Learners must provide <b>three</b> examples of referral forms and reasons why these groups may be referred. Examples are: <ul style="list-style-type: none"> <li>• orthodontics</li> <li>• oral surgery – surgical extraction</li> <li>• oral carcinoma</li> <li>• oral medicine – white patches</li> <li>• difficult endodontics</li> <li>• general anaesthesia</li> <li>• implants</li> <li>• prosthodontics</li> </ul>			
3.5	<b>Task 3 (5)</b> Learners must describe <b>three</b> ways communication can support individuals who present signs of distress.	LO4 AC4.5	Learner responses should include <b>three</b> of the following ways to use communication: <ul style="list-style-type: none"> <li>• stay calm and reassure the patient that they are going to be OK</li> <li>• try to keep eye contact with the patient</li> <li>• give a reassuring pat on the shoulder</li> <li>• talk about their family or anything else to distract them from their distress</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 5 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
3.6	<b>Task 3 (6)</b> Learners must explain candour and the effective communication with individuals when things go wrong or when dealing with a complaint.	LO4 AC4.6	<p><a href="#">GDC The professional duty of candour:</a></p> <p>‘Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress.</p> <p>This means that healthcare professionals must:</p> <ul style="list-style-type: none"> <li>• tell the patient (or, where appropriate, the patient’s advocate, carer or family) when something has gone wrong;</li> <li>• apologise to the patient (or, where appropriate, the patient’s advocate, carer or family);</li> <li>• offer an appropriate remedy or support to put matters right (if possible); and</li> <li>• explain fully to the patient (or, where appropriate, the patient’s advocate, carer or family) the short and long term effects of what has happened.’</li> </ul> <p>As soon as you realise that something has gone wrong with a patient’s care which has caused them harm or distress, or which could do so in the future, you must tell them clearly, in a way that they can understand.</p>			



**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....

**CORE DN 6: Contribute to the production of dental images (D/650/8108)**

<b>Unit summary</b>	This unit focuses on the knowledge and skills required when assisting the operator throughout the dental imaging process.
<b>Guided learning hours</b>	35
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.1	<b>Task 1 (1)</b> Learners must state the principles of the current IR(ME)R regulations: <ul style="list-style-type: none"> <li>The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)</li> <li>The Ionising Radiation Regulations 2017 (IRR)</li> <li>The Ionising Radiation (Medical Exposures) (Amendment) Regulations 2018</li> <li>as low as reasonably practicable (ALARP)</li> </ul>	LO1 AC1.1	<b>IR(ME)R:</b> <ul style="list-style-type: none"> <li>safety of patients in dental workplace</li> <li>legal person, radiation protection adviser, radiation protection supervisor (RPS)</li> <li>risk assessments</li> <li>monitoring of staff members – dosimeters</li> <li>staff protection and training</li> </ul> <p>Dental practices must register with the Health and Safety Executive (HSE).</p> <p><b>IRR (concerned with the safety of staff along with the safe use and function of radiation equipment):</b></p> <p>IRR states a three-tier system in regard to notifying the HSE: notification, registration and consent. Dental practices come under the second heading and must register that they have a radiation generator onsite. As part of the registration process, practices will have to declare confirmation of certain safety checks, for example, adequate training of staff, legally drawn up local rules, confirmation that a</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p>risk assessment has been completed to identify the main risks related to radiological activities in the practice.</p> <p>Dental practices must have a radiation protection file containing as much information as possible relating to policies, procedures and safe use of equipment to safeguard all staff and patients.</p> <p><b>Ionising Radiation (Medical Exposures) (Amendment) Regulations 2018:</b></p> <ul style="list-style-type: none"> <li>• safety of patients in dental workplace</li> <li>• referrer, practitioner, operator</li> <li>• training of staff members</li> <li>• patient identification</li> <li>• justification</li> <li>• quality assurance – ALARP</li> </ul> <p><b>ALARP:</b></p> <ul style="list-style-type: none"> <li>• ‘as low as reasonably practicable’</li> <li>• optimisation</li> <li>• dangers of ionising radiation</li> <li>• fastest film, shortest exposure and narrowest beam reduce scattered radiation by 40%</li> </ul>			
1.2	<b>Task 1 (2)</b> Ionising radiation is hazardous. Learners must research the current	LO1 AC1.2 to AC1.5	Learners must research how the procedures in their workplace – in relation to safe use of X-ray equipment, hazards associated with ionising radiation, dental personnel role when using ionising radiation – comply with IRR, IR(ME)R, ALARP.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
	<p>practices, policies and procedures in place at their surgery for the following:</p> <ul style="list-style-type: none"> <li>• safe use of X-ray equipment</li> <li>• hazards associated with ionising radiation</li> <li>• dental personnel role when using ionising radiation</li> <li>• local rules</li> <li>• quality control systems</li> <li>• staff training</li> <li>• personal monitoring systems</li> </ul>		<p><b>Safe use of X-ray equipment:</b></p> <ul style="list-style-type: none"> <li>• avoid exposures which have no merit</li> <li>• correct positioning of film and cone (alignment and collimation, beam-aiming device and use of paralleling technique)</li> <li>• reduce routine patient dose – optimisation</li> <li>• radiograph must be clinically justified</li> </ul> <p><b>Hazards associated with ionising radiation:</b></p> <ul style="list-style-type: none"> <li>• mild burn/tissue damage</li> <li>• long-term risk of malignant disease</li> <li>• low risk of serious hereditary disease in descendants</li> </ul> <p><b>Dental personnel role when using ionising radiation:</b></p> <ul style="list-style-type: none"> <li>• legal person, responsible for implementing the regulations</li> <li>• RPS ensures compliance with current IRR and IR(ME)R regulations</li> <li>• referrer – normally a dentist entitled to refer patients for radiography</li> <li>• operator – carries out all or part of the practical aspects of radiographic exposures</li> <li>• radiation protection adviser (RPA) from an external agency – who advises the practice on health and safety and legal issues related to ionising radiation</li> <li>• medical physics expert – should be appointed by employer (many RPAs are also medical physics experts)</li> <li>• all staff should not knowingly expose themselves or other persons to X-rays greater than necessary for work</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>all staff should exercise reasonable care when working with radiation</li> <li>all staff should report incidents/accidents to the legal person</li> </ul> <p><b>Local rules:</b></p> <ul style="list-style-type: none"> <li>a description of the designated area, for example, 'the whole of each room containing an X-ray set is a controlled area when the equipment is in a state of readiness to emit X-rays'</li> <li>a summary of working instructions               <ul style="list-style-type: none"> <li>the local rules must provide the instructions to be followed to ensure safe working in the area; these may include where the operator of an X-ray set should stand during exposures, intraoral X-ray beam directions to be avoided, and the 'written arrangements' that staff must follow when they enter the controlled areas</li> </ul> </li> <li>the dose investigation level (DIL)               <ul style="list-style-type: none"> <li>the DIL must be stated in the local rules</li> </ul> </li> <li>name of the appointed RPS</li> <li>the contingency plans               <ul style="list-style-type: none"> <li>where the risk assessment has identified the need for contingency plans to follow in the event of reasonably foreseeable radiation incidents, these must be described in the local rules</li> </ul> </li> </ul> <p>Other matters might also be included in the local rules, such as:</p> <ul style="list-style-type: none"> <li>arrangements for pregnant employees</li> <li>instructions for staff regarding personal dosimetry</li> <li>details of how to contact the RPA</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p><b>Quality control systems:</b></p> <ul style="list-style-type: none"> <li>• meet requirements of having policies and procedures in place to take X-rays</li> <li>• compliance with IRR and IR(ME)R</li> <li>• radiation protection file</li> <li>• carry out quality assurance audits of radiographs</li> </ul> <p><b>Staff training:</b></p> <ul style="list-style-type: none"> <li>• dental staff are required by law to be 'IR(ME)R trained' (this law applies to everyone involved in taking and/or processing radiographs)</li> <li>• staff registered with the General Dental Council (GDC) are further recommended to undertake 5 hours of enhanced continuing professional development (CPD) in radiography/radiation protection during each 5-year CPD cycle</li> <li>• ensure only qualified dental radiographers take X-rays</li> <li>• there are duties a qualified dental nurse can perform when received training</li> </ul> <p><b>Personal monitoring systems:</b></p> <p>Dental workers can minimise the risk of exposure to X-rays by following documented safety procedures and using a dosimeter. Dosimeters are small devices that monitor an individual's exposure to X-rays. Dosimeters are worn for a specified period of time and then returned for processing and analysis.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must complete <b>Table 12</b> below.	LO2 AC2.1 AC2.2	See <b>Table 12</b> below.			
2.2	<b>Task 2 (2)</b> Learners must explain why intensifying screens are used in extraoral dental radiography.	LO2 AC2.3	Intensifying screens are used in extraoral radiography to reduce the exposure time of X-rays to the patient, making the technique safer.			

**Table 12:** task 2.1 radiographs

<b>Radiograph</b>	<b>Intraoral or extraoral</b>	<b>What area is seen</b>	<b>Explain the use/purpose of taking the radiograph</b>
<b>Bitewing</b>	Intraoral	Interproximal areas (horizontal)  Bone levels (vertical)	Diagnose interproximal caries Identify overhangs and defective restorations Periodontal bone levels and pockets
<b>Periapical</b>	Intraoral	One or two teeth full length with surrounding bone	View the area and teeth in close detail, used in endodontics, prior to extraction and to diagnose
<b>Occlusal</b>	Intraoral	Plane of view – anterior section of mandible or maxilla	Looking at unerupted teeth, supernumerary and cysts
<b>Lateral oblique</b>	Extraoral	Shows posterior portion of one side of the mandible	Unerupted third molars and jaw fractures
<b>Cephalostat</b>	Extraoral	Shows both jaws and surrounding bones	Accurate measurements for treatment planning for orthodontics and implants
<b>Orthopantomograph</b>	Extraoral	Shows both jaws and surrounding bones	Overview of maxillary sinus, temporomandibular disorder, number and position of teeth



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
3.1	<p><b>Task 3 (1)</b> Learners must explain how to develop a radiograph using an automatic processor. They must include:</p> <ul style="list-style-type: none"> <li>• <b>four</b> faults that could occur during processing</li> <li>• how to handle, store and dispose of the chemicals</li> <li>• how to manage a chemical spillage</li> <li>• what action would be taken in the event of equipment failure</li> <li>• how to protect the processing environment from accidental intrusion and why it is important</li> <li>• how to handle different films to maintain quality</li> </ul>	LO3 AC3.1 to AC3.5	<p>Learners must explain automatic processing and include notes on <b>four</b> processing faults; chemical handling; storing, disposal and spillage; equipment failure; and accidental intrusion.</p> <p><b>Automatic:</b></p> <ul style="list-style-type: none"> <li>• don gloves</li> <li>• disinfect the film or remove disposable sheath</li> <li>• place hand and film into the daylight loading facility</li> <li>• remove outer packaging and place film on the feeder roller</li> <li>• rollers feed the film into the developer solution</li> <li>• rollers then squeeze the excess chemicals before feeding through to the fixer tank</li> <li>• rollers then transport the film to the water tank</li> <li>• the film is washed in water to remove residual solution</li> <li>• dried automatically at the end of the water cycle</li> <li>• mount film as per surgery procedure</li> </ul> <p><b>Faults:</b></p> <ul style="list-style-type: none"> <li>• scratches or fingerprints – not handling properly</li> <li>• blank spots – film splashed with fixer before developing</li> <li>• black line across film – film bent or folded</li> <li>• brown or green stains – inadequate fixing due to old solution</li> <li>• crazed pattern on film – film dried too quickly over high heat</li> <li>• presence of crystals on film – insufficient washing after fixing</li> <li>• dark film – developer too concentrated/temp too high</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>faint or thin film – developer too weak/temp too cold</li> <li>blank film – film placed in fixer before developer</li> <li>fogged film – machine not light tight</li> <li>faint image – inadequate fixing time</li> <li>loss of film – film stuck in rollers</li> <li>visible artefacts – film contaminated with solution spillages</li> </ul> <p><b>Chemicals:</b></p> <ul style="list-style-type: none"> <li>chemicals are toxic and classed as special waste</li> <li>dental nurses should wear an apron, gloves, mask and visor when handling the chemicals</li> <li>do not mix the chemicals</li> <li>store spent chemicals in separate special waste canisters ready for collection by a registered waste carrier</li> <li>store in a dry cool room away from patient access</li> <li>if chemicals are spilled, ventilate the area and ensure the spillage is wiped up using disposable paper towels and water:               <ul style="list-style-type: none"> <li>avoid using chemicals as this may react with the chemicals in the fixer/developer; seek manufacturer's advice and refer to The Control of Substances Hazardous to Health Regulations 2002 (COSHH)</li> </ul> </li> </ul> <p><b>Equipment failure:</b></p> <ul style="list-style-type: none"> <li>any equipment failure should be reported immediately to the dentist/manager/RPS</li> <li>equipment should be taken out of use</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<p><b>Explain how to handle different films to maintain quality:</b></p> <ul style="list-style-type: none"> <li>films should be handled with care – avoid bending the packet of the film or touching with wet hands</li> <li>handle film by the edges, and always make sure it is protected from potential sources of fogging</li> </ul>			
3.2	<p><b>Task 3 (2)</b> Learners must explain how to process a digital radiograph. Include:</p> <ul style="list-style-type: none"> <li>the faults that could occur when radiographs are taken using direct and indirect imaging</li> <li>what action would be taken in the event of equipment failure</li> </ul>	LO3 AC3.1 AC3.4	<p>Learners must explain digital processing and include notes on faults with direct and indirect imaging and equipment failure.</p> <p><b>Indirect digital:</b></p> <ul style="list-style-type: none"> <li>don gloves</li> <li>remove protective sheath and place exposed phosphor plate into the scanner/reader</li> <li>scanned by a laser beam and then the information is relayed to the computer screen and displayed as a digital image</li> <li>image is then saved to correct patient's file</li> <li>phosphor plate is wiped and re-sheathed</li> </ul> <p><b>Direct digital:</b></p> <ul style="list-style-type: none"> <li>don gloves</li> <li>remove protective sheath from image receptor</li> <li>exposed image information is sent directly to the computer where a digital image is displayed</li> <li>from there the image is saved to the patient's file</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>new sheath placed on image receptor</li> </ul> <p><b>Faults:</b></p> <ul style="list-style-type: none"> <li>operator error</li> <li>elongation of image – collimator angulation too shallow</li> <li>foreshortening of image – collimator angulation too steep</li> <li>coning – collimator angulation not central</li> <li>blurred image – patient or collimator moved</li> </ul> <p><b>Equipment failure:</b></p> <ul style="list-style-type: none"> <li>any equipment failure should be reported immediately to the dentist/manager</li> <li>equipment should be taken out of use</li> </ul>			
3.3	<p><b>Task 3 (3)</b></p> <p>Learners must explain and describe the chemicals used in developing a radiograph and what they contain.</p>	LO7 AC7.3	<p><b>All</b> chemical ingredients should be listed, and learners should explain how the image is formed by the developing process. The response must include the following:</p> <p><b>Fixer:</b></p> <ul style="list-style-type: none"> <li>ammonium thiosulphate</li> <li>sodium sulphite</li> <li>aluminium chloride</li> <li>acetic acid</li> <li>water</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<p><b>Developer:</b></p> <ul style="list-style-type: none"> <li>• phenidone</li> <li>• hydroquinone</li> <li>• sodium sulphite</li> <li>• potassium carbonate</li> <li>• benzotriazole</li> <li>• glutaraldehyde</li> <li>• fungicide</li> <li>• buffer</li> <li>• water</li> </ul> <p><b>Process:</b></p> <ul style="list-style-type: none"> <li>• development – the sensitised silver halide crystals in the emulsion are converted to black metallic silver to produce the black/grey parts of the image</li> <li>• washing – the film is washed in water to remove residual developer/fixer solution</li> <li>• fixation – the unsensitised silver halide crystals in the emulsion are removed to reveal the transparent or white parts of the image and the emulsion is hardened</li> </ul>			
3.3	<p><b>Task 3 (4)</b> Learners must explain the precautions they should take when handling the chemicals.</p>	LO3 AC3.3	<p>Learners must list the precautions that should be taken and the reasons for taking them. Responses should include the following:</p> <ul style="list-style-type: none"> <li>• do not mix the fixer and developer chemicals as this can cause toxic vapour</li> <li>• use full personal protective equipment (PPE) to protect yourself from potential harm</li> <li>• ensure chemicals are kept separately to prevent accidental mixing</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<ul style="list-style-type: none"> <li>dispose of spent chemicals as special waste via a registered waste collector to protect people and the environment</li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> It is important when using radiographic films that they are stored appropriately. Learners must explain the following: <ul style="list-style-type: none"> <li>the reasons to rotate stock</li> <li>how to store radiographic films to avoid damage (including why films should be stored away from ionising radiation)</li> <li>why deteriorated films should not be used</li> </ul>	LO4 AC4.1 to AC4.4	Learners must explain the importance of appropriate storage including stock rotation, storage (including orthopantomogram (OPG)) and why deteriorated films should not be used.  <b>The reasons to rotate stock:</b> <ul style="list-style-type: none"> <li>stock is rotated to ensure the oldest films are used first</li> <li>this reduces the risk that films will go out of date before they are used and could be fogged on development</li> </ul> <b>How to store radiographic films:</b> <ul style="list-style-type: none"> <li>away from all sources of radiation</li> <li>away from heat sources, ideally at room temperature</li> <li>away from liquids that may penetrate packets and destroy films before use</li> <li>OPGs should be stored on their side so the films do not stick together under the weight of the films</li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<b>Why deteriorated films should not be used:</b> <ul style="list-style-type: none"> <li>old film will not expose properly and could result in a fogged image</li> <li>the image produced will be of poor quality</li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
5.1	<b>Task 5 (1)</b> Learners must describe a quality assurance control system for radiographs and explain why it is necessary.	AC5.1	Learners must describe a quality assurance system and explain why quality assurance is required.  <b>Quality assurance system:</b> <ul style="list-style-type: none"> <li>a quality assurance system should involve regular checks and a written log of the outcomes</li> </ul> It should include the following: <ul style="list-style-type: none"> <li>image-quality assessment: <ul style="list-style-type: none"> <li>images are either rated as 'diagnostically acceptable' ('A') or 'not acceptable' ('N')</li> </ul> </li> <li>technique assurance</li> <li>dose and equipment checks</li> <li>processing checks</li> <li>staff training</li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>score 1 should be a minimum of 70% of all exposures, while score 3 should be a maximum of 10%:               <ul style="list-style-type: none"> <li>the results need to be recorded after each exposure and problems identified</li> <li>regular audits will be completed and results discussed at staff meeting</li> </ul> </li> </ul> <p><b>Purpose/necessity of quality assurance systems:</b></p> <ul style="list-style-type: none"> <li>all faults are avoidable and the production of adequate diagnostic information should be consistent</li> <li>the purpose of a quality assurance system is to analyse and score according to a universal system of quality so that commonly occurring problems are identified</li> <li>the system will indicate:               <ul style="list-style-type: none"> <li>how readable the film is</li> <li>if a fault is present</li> <li>what the fault is</li> <li>how it has occurred</li> <li>how it can be prevented from occurring again</li> <li>if re-exposure of the patient is necessary</li> </ul> </li> </ul>			
5.2	<b>Task 5 (2)</b> As part of clinical governance, a quality assurance scoring system should be used to grade radiographs to achieve ALARP/ALARA (as low as reasonably achievable). Learners must state what each score stands for.	AC5.2	Learner must complete the table. Responses must correspond with those below.  Images are either rated as 'diagnostically acceptable' ('A') or 'not acceptable' ('N').			



No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
5.3	<b>Task 5 (3)</b> Learners must identify the methods of mounting radiographs and explain: <ul style="list-style-type: none"> <li>the correct method of mounting radiographs</li> <li>what could happen if a radiograph is incorrectly mounted</li> </ul>	AC5.3 AC5.4	Learners must explain the correct method of mounting extra- and intraoral radiographs and the consequences of incorrect mounting.  <b>The correct method of mounting radiographs:</b> <ul style="list-style-type: none"> <li>extraoral cassettes are marked with an L to indicate the patient's left-hand side, and unless the cassette has been placed upside down in the machine, the film is easily orientated on the viewer so that it is viewed from the front</li> <li>all intraorals have a raised pimple in one corner which must be facing out to view the film correctly, not back to front</li> <li>it is irrelevant which corner the pimple appears in, but it must face out towards the person viewing the radiograph</li> <li>radiographs are mounted in the correct anatomical position</li> <li>radiographs must be labelled with patient name and date taken</li> </ul> <b>What could happen if a radiograph is incorrectly mounted:</b> <ul style="list-style-type: none"> <li>they must be positioned correctly otherwise the left teeth will be viewed as right and vice versa</li> <li>this could result in incorrect treatment being carried out with subsequent harm to the patient</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
				M	PM	NM
6.						
6.1	<b>Task 6 (1)</b> Learners must explain the correct way to check that the imaging equipment is fully functioning and ready for use. How often should imaging equipment be checked?	LO6 AC6.3	Learner responses must include the following: <ul style="list-style-type: none"> <li>the X-ray machine should not be turned on at the isolator switch until in use</li> <li>imaging equipment should be checked that it is fully functioning at the start of each day</li> <li>checks include pre-processing checks on automatic processors and manual processing, plus checks on chemicals and test wedges</li> <li>X-ray machines must be checked every 3 years</li> <li>automatic processors must be serviced once a year</li> <li>X-ray machine should be checked daily for any signs of wear, oil leaks or cracks to the casing</li> </ul>			
6.2	<b>Task 6 (2)</b> Learners must list <b>four</b> items which could interfere with the radiographic image.  How should individuals be asked to remove them?	LO6 AC6.5	Learners must list items that could interfere with the radiographic image.  The response must include <b>four</b> of the following: <ul style="list-style-type: none"> <li>earrings</li> <li>other piercings</li> <li>dentures</li> <li>obturators</li> <li>retainers</li> <li>glasses</li> </ul> Learners must describe how to ask the patient to remove the item. The response must indicate that learners can provide reasons for the request. For example: <ul style="list-style-type: none"> <li>politely ask the person to remove the item</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 6 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>explain to them that it could show up as an artefact on the X-ray and may mask any underlying problems</li> </ul>			
6.3	<p><b>Task 6 (3)</b> Radiography does not come without its risks.</p> <p>Learners must explain what concerns individuals (adults, children and young people, older adults, those with additional needs) may have regarding dental imaging and offer support during a radiographic process. If the learners could not allay their concerns, who would they refer the questions to?</p>	LO6 AC6.6 AC6.8	<p>Learners must list the type of concerns that a patient may have, how they might respond to the concerns and what they would do if unable to reassure the patient. Response must include the following:</p> <p><b>Patient concerns:</b></p> <ul style="list-style-type: none"> <li>the main risk that patients are worried about is the effect of too much ionising radiation on their body</li> <li>that the energy produced may cause cell damage, even death</li> </ul> <p><b>Response:</b></p> <ul style="list-style-type: none"> <li>this would be a result of a period of prolonged and frequent exposures</li> <li>we have guidelines in place (ALARA/ALARP) to ensure that radiographs are only taken when clinically necessary and using the lowest dose possible</li> </ul> <p><b>Referral:</b></p> <ul style="list-style-type: none"> <li>any questions that could not be answered should be referred to the dentist/operator or practitioner</li> </ul>			

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....

## CORE DN 7: Provide support during the prevention and control of periodontal disease, caries and the restoration of cavities (F/650/8109)

<b>Unit summary</b>	This unit focuses on the knowledge and skills required to support the clinician and individual throughout treatment.
<b>Guided learning hours</b>	30
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.						
1.1	<b>Task 1 (1)</b> Learners must identify methods available for controlling plaque.	LO1 AC1.1	Learners must identify methods available for controlling plaque. Examples are: <ul style="list-style-type: none"> <li>• manual toothbrushing</li> <li>• electric toothbrushing</li> <li>• chemical agents – chlorhexidine gluconate</li> <li>• interdental brushes</li> <li>• dental floss</li> </ul>			
1.2	<b>Task 1 (2)</b> Learners must list <b>four</b> treatments that are available for the following in <b>Table 13</b> : <ul style="list-style-type: none"> <li>• controlling caries</li> <li>• controlling periodontal disease</li> </ul>	LO1 AC1.1 to AC1.3	Learners must list <b>four</b> treatments in each column of <b>Table 13</b> .			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.3	<b>Task 1 (3)</b> Learners must research and identify <b>three</b> different sources of fluoride (include both systematic and topical).	LO1 AC1.4	Learners must research <b>three</b> different sources of fluoride.  <b>Sources:</b> <ul style="list-style-type: none"> <li>• water – naturally occurring levels</li> <li>• fluoridated water – artificially enhanced levels</li> <li>• tea – low concentration</li> <li>• fish bones – low concentration</li> <li>• toothpaste – managed concentration</li> <li>• mouthwash – managed concentration</li> <li>• fluoride varnish – managed concentration higher than toothpaste, applied in the dental surgery</li> </ul>			

**Table 13:** task 1.2 treatments for controlling caries and periodontal disease

<b>Controlling caries</b>	<b>Controlling periodontal disease</b>
Fluoride treatments	Giving up smoking
Fissure sealants	Lowering alcohol consumption
Fluoride toothpaste	Regular scale and polish
Manual cleaning	Hygienist visits for root debridement if needed
Interdental cleaning	Maintaining oral hygiene
Regular dental examinations	Eliminate overhangs from restorations
Low-sugar diet	Chlorhexidine mouthwashes

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must explain the different methods of cavity preparation following Black's Classification and how each material is retained in the cavity.	LO2 AC2.1	Learner responses should include the following:  <b>Black's Classification of cavity form:</b> <ul style="list-style-type: none"> <li>• class I – single surface (for example, occlusal surface, buccal)</li> <li>• class II – at least two or more surfaces of a posterior tooth (for example, mesial or distal or could be a mesial, occlusal and distal (MOD))</li> <li>• class III – mesial or distal surface of anterior tooth (not including incisal tip)</li> <li>• class IV – as above and including incisal tip</li> <li>• class V – gingival third of buccal/lingual surface of all teeth</li> </ul> <b>Permanent teeth:</b> <ul style="list-style-type: none"> <li>• all plaque and soft carious dentine are removed from the cavity margins, although the deepest layer of dentine may be conserved to avoid exposure of the pulp</li> <li>• as much of the enamel as possible conserved</li> <li>• if a non-bonded restorative material is used then the cavity will need to be undercut to retain the material</li> <li>• amalgam will require an undercut and dovetail if across two surfaces (for example, mesial occlusal caries (MO) caries or distal occlusal (DO) caries)</li> <li>• composite – acid etch causing small pits in the tooth that the composite then tags into (micromechanical retention)</li> <li>• glass ionomer bonds directly with dentine</li> </ul>			



No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<b>Deciduous teeth:</b> <ul style="list-style-type: none"> <li>when preparing deciduous teeth for a restoration, all plaque and soft carious dentine is removed from the cavity margins, although the deepest layer of dentine may be conserved to avoid exposure of the pulp as it may then be necessary to perform pulp capping</li> <li>as much of the enamel as possible is also conserved</li> <li>class II may need to be shallower to take into account the larger pulp chamber</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
3.1	<b>Task 3 (1)</b> Learners must state the functions of different equipment, instruments and materials and medicaments used in: <ul style="list-style-type: none"> <li>• prevention of dental caries</li> <li>• preparation, restoration and finishing of cavities</li> <li>• periodontal therapy</li> </ul>	LO3 AC3.1	<b>Prevention of dental caries:</b>  Personal protective equipment (PPE), pump, compressor, dental lamp, 3-in-1 tip/syringe, mirror, probe, tweezers, fluoride, applicators.  <b>Preparation, restoration and finishing of cavities:</b>  PPE, pump, compressor, dental lamp, 3 in 1 tip/syringe, mirror, probe, tweezers, contra-angle handpiece, air rotor hand piece, burs, aspirating tip, local anaesthetic (cartridge, needle and syringe), calcium hydroxide and applicator, filling material, matrix system, excavator, plugger, flat plastic wards carver, ball burnisher, articulating paper, Miller forceps, finishing system (soflex or finishing strips) – as appropriate for filling types, cotton wool rolls, filling material along with relevant applicators.  <b>Different stages of endodontic treatments:</b>  <b>1st stage:</b>  PPE, pump, compressor, dental lamp, 3-in-1 tip/syringe, mirror, probe, self-locking tweezers, syringe, needle and anaesthetic, rubber dam (punch, clamp, frame, floss, sheet) air rotor hand piece, contra-angle hand piece, aspirating tip, diamond burs, latch grip round burs, excavators, ball burnisher, Gates Glidden drill, barbed broach, apex locator, periapical film, reamers, stoppers, different-size reamers, monojet syringe, sodium hypochlorite, antiseptic dressing, paper points, file holder, pledglet, cotton wool rolls, temporary dressing, ruler, flat plastic, mouth rinse and tissues.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<p><b>2nd stage:</b></p> <p>PPE, pump, compressor, dental lamp, 3-in-1 tip/syringe, mirror, probe, self-locking tweezers, syringe, needle and anaesthetic, rubber dam (punch, clamp, frame, floss, sheet) air rotor hand piece, contra-angle hand piece, aspirating tip, excavators, ball burnisher, Gates Glidden drill, periapical film, reamers, stoppers, different-size reamers, monojet syringe, sodium hypochlorite, file holder, cotton wool rolls, temporary dressing, ruler, flat plastic, mouth rinse and tissues, gutta-percha, paper points, pledgets, Thermafil system, Tubli-Seal (zinc oxide-eugenol cement) wax pad and spatula, finger spreader, rotary paste filler, condenser.</p> <p><b>Periodontal therapy:</b></p> <p>PPE, pump, compressor, dental lamp, 3-in-1 tip/syringe, mirror, probe, tweezers, contra-angle hand piece, ultrasonic scaler, aspirating tip, sickle scaler, Jacquetta scaler, Gracey curette, ultrasonic scaler tip, latch grip rubber cup, prophylaxis paste, topical anaesthetic, basic periodontal examination (BPE) probe, Williams probe, mouthrinse and tissues.</p>			
3.2	<p><b>Task 3 (2)</b> Using <b>Table 14</b> below learners must give examples of and evaluate the advantages and disadvantages of <b>three</b> of the following different types of:</p> <ul style="list-style-type: none"> <li>preventative materials</li> <li>restorative materials</li> </ul>	LO3 AC3.2	See <b>Table 14</b> below for required responses.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.						
	<ul style="list-style-type: none"> <li>• lining materials</li> <li>• etchants</li> <li>• bonding agents</li> <li>• curing lights</li> </ul>					
3.3	<b>Task 3 (3)</b> Learners must explain <b>two</b> different types of matrix system that are used in restorative procedures.	LO3 AC3.3	<ul style="list-style-type: none"> <li>• Siqveland</li> <li>• Tofflemire</li> <li>• T bands</li> <li>• omnimatrix can be used mainly for class II restorations</li> <li>• sectional matrix system</li> <li>• anterior matrix system – used for anterior teeth – clear strips</li> </ul> <p>All matrix bands take the place of a tooth surface being restored whilst the restorative material is being placed. They allow restoration of contours and contact.</p>			
3.4	<b>Task 3 (4)</b> Learners must design an information sheet for a new colleague explaining the hazards associated with amalgam.	LO3 AC3.4	<p>The information sheet must include:</p> <ul style="list-style-type: none"> <li>• what amalgam is</li> <li>• advantages and disadvantages of using amalgam</li> <li>• pregnancy, nursing mothers and use of amalgam</li> </ul>			
3.5	<b>Task 3 (5)</b> Learners must identify the equipment and medicaments used for the administration of local anaesthetics by <b>three</b> of the following methods: <ul style="list-style-type: none"> <li>• topical</li> </ul>	LO3 AC3.5	<p>Responses to include the following:</p> <ul style="list-style-type: none"> <li>• topical anaesthetic – gel placed directly on to the oral mucosa</li> <li>• intrapulpal – syringe, anaesthetic cartridge and needle</li> <li>• intraosseous – anaesthetic syringe, cartridge and needle (Stabident)</li> <li>• intraligamentary – ligamaject syringe, cartridge and needle</li> <li>• local infiltration – syringe, cartridge and needle (usually short needle)</li> <li>• nerve block – aspirating syringe, cartridge and needle (usually long needle)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
	<ul style="list-style-type: none"> <li>• intrapulpal</li> <li>• intraosseous</li> <li>• intraligamentary</li> <li>• local infiltration</li> <li>• nerve block</li> <li>• local anaesthetic cartridge</li> <li>• syringe</li> <li>• needle</li> </ul>		<ul style="list-style-type: none"> <li>• local anaesthetic cartridge – glass or plastic tube containing local anaesthetic, sealed at one end with a thin rubber diaphragm and the other end a rubber bung</li> <li>• syringe – various designs available, multiple use (sterilised after each use) and single use (preferred type), the middle part holds the cartridge and then there is a plunger to push to inject the solution</li> <li>• needle – two different main sizes, short and long, attached to the syringe to administer the local anaesthetic</li> </ul>			

**Table 14:** task 3.2 advantages and disadvantages of various materials and equipment

Materials/equipment	Example	Advantages	Disadvantages
Preventative materials	Duraphat (fluoride varnish)	<ul style="list-style-type: none"> <li>fluoride varnish may be applied to the enamel, dentine or cementum of the tooth and can be used to help prevent decay, re-mineralise the tooth surface, and treat dentine hypersensitivity</li> <li>they do not require the use of fluoride trays</li> <li>they are suitable for use in patients with a strong gag reflex</li> </ul>	<ul style="list-style-type: none"> <li>fluoride varnish is not permanent</li> <li>due to the colour and adherence of most fluoride varnishes, they may cause a temporary change in the surface colour of teeth as well as some filling materials; as the varnish is worn away by eating and brushing, the yellowish colour fades</li> </ul>
Restorative materials	Silorane	<ul style="list-style-type: none"> <li>a dental composite filling will often be smaller in size than a comparable silver amalgam filling</li> <li>tooth bonding usually creates less post-treatment thermal sensitivity</li> <li>appearance</li> <li>acid etch techniques composite bonds to the tooth</li> <li>command set</li> </ul>	<ul style="list-style-type: none"> <li>excessive wear under stress/not as hard wearing as amalgam</li> <li>requires dry field for success</li> <li>longer procedure</li> <li>more expensive material than amalgam</li> <li>acid etch technique required can burn soft tissues</li> <li>curing light can cause eye damage</li> </ul>
Lining materials	Calcium hydroxide	<ul style="list-style-type: none"> <li>promotes formation of secondary dentine</li> <li>kills caries causing bacteria (antimicrobial)</li> <li>universal so can be used under all types of filling material</li> </ul>	<ul style="list-style-type: none"> <li>it is soluble in water – must be kept dry</li> <li>cannot be used as a temporary filling as not strong enough</li> </ul>
Etchants	33% phosphoric acid	<ul style="list-style-type: none"> <li>allows the bond to adhere to the enamel</li> <li>enables the use of composite fillings</li> </ul>	<ul style="list-style-type: none"> <li>can cause burns to the oral mucosa if not careful</li> <li>involves rinsing with water; problem for some patients</li> </ul>
Bonding agents	Resin bond	<ul style="list-style-type: none"> <li>allow filling to adhere to dentine and enamel</li> </ul>	<ul style="list-style-type: none"> <li>must be dry on application</li> <li>needs light curing to enable bonding</li> </ul>

Materials/equipment	Example	Advantages	Disadvantages
		<ul style="list-style-type: none"><li>• it flows into the dentine tubules and bonds with the collagen inside and around the tubule</li></ul>	
Curing lights	Blue halogen light	<ul style="list-style-type: none"><li>• dentist has more control over the setting time</li><li>• more time to contour and trim the filling, more aesthetically pleasing, less finishing</li></ul>	<ul style="list-style-type: none"><li>• cannot penetrate metal so cannot be used on crowns unless used with a dual chemical cure</li><li>• careful when using, precautions should be taken, orange shield/glasses, can cause retina damage</li></ul>

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
				M	PM	NM
4.						
4.1	<b>Task 4 (1)</b> Learners must identify the varying methods of aspirating during treatments listed in <b>Table 15</b> .	LO4 AC4.4	See <b>Table 15</b> below.  Learners must complete the table below to cover saliva ejector, surgical aspirator, wide bore aspirator.			
4.2	<b>Task 4 (2)</b> Learners must explain the reasons for finishing restorations.	LO4 AC4.9	Learners must provide reasons for finishing restorations: <ul style="list-style-type: none"> <li>to ensure margins are adapted to cavity walls to prevent leakage/bacterial ingress</li> <li>to ensure smooth marginal contact to reduce areas of plaque retention</li> <li>to ensure the restoration is aesthetically pleasing in appearance</li> <li>to ensure the restoration is not high in occlusion to prevent trauma and/or risk of fracturing</li> </ul>			
4.3	<b>Task 4 (3)</b> Learners must identify and evaluate the ergonomics of working when assisting the clinician. Explain why the following are important when working on restoration procedures: <ul style="list-style-type: none"> <li>seating</li> <li>positioning of the patient and team and providing a clear field of view of the treatment area (retracting)</li> </ul>	LO4 AC4.10	Learners must identify and evaluate the following methods of working when assisting the clinician: <ul style="list-style-type: none"> <li>seating (health and safety/postural health/access and visibility)</li> <li>positioning of the patient and team (patient and team health and safety/operator access and visibility, efficiency of working)</li> <li>instrument passing (efficient and effective practice, not over face of patient – safety of patient)</li> <li>aspiration and suction tip placement (patient health and safety/operator access and visibility/protection of materials/reducing contamination/tissue retraction)</li> <li>monitoring the operator and patient (health and safety/patient and team protection)</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
	<ul style="list-style-type: none"> <li>instrument passing</li> <li>aspiration and suction tip placement</li> <li>monitoring the operator and patient</li> <li>four-handed dentistry</li> </ul>		<ul style="list-style-type: none"> <li>four-handed dentistry (a dental technique whereby the dentist and the assistant may have one or both hands by the patient's mouth at the same time to enhance the productivity of the dentist)</li> </ul>			
4.4	<p><b>Task 4 (4)*</b> Outline the equipment, instruments and materials for <b>two</b> of the following restorative treatments and <b>two</b> others, and what they are used for. Explain suitable matrix systems and mixing of different materials:</p> <ul style="list-style-type: none"> <li>restorative treatments:               <ul style="list-style-type: none"> <li>temporary restorations</li> <li>amalgam restorations</li> <li>composite restorations</li> <li>glass ionomer restorations</li> </ul> </li> <li>others:               <ul style="list-style-type: none"> <li>fissure sealants</li> <li>fluoride treatment</li> </ul> </li> </ul>	LO4 AC4.2	<p>See <b>Table 16</b> below.</p> <p>Learners must outline the equipment, instruments and materials (and what they are used for) for:</p> <ul style="list-style-type: none"> <li><b>two</b> of the following restoration treatments:               <ul style="list-style-type: none"> <li>temporary</li> <li>amalgam</li> <li>composite</li> <li>glass ionomer</li> </ul> </li> <li><b>two</b> others:               <ul style="list-style-type: none"> <li>fissure sealants</li> <li>fluoride treatment</li> <li>scaling</li> <li>polishing</li> <li>debridement</li> </ul> </li> </ul> <p>Explain suitable matrix systems and mixing of different materials.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 7 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
	<ul style="list-style-type: none"> <li>○ scaling</li> <li>○ polishing</li> <li>○ debridement</li> </ul> <p><b>*Note:</b> in order to cover the entire range for this AC, remaining range will need to be observed, or all treatments will need to be covered here.</p>					

**Table 15:** task 4.1 varying methods of aspirating

<b>Treatment</b>	<b>Method of aspiration</b>
<b>Restorations</b>	High- and low-speed aspiration
<b>Fissure sealants</b>	Low-speed aspiration
<b>Fluoride treatment</b>	Low-speed aspiration
<b>Scaling</b>	High- and low-speed aspiration
<b>Polishing</b>	Low-speed aspiration
<b>Debridement</b>	High-speed aspiration

**Table 16:** task 4.4 equipment, instruments, and materials for different types of treatments

Treatment	Use	Equipment, instruments and materials	Matrix systems	Mixing of materials
Temporary restorations	<ul style="list-style-type: none"> <li>• immediate pain relief</li> <li>• to allow a symptomatic tooth to settle prior to permanent restoration</li> <li>• for staged procedures requiring more than one appointment</li> </ul>	<ul style="list-style-type: none"> <li>• moisture-control equipment</li> <li>• hand pieces – fast and contra-angled</li> <li>• burs</li> <li>• mouth mirror</li> <li>• probe</li> <li>• College tweezers</li> <li>• excavators</li> <li>• plugger</li> <li>• burnisher</li> <li>• carver</li> <li>• plastic instruments</li> <li>• zinc oxide and eugenol cement</li> <li>• zinc phosphate cement</li> <li>• polycarboxylate cement</li> </ul>	<ul style="list-style-type: none"> <li>• Siqveland</li> <li>• Tofflemire</li> <li>• Wedges</li> <li>• cellulose/acetate</li> </ul>	<ul style="list-style-type: none"> <li>• fluff powder in bottle prior to dispensing</li> <li>• dispense powder before liquid</li> <li>• ensure consistent size of liquid drops by holding bottle upright</li> <li>• zinc oxide and eugenol cement – glass slab and metal spatula or paper pad</li> <li>• zinc phosphate – on a cool glass slab with metal spatula</li> <li>• polycarboxylate cement – glass slab or waxed paper pad with metal spatula</li> <li>• powder and liquid dispensed, powder divided, added to the liquid in increments ensuring all powder mixed in; use other end of the spatula to add further powder until completed; no powder should be left and no excess powder should be returned to the powder bottle</li> </ul>

Treatment	Use	Equipment, instruments and materials	Matrix systems	Mixing of materials
Amalgam restorations	<ul style="list-style-type: none"> <li>• filling material for posterior teeth</li> <li>• durable and cost-effective</li> <li>• permanent restoration</li> </ul>	<ul style="list-style-type: none"> <li>• moisture-control equipment</li> <li>• hand pieces – fast and contra-angled</li> <li>• burs</li> <li>• mouth mirror</li> <li>• probe</li> <li>• College tweezers</li> <li>• excavators</li> <li>• amalgam carrier</li> <li>• plugger</li> <li>• burnisher</li> <li>• carver</li> <li>• plastic instruments</li> <li>• amalgam capsules</li> </ul>	<ul style="list-style-type: none"> <li>• Siqveland</li> <li>• Tofflemire</li> <li>• Wedges</li> </ul>	<ul style="list-style-type: none"> <li>• place correct-sized capsule in amalgamator</li> </ul>
Composite restorations	<ul style="list-style-type: none"> <li>• tooth-coloured permanent restoration material</li> </ul>	<ul style="list-style-type: none"> <li>• moisture-control equipment</li> <li>• hand pieces – fast and contra-angled</li> <li>• 3-in-1 syringe</li> <li>• burs</li> <li>• mouth mirror</li> <li>• probe</li> <li>• College tweezers</li> <li>• excavators</li> <li>• plugger</li> <li>• flat plastic</li> <li>• etchant and brush</li> <li>• bond and brush</li> <li>• curing light</li> </ul>	<ul style="list-style-type: none"> <li>• cellulose acetate matrix strip</li> <li>• crocodile clip matrix clamp</li> <li>• plastic wedges</li> </ul>	<ul style="list-style-type: none"> <li>• light cure – no mixing required</li> <li>• chemical cure – using different ends of a spatula, dispense equal amounts of composite and catalyst</li> </ul>

Treatment	Use	Equipment, instruments and materials	Matrix systems	Mixing of materials
		<ul style="list-style-type: none"> <li>• composite material – light cure</li> <li>• composite material – chemical cure</li> </ul>		
Glass ionomer restorations	<ul style="list-style-type: none"> <li>• permanent restorations for unretentive cavities</li> <li>• restoration in deciduous teeth</li> </ul> <p><b>Also:</b></p> <ul style="list-style-type: none"> <li>• cavity lining</li> <li>• dentine substitute</li> <li>• adhesive cement</li> </ul>	<ul style="list-style-type: none"> <li>• moisture-control equipment</li> <li>• hand pieces – fast and contra-angled</li> <li>• burs</li> <li>• mouth mirror</li> <li>• probe</li> <li>• College tweezers</li> <li>• excavators</li> <li>• plugger</li> <li>• flat plastic</li> <li>• glass ionomer cement</li> <li>• Vaseline</li> </ul>	<ul style="list-style-type: none"> <li>• cellulose acetate matrix strip</li> <li>• crocodile clip matrix clamp</li> <li>• plastic wedges</li> </ul>	<ul style="list-style-type: none"> <li>• fluff powder in bottle prior to dispensing</li> <li>• dispense powder (manufacturer's scoop used) before liquid</li> <li>• ensure consistent size of liquid drops by holding bottle upright</li> <li>• paper pad and plastic spatula</li> </ul>
Fissure sealants	<ul style="list-style-type: none"> <li>• caries prevention for occlusal fissures</li> </ul>	<ul style="list-style-type: none"> <li>• moisture-control equipment</li> <li>• mouth mirror</li> <li>• pumice</li> <li>• 3-in-1 syringe</li> <li>• acid etchant and brush</li> <li>• sealant</li> <li>• curing light</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• etchant and brush – no mixing required</li> <li>• fissure sealant material is straight from the bottle, applied straight to brush, no mixing required</li> </ul>
Fluoride treatment	<ul style="list-style-type: none"> <li>• caries prevention</li> <li>• arresting caries</li> </ul>	<ul style="list-style-type: none"> <li>• moisture-control equipment</li> <li>• hand piece (slow) <b>or</b> other method of removing gross plaque</li> <li>• 3-in-1 syringe</li> <li>• bristle brush or rubber cup</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• fluoride material and microbrush – no mixing required</li> </ul>

Treatment	Use	Equipment, instruments and materials	Matrix systems	Mixing of materials
		<ul style="list-style-type: none"> <li>• mouth mirror</li> <li>• microbrush</li> <li>• fluoride varnish</li> </ul>		
Scaling	<ul style="list-style-type: none"> <li>• to remove calculus deposits</li> </ul>	<ul style="list-style-type: none"> <li>• aspirator</li> <li>• ultrasonic scaler</li> <li>• scaling tips</li> <li>• handscalers</li> <li>• mouth mirror</li> <li>• local anaesthetic and syringe if required</li> </ul>	N/A	N/A
Polishing	<ul style="list-style-type: none"> <li>• to remove residual staining</li> <li>• produce a smooth surface to aid cleaning</li> </ul>	<ul style="list-style-type: none"> <li>• aspirator</li> <li>• hand pieces (slow)</li> <li>• mouth mirror</li> <li>• bristle brush or rubber cup</li> <li>• prophylaxis paste</li> </ul>	N/A	N/A
Debridement	<ul style="list-style-type: none"> <li>• to treat necrotising diseases</li> </ul>	<ul style="list-style-type: none"> <li>• aspirator</li> <li>• ultrasonic scaler</li> <li>• scaling tips</li> <li>• handscalers</li> <li>• mouth mirror</li> <li>• local anaesthetic and syringe if required</li> </ul>	N/A	N/A

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....



**CORE DN 8: Provide support during the provision of fixed and removable prostheses (K/650/8110)**

<b>Unit summary</b>	This unit focuses on the knowledge, skills and behaviours required to support the individual and clinician during the provision of fixed and removable prostheses.
<b>Guided learning hours</b>	35
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.1	<b>Task 1 (1)</b> Learners must list the different equipment instruments, materials and medicaments used in the following procedures and state their functions: <ul style="list-style-type: none"> <li>crowns, bridges and veneers</li> <li>complete, partial and immediate dentures</li> </ul>	LO1 AC1.1	<b>Crowns, bridges and veneers:</b> <ul style="list-style-type: none"> <li>personal protective equipment (PPE)</li> <li>pump</li> <li>compressor</li> <li>dental lamp</li> <li>3-in-1 tip/syringe</li> <li>mirror</li> <li>probe</li> <li>tweezers</li> <li>contra-angle handpiece</li> <li>air rotor hand piece</li> <li>burs</li> <li>aspirating tip</li> <li>local anaesthetic (cartridge, needle and syringe)</li> <li>excavator</li> <li>flat plastic</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• ball-ended burnisher</li> <li>• wards carver</li> <li>• plugger</li> <li>• cotton wool rolls</li> <li>• alginate</li> <li>• bowl</li> <li>• scoop</li> <li>• measure</li> <li>• spatula</li> <li>• putty</li> <li>• wash</li> <li>• occlusal registration</li> <li>• gingival retraction cord</li> <li>• impression trays</li> <li>• tray handle</li> <li>• temporary crown material</li> <li>• temporary crown cement</li> </ul> <p><b>Complete, partial and immediate dentures:</b></p> <ul style="list-style-type: none"> <li>• PPE</li> <li>• 3-in-1 tip/syringe</li> <li>• completed removable prostheses</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• mirror</li> <li>• probe</li> <li>• straight hand piece</li> <li>• selection of trimming and burs</li> <li>• articulating paper</li> <li>• pliers (if necessary to adjust clasps) pressure relief paste</li> <li>• patient mirror</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must complete the table on prostheses.	LO2 AC2.1 AC2.3 AC2.5	Learners must complete <b>Table 17</b> on prostheses, including the purpose and <b>one</b> advantage and <b>one</b> disadvantage of each for the first five.			
2.2	<b>Task 2 (2)</b> Learners must describe the role of the dental nurse in the oral healthcare team when supporting the clinician with fixed and removable prostheses.	LO2 AC2.6	<ul style="list-style-type: none"> <li>• set up all instruments, materials and medicaments required for the procedure</li> <li>• select patient clinical notes</li> <li>• assist the clinician with the procedure; complete patient notes and laboratory prescription</li> <li>• support the patient</li> </ul>			
2.3	<b>Task 2 (3)</b> Learners must describe why there should be close liaison	LO2 AC2.7	<ul style="list-style-type: none"> <li>• ensure the prescription is as per clinician and patient requirement</li> <li>• record all information required for the technician to make to your prescription; additional information can only decrease the risk of errors</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
	between dental staff and the laboratory team in relation to: <ul style="list-style-type: none"> <li>laboratory prescription</li> <li>materials</li> <li>dental appointments</li> </ul>		<ul style="list-style-type: none"> <li>always add date the patient is due back to the practice to allow the technician time to complete the job in good time</li> </ul>			
2.4	<b>Task 2 (4)</b> Learners must explain what happens at the following stages of a complete and partial removal prosthesis: <ul style="list-style-type: none"> <li>impressions</li> <li>secondary impressions and bite registration</li> <li>try-in</li> <li>fit</li> </ul>	LO2 AC2.2	<b>First impressions:</b> <ul style="list-style-type: none"> <li>upper and lower impressions are taken using stock trays and alginate impression material</li> <li>these are disinfected and sent to the laboratory with a prescription lab ticket</li> </ul> <b>Secondary impressions:</b> <ul style="list-style-type: none"> <li>these are taken using laboratory-made trays from the first impressions</li> <li>this tray is more accurate to support the removable prosthesis final fit</li> </ul> <b>Bite registration:</b> <ul style="list-style-type: none"> <li>wax occlusal rims are prepared by the laboratory and the clinician will use these to record the bite</li> <li>the wax rims will be warmed so the patient can bite together</li> <li>the rims then hold the models in the correct position and angulation for the dentures to be constructed</li> <li>a shade and shape (mould) will be taken at this stage</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<p><b>Try-in:</b></p> <ul style="list-style-type: none"> <li>wax rims with actual acrylic teeth mounted into them are inserted and checked for accuracy of fit and occlusion as well as shade and shape</li> <li>at this stage any changes can be made as only in wax</li> </ul> <p><b>Fit:</b></p> <ul style="list-style-type: none"> <li>the removable prosthesis are complete and inserted into the patients mouth and checked for fit and comfort</li> <li>some small adjustments can be made at this stage to support the fit</li> </ul>			
2.5	<p><b>Task 2 (5)</b> Learners must analyse the methods of taking occlusal registrations and explain the advantages and disadvantages of each one.</p>	LO2 AC2.4	<p>There are various materials used to take occlusal registration.</p> <p>Please see <b>Table 18</b> below.</p>			

**Table 17:** task 2.1 prostheses

Prostheses	Purpose of this prosthesis	Advantages/benefits	Disadvantages
<b>Permanent crowns/bridges</b>	To replace extensively broken-down coronal tissue or missing teeth permanently	<ul style="list-style-type: none"> <li>• no embarrassment of loose prosthesis falling out</li> <li>• good aesthetics</li> <li>• strong materials</li> </ul>	<ul style="list-style-type: none"> <li>• must have good oral hygiene otherwise the cleaning can cause more problems, may cause damage to retaining teeth</li> </ul>
<b>Temporary crowns/bridges</b>	To replace extensively broken-down coronal tissue or missing teeth temporarily	<ul style="list-style-type: none"> <li>• you are not left with a gap in between appointments</li> <li>• maintain space following preparation between appointments so permanent crown or bridge fits</li> <li>• protects the prepared tooth</li> </ul>	<ul style="list-style-type: none"> <li>• they come out very easily</li> <li>• they do not look as good as a permanent crown</li> <li>• sometimes metal crowns are used as temporary crown</li> <li>• acrylic can stain with certain foods</li> </ul>
<b>Veneer techniques</b>	Cosmetic technique to cover discoloured or pitted tooth surface	<ul style="list-style-type: none"> <li>• do not need to sacrifice as much tooth material as a crown</li> </ul>	<ul style="list-style-type: none"> <li>• can come out quite easily due to the fact they are quite vulnerable on the incisal surface</li> </ul>
<b>Implants</b>	To replace an extracted tooth directly into the jaw bone without the need for a denture	<ul style="list-style-type: none"> <li>• no need to wear a removable prosthesis</li> <li>• go through getting used to new denture and suction</li> </ul>	<ul style="list-style-type: none"> <li>• infection is a danger as it is a surgical procedure, meaning people are prone to infection</li> <li>• can have high costs involved</li> <li>• good bone support required</li> </ul>

Prostheses	Purpose of this prosthesis	Advantages/benefits	Disadvantages
<b>Dentures</b>	Removable prosthesis that enables multiple missing teeth to be replaced at one time	<ul style="list-style-type: none"> <li>• can be used to replace multiple teeth loss and can model them on own teeth</li> </ul>	<ul style="list-style-type: none"> <li>• loose object in the mouth</li> <li>• can cause painful ulcers initially</li> <li>• rely on suction or clasps to keep denture in</li> </ul>
<b>Pre-prosthetic surgery</b>	To support maximum level of retention and comfort		
<b>Tooth preparation prior to partial denture construction</b>	Undercuts can be made to support the fitting/retention of a partial denture		
<b>Using oburators</b>	To seal off an abnormal cavity in the maxilla		
<b>Tissue conditioners</b>	Can alleviate persistent sores under dentures. A lining is placed on the denture to act as a cushion between the alveolar ridge and the denture		
<b>Spoon dentures</b>	Small denture to replace 1 or 2 upper anterior teeth. Allows for a small denture, covering less oral tissue, supporting gum health		

**Table 18:** task 2.5 occlusal registrations

<b>Materials</b>	<b>Advantages</b>	<b>Disadvantages</b>
Polyethers	<ul style="list-style-type: none"> <li>• highly accurate</li> <li>• dimensionally stable in the presence of moisture</li> <li>• excellent elasticity</li> <li>• suitable for all types of occlusal registration</li> </ul>	<ul style="list-style-type: none"> <li>• time consuming and complicated techniques</li> <li>• more expensive materials</li> <li>• longer setting times</li> <li>• paste materials are more sticky before setting, careful handling to avoid unnecessary mess</li> </ul>
Waxes	<ul style="list-style-type: none"> <li>• ease of use</li> <li>• inexpensive material</li> </ul>	<ul style="list-style-type: none"> <li>• not as accurate, not offering sufficient dimensional stability</li> <li>• can distort after hardening</li> </ul>
Zinc oxide eugenol pastes	<ul style="list-style-type: none"> <li>• fluidity before setting is a critical quality of a bite recording material because it provides nominal interference with mandibular closure during record-making procedures</li> <li>• adherence to its carrier</li> <li>• when set, there is rigidity and inelasticity</li> <li>• accuracy in recording occlusal and incisal surfaces of the teeth</li> <li>• high intensity of repeatability</li> </ul>	<ul style="list-style-type: none"> <li>• long setting time</li> <li>• highly brittle</li> </ul>
Elastomers/silicone	<ul style="list-style-type: none"> <li>• highly accurate</li> <li>• dimensionally stable in the presence of moisture</li> <li>• excellent elasticity</li> <li>• suitable for all types of occlusal registration</li> </ul>	<ul style="list-style-type: none"> <li>• time consuming and complicated techniques</li> <li>• more expensive materials</li> <li>• longer setting times</li> <li>• paste materials are more sticky before setting, careful handling to avoid unnecessary mess</li> </ul>



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
3.1	<p><b>Task 3 (1)*</b> Learners must explain the aftercare advice for the care of new removable prosthesis and immediate dentures. They must include maintenance, and what to expect when getting used to new dentures. They must explain this for the following individuals:</p> <ul style="list-style-type: none"> <li>adults</li> <li>children and young people</li> <li>older people</li> <li>those with additional needs</li> </ul> <p><b>*Note:</b> in order to cover the entire range for this AC, remaining range will need to be observed, or all four groups of individuals will need to be covered here.</p>	LO3 AC3.6	<p>The advice should include the following:</p> <ul style="list-style-type: none"> <li>all individuals do not remove immediate dentures for 24 hours to prevent loss of blood clots, clean in situ to begin with</li> <li>cleaning – remove denture and mechanically remove plaque by brushing with toothpaste or mild soap</li> <li>soaking dentures is an addition to, <b>not</b> a substitute for, brushing</li> <li>clean over a towel or bowl of water to prevent breakage</li> <li>remove at night to allow soft tissues to recover</li> <li>oral hygiene advice for remaining teeth</li> <li>store damp to prevent drying</li> <li>avoid chewing gum or sticky food</li> <li>eating and speaking may be difficult at first but will become easier with consistent use and practice</li> <li>cutting food into small pieces may help at first</li> <li>following healing and resorption of bone, immediate dentures will require reline/replacement</li> <li>if the denture is a temporary solution prior to a permanent replacement, this can take place once healing and resorption of bone have occurred – possibly after around 6 months</li> <li>maintain regular dental check-ups even if the patient is edentulous to check denture condition, fit and soft tissue health</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.						
3.2	<b>Task 3 (2)</b> Learners must explain how the aftercare would differ for <b>each</b> of the different individuals.	LO3 AC3.6	<b>Differences could include:</b> <ul style="list-style-type: none"> <li>communicate information appropriately according to the audience</li> <li>written information should be age/need appropriate</li> <li>where an individual lives in a care or 'looked after' setting, removable prosthesis should be marked with the patient's name</li> <li>those involved in contact sport should remove the prosthesis</li> </ul>			
3.3	<b>Task 3 (3)</b> Learners must outline the procedure for supporting the individual patient and clinician with removable prosthetic procedures. Include the following stages: <ul style="list-style-type: none"> <li>selecting individuals' records and charts for the procedure</li> <li>providing necessary equipment for the taking of shades and the dental nurse's role during the procedure</li> <li>providing the necessary equipment and materials for occlusal registration</li> </ul>	LO2 AC2.4  LO3 AC3.1 to AC3.5	Advise learners that they should be writing it as it <b>should</b> happen, not necessarily how they do it in practice.  This will include full dentures, partial dentures, immediate replacement dentures.  Responses should include the following: <ul style="list-style-type: none"> <li>locate and select paper and/or computer patient records, documentation including medical history, periodontal charting, lab ticket, models and images (radiographs/photographs)</li> <li>prepare and provide shade guides/hand mirror and record the chosen shade</li> <li>prepare and provide: <ul style="list-style-type: none"> <li>occlusal/bite rims</li> <li>pink wax</li> <li>heat source</li> <li>bite gauge/bite plane</li> <li>wax knife</li> <li>occlusal registration paste</li> <li>Le Cron carver</li> <li>mouth mirror</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
	and the dental nurse's role during the procedure <ul style="list-style-type: none"> <li>how the dental nurse should assist the clinician with protecting and retracting soft tissues during treatment</li> </ul>		<ul style="list-style-type: none"> <li>provide reassurance to the patient</li> <li>assist the operator by providing petroleum jelly to protect patient's lips and surrounding tissue from material and retract soft tissues as required during treatment</li> <li>correct high- or low-speed aspiration</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> Learners must outline the procedure for selecting and preparing impression materials for fixed and removable prostheses. Include the following stages: <ul style="list-style-type: none"> <li>selecting impression materials and trays for fixed and removable prostheses</li> <li>how to prepare the impression material (both alginate and putty) to the required consistency</li> </ul>	LO4 AC4.1 to AC4.8	Advise learners that they should be writing it as it <b>should</b> happen, not necessarily how they do it in practice.  <b>Select material</b>  Alginate for opposing models; full dentures. Putty with wash for accurate impressions, fixed prostheses.  <b>Select tray:</b> <ul style="list-style-type: none"> <li>sufficiently large but not too large</li> <li>metal or plastic – plastic for single use</li> <li>handle required</li> <li>smooth or perforated – perforated for alginate</li> <li>sectional – fixed prostheses</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
	<ul style="list-style-type: none"> <li>• how to ensure that the handling and setting time is relative to the material (both alginate and putty) and ambient temperature</li> <li>• the technique used for loading impression materials onto the impression tray</li> <li>• how to monitor the individual when impressions are in the mouth</li> <li>• outline the procedure for the disinfection and storage of alginate and putty impressions</li> <li>• complete a laboratory prescription (using a made-up patient) with the necessary information for a fixed and a removable prosthesis. How would they ensure it is attached to the laboratory work?</li> </ul>		<ul style="list-style-type: none"> <li>• trays are available for edentulous or dentate patients</li> </ul> <p><b>Prepare material:</b></p> <ul style="list-style-type: none"> <li>• <b>alginate:</b> 2 to 3 scoops depending on quantity, water as per measure at room temperature. Spatulate quickly around bowl to remove air bubbles until all powder incorporated. Check manufacturer's guidance for mixing time</li> <li>• <b>putty:</b> depending on system and if one paste or two. Syringe loading or pre-prepared syringes. Addition silicone elastomer – base and catalyst putty mixed by hand, wash liquid placed for accurate impression</li> <li>• <b>polyether elastomer:</b> base and catalyst pastes mixed in equal portions, loaded into syringe for direct application</li> </ul> <p>Mixing machines may be used.</p> <p><b>Ambient temperature</b></p> <p>Alginate setting is delayed by using cold water for mixing and accelerated by using warm water.</p> <p><b>Tray loading:</b></p> <ul style="list-style-type: none"> <li>• to tray margin, not over or under</li> <li>• bevel at posterior edge</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<p><b>Monitor and support patients:</b></p> <p>signs of gagging</p> <ul style="list-style-type: none"> <li>possible vomiting</li> <li>breathing difficulties</li> <li>excess salivation</li> <li>keep eye contact</li> <li>offer reassurance</li> </ul> <p><b>Disinfection and storage:</b></p> <ul style="list-style-type: none"> <li><b>alginate:</b> rinse in clean, running water, immerse for up to 10 minutes. In 10% sodium hypochlorite, rinse. Place moistened cotton rolls in impression, cover with moist gauze, place in plastic sealable air-tight bag. Store at room temperature or below</li> <li><b>putty:</b> rinse in clean, running water, immerse for up to 10 minutes in 10% sodium hypochlorite, rinse, dry. Place in plastic sealable air-tight bag. Store at room temperature or below</li> </ul> <p><b>Laboratory ticket:</b></p> <p>Learners should produce a laboratory document for a removable and a fixed prosthesis with the relevant information for a fictional patient.</p> <p>This should include:</p> <ul style="list-style-type: none"> <li>name of dentist</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>• patient ID</li> <li>• patient date of birth (DOB)</li> <li>• prosthesis to be constructed</li> <li>• material to be used</li> <li>• shade</li> <li>• any additional features</li> <li>• date of delivery for fitting</li> <li>• disinfection details</li> </ul> <p>Explain and show how the laboratory would know it has been disinfected. Fix ticket securely to impression tray.</p>			
4.2	<b>Task 4 (2)</b> Learners must explain the manipulation, disinfection and storage of impression materials and why this is important prior to attaching the laboratory prescription.	LO4 AC4.9	<p>After removing the impression from the patient's mouth:</p> <ul style="list-style-type: none"> <li>• rinse under cold running water and remove any visible debris</li> <li>• fully immerse in a disinfectant bath or recommended impression disinfectant, such as a solution of 10% sodium hypochlorite (bleach) or specialised impression disinfectant products</li> <li>• immerse for up to 10 minutes or as per manufacturer's instructions</li> <li>• rinse again under cold running water, to remove disinfection solution</li> <li>• <b>alginate impressions:</b> <ul style="list-style-type: none"> <li>○ covered with wet gauze and sealed in an air-tight bag</li> </ul> </li> <li>• <b>elastomer impressions:</b> <ul style="list-style-type: none"> <li>○ blown dry using triple syringe and then sealed in an air-tight bag</li> </ul> </li> <li>• all stored at room temperature, or below, until transportation to the laboratory</li> </ul> <p>Laboratory prescription endorsed, detailing dentist, patient ID, prosthesis to be constructed, material to use, shade, additional features, date for delivery for</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			fitting/next stage, disinfection details. The laboratory prescription details should also be recorded on the patient records.			

[illegible]

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
				M	PM	NM
5.	<ul style="list-style-type: none"> <li>selecting the equipment, materials and instruments (explain what the instruments are and what they are used for)</li> <li>the way to prepare adhesive material for the fixing of a fixed prosthesis</li> <li>when the adhesive material would be mixed</li> <li>how it should be mixed</li> <li>what consistency it should be</li> </ul>					
5.2	<b>Task 5 (2)</b> Learners must identify what instruments should be provided for the trimming, cleaning and checking on the final adjustment of a fixed prosthesis.	LO5 AC5.3	<ul style="list-style-type: none"> <li>flat plastic</li> <li>excavator</li> <li>right-angled probe</li> <li>articulating paper</li> <li>Miller forceps</li> <li>polishing burs</li> <li>patient mirror</li> <li>floss</li> <li>Superfloss</li> </ul>			
5.3	<b>Task 5 (3)</b> Learners must explain what aftercare advice should be given for <b>four</b> of the following fixed prostheses:	LO5 AC5.4	<b>Aftercare advice</b>  Items can be included from generic advice or specific advice (as for permanent bridges).			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
	<ul style="list-style-type: none"> <li>• crowns</li> <li>• inlays</li> <li>• veneers</li> <li>• permanent bridges</li> <li>• adhesive bridges</li> <li>• temporary bridges</li> <li>• temporary crowns</li> <li>• implants</li> </ul>		<p><b>Generic:</b></p> <ul style="list-style-type: none"> <li>• regular and thorough toothbrushing daily</li> <li>• fluoride toothpaste</li> <li>• medium-textured toothbrush</li> <li>• regular flossing/interdental cleaning</li> <li>• attend regular dental check-ups</li> <li>• disclosing tablets</li> <li>• diet, low in non-milk extrinsic sugars</li> <li>• regular use of good quality mouthwash</li> </ul> <p><b>Permanent bridges:</b></p> <ul style="list-style-type: none"> <li>• Superfloss – useful to thread under pontic</li> <li>• interdental brushes</li> <li>• electric toothbrushes</li> <li>• smoking cessation</li> </ul> <p><b>Crowns/inlays/veneers/adhesive bridges</b></p> <p>As above.</p> <p><b>Temporary bridges and temporary crowns</b></p> <p>As above, taking care not to dislodge the temporary restoration.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<b>Implants:</b> <ul style="list-style-type: none"> <li>• manage any pain and swelling</li> <li>• manage any bleeding</li> <li>• rinse</li> <li>• brush teeth gently</li> <li>• avoid flossing</li> </ul>			

**Table 19:** task 5.1 procedures for the preparation of equipment, instruments and materials for fixed prostheses

Procedure	Equipment	Instruments	Materials
Preparation of a temporary/permanent crown and bridge	<ul style="list-style-type: none"> <li>• PPE, pump, compressor, dental lamp, 3-in-1 tip/syringe, aspirating tip</li> <li>• hand pieces – air rotor, contra-angle, diamond burs – reduction of the tooth</li> <li>• impression trays – impressions</li> <li>• shade guide – correct shade of tooth</li> <li>• plastic sealing bag – for impression transport to laboratory</li> <li>• local anaesthetic syringe, needle</li> <li>• glass slab, waxed pad –mixing bowl</li> </ul>	<ul style="list-style-type: none"> <li>• mouth mirror – vision, reflect light onto the tooth; retract and protect soft tissues</li> <li>• right-angle probe – to feel prep margins, to detect softened dentine, to detect overhangs of fillings</li> <li>• burnisher – ball-ended or pear-ended – to ensure margins of gold crowns are fully adapted to the tooth</li> <li>• flat plastic/Ward's carver – to remove excess material before setting, to ensure a smooth marginal contact from temporary to tooth</li> <li>• College tweezers – to hold cotton</li> <li>• wool pledgets, sponges</li> <li>• small spatula – mixing</li> </ul>	<ul style="list-style-type: none"> <li>• alginate</li> <li>• addition silicones, from heavy-bodied putty to light-bodied paste</li> <li>• polyethers</li> <li>• elastomer impression</li> <li>• cold cure acrylic – pre-formed temporary crown</li> <li>• occlusal registration wax</li> <li>• gingival retraction cord</li> <li>• sodium hypochloride – disinfection</li> <li>• cotton wool rolls – moisten impression</li> <li>• gauze – moisten impression</li> <li>• local anaesthetic</li> <li>• mouth rinse/tissues</li> <li>• laboratory ticket</li> </ul>

Procedure	Equipment	Instruments	Materials
Fitting of a temporary/permanent crown and bridge	<ul style="list-style-type: none"> <li>acrylic trimming burs – trimming temporary crown</li> <li>rubber dam – protection of airway, moisture control</li> <li>articulating paper, Miller forceps – check occlusion</li> <li>light cure – if light cure luting cement used</li> <li>local anaesthetic syringe</li> <li>PPE, pump, compressor, dental lamp, 3-in-1 tip/syringe, air rotor handpiece, contra-angle handpiece, aspirating tip, polishing burs and stones, amalgamater, pad and spatula, articulating paper</li> </ul>	<ul style="list-style-type: none"> <li>mirror, probe, tweezers</li> <li>Beebee crown scissors – trim temporary to fit</li> <li>flat plastic, excavator – remove temporary, check marginal fit</li> <li>Miller forceps – hold articulating paper</li> <li>mirror – for patient</li> <li>floss</li> <li>Superfloss for bridges</li> </ul>	<ul style="list-style-type: none"> <li>zinc oxide/eugenol – temporary cement</li> <li>luting cement – zinc phosphate, zinc polycarboxylate, glass ionomer, self-curing, light curing materials</li> <li>local anaesthetic</li> <li>laboratory work</li> <li>mouth rinse and tissues</li> </ul>
Adjustment of temporary/ permanent crown and bridge	<ul style="list-style-type: none"> <li>diamond strips – cleaning debris from interproximal area</li> <li>acrylic trimming burs</li> </ul>	<ul style="list-style-type: none"> <li>mirror, probe, tweezers, flat plastic, Ward's carver</li> <li>articulating paper, Miller forceps</li> </ul>	N/A

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
6.1	<p><b>Task 6 (1)</b> For the following removable prostheses:</p> <ul style="list-style-type: none"> <li>metal – partial denture</li> <li>acrylic – full denture</li> <li>immediate denture</li> </ul> <p>learners must complete the following:</p> <ul style="list-style-type: none"> <li>outline each stage</li> <li>outline the procedure for the preparation of equipment, instruments and materials for removable prostheses</li> <li>list equipment, instruments and materials for each stage (explain what each one is used for)</li> </ul>	<p>LO4 AC4.1</p> <p>LO6 AC6.1</p>	<p><b>Metal – partial denture:</b></p> <ul style="list-style-type: none"> <li><b>impressions:</b> <ul style="list-style-type: none"> <li>upper- and lower-dentate impression trays</li> <li>alginate</li> <li>bowl</li> <li>spatula</li> <li>scoop</li> <li>water measure</li> <li>disinfectant bath</li> <li>laboratory prescription</li> <li>bag</li> <li>mouth rinse</li> <li>tissues</li> </ul> </li> <li><b>special tray:</b> <ul style="list-style-type: none"> <li>laboratory work</li> <li>alginate</li> <li>bowl</li> <li>spatula</li> <li>scoop</li> <li>water measure</li> <li>disinfectant bath</li> </ul> </li> <li><b>bite stage/occlusal rims:</b> <ul style="list-style-type: none"> <li>laboratory work</li> <li>sheet wax</li> <li>heat source</li> <li>wax knife</li> <li>Le Cron carver</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ Willis bite gauge</li> <li>○ disinfectant bath</li> <li>• <b>try-in:</b> <ul style="list-style-type: none"> <li>○ laboratory work</li> <li>○ sheet wax</li> <li>○ heat source</li> <li>○ wax knife</li> <li>○ Le Cron carver</li> <li>○ shade guide</li> <li>○ patient mirror</li> <li>○ disinfectant bath</li> <li>○ articulating paper</li> <li>○ Miller forceps (an extra try-in may be carried out of the metal framework prior to adding the teeth in wax)</li> </ul> </li> <li>• <b>fit:</b> <ul style="list-style-type: none"> <li>○ laboratory work</li> <li>○ straight hand piece</li> <li>○ acrylic burs</li> <li>○ occlusal registration paste</li> <li>○ articulating paper</li> <li>○ Miller forceps</li> <li>○ pressure indicating cream</li> <li>○ applicator brush</li> <li>○ patient mirror</li> </ul> </li> </ul> <p><b>Acrylic – full denture:</b></p> <ul style="list-style-type: none"> <li>• <b>impressions:</b></li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ upper- and lower-edentulous impression trays</li> <li>○ alginate</li> <li>○ bowl</li> <li>○ spatula</li> <li>○ scoop</li> <li>○ water measure</li> <li>○ disinfectant bath</li> <li>○ laboratory docket</li> <li>○ bag</li> <li>○ mouth rinse</li> <li>○ tissues</li> <li>• <b>special tray:</b> <ul style="list-style-type: none"> <li>○ laboratory work</li> <li>○ alginate</li> <li>○ bowl</li> <li>○ spatula</li> <li>○ scoop</li> <li>○ water measure</li> <li>○ disinfectant bath</li> </ul> </li> <li>• <b>bite stage/occlusal rims:</b> <ul style="list-style-type: none"> <li>○ laboratory work</li> <li>○ sheet wax</li> <li>○ heat source</li> <li>○ wax knife</li> <li>○ Le Cron carver</li> <li>○ Willis bite gauge</li> <li>○ disinfectant bath</li> <li>○ shade guide</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ mould guide</li> <li>• <b>try-in:</b> <ul style="list-style-type: none"> <li>○ laboratory work</li> <li>○ sheet wax</li> <li>○ heat source</li> <li>○ wax knife</li> <li>○ Le Cron carver</li> <li>○ shade guide</li> <li>○ patient mirror</li> <li>○ disinfectant bath</li> <li>○ articulating paper</li> <li>○ Miller forceps</li> </ul> </li> <li>• <b>fit:</b> <ul style="list-style-type: none"> <li>○ laboratory work</li> <li>○ straight hand piece</li> <li>○ acrylic burs</li> <li>○ occlusal registration paste</li> <li>○ articulating paper</li> <li>○ Miller forceps</li> <li>○ pressure indicating cream</li> <li>○ applicator brush</li> <li>○ patient mirror</li> </ul> </li> </ul> <p><b>Immediate denture:</b></p> <ul style="list-style-type: none"> <li>• <b>impressions:</b> <ul style="list-style-type: none"> <li>○ upper- and lower-dentate impression trays</li> </ul> </li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ alginate</li> <li>○ bowl</li> <li>○ spatula</li> <li>○ scoop</li> <li>○ water measure</li> <li>○ wax sheet for horseshoe bite registration</li> <li>○ disinfectant bath</li> <li>○ laboratory docket</li> <li>○ bag</li> <li>○ mouth rinse</li> <li>○ tissues</li> <li>• <b>special tray:</b> <ul style="list-style-type: none"> <li>○ laboratory work</li> <li>○ alginate</li> <li>○ bowl</li> <li>○ spatula</li> <li>○ disinfectant bath</li> </ul> </li> <li>• <b>fit:</b> <ul style="list-style-type: none"> <li>○ laboratory work</li> <li>○ straight hand piece</li> <li>○ acrylic burs</li> <li>○ occlusal registration paste</li> <li>○ articulating paper</li> <li>○ Miller forceps</li> <li>○ pressure indicating cream</li> <li>○ applicator brush</li> <li>○ patient mirror</li> <li>○ extraction equipment to remove teeth</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
6.2	<b>Task 6 (2)</b> Learners must explain the equipment, instruments and materials that are used in the following stages of fixed and removable orthodontic treatments: <ul style="list-style-type: none"> <li>fitting</li> <li>monitoring</li> <li>adjusting</li> </ul>	LO6 AC6.2	Learners should list the instrument, equipment or material and explain the reason each is needed. The primary reasons have been listed below: <p><b>Fixed:</b></p> <ul style="list-style-type: none"> <li>fitting</li> <li>monitoring</li> <li>adjusting</li> </ul> <p><b>Patient/staff protection/comfort:</b></p> <ul style="list-style-type: none"> <li>PPE</li> <li>mouth rinse</li> <li>tissues</li> </ul> <p><b>Vision:</b></p> <ul style="list-style-type: none"> <li>aspirating tip</li> <li>pump and compressor</li> <li>light</li> <li>mirror</li> <li>probe</li> </ul> <p><b>Appliance construction:</b></p> <ul style="list-style-type: none"> <li>study models</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<b>Fixing appliance:</b> <ul style="list-style-type: none"> <li>• various archwires</li> <li>• Alastiks</li> <li>• Alastik holder</li> <li>• brackets</li> <li>• bands</li> <li>• separators</li> <li>• bracket holders</li> <li>• bracket and band removers</li> <li>• bonding material</li> <li>• band cement</li> <li>• tweezers</li> <li>• anterior band pusher</li> <li>• posterior band pusher</li> <li>• Weingart pliers</li> <li>• quick ligature</li> <li>• ligature cutters</li> <li>• pencil</li> <li>• distal end cutter</li> <li>• light wire pliers</li> <li>• Mathieu needle holder/artery forceps/mosquito forceps</li> <li>• glass ionomer cement</li> <li>• wax pad</li> <li>• plastic spatula</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<p><b>Removable:</b></p> <ul style="list-style-type: none"> <li>• fitting</li> <li>• monitoring</li> <li>• adjusting</li> </ul> <p><b>Patient/staff protection/comfort:</b></p> <ul style="list-style-type: none"> <li>• PPE</li> <li>• mouth rinse and tissues</li> </ul> <p><b>Vision:</b></p> <ul style="list-style-type: none"> <li>• aspirating tip</li> <li>• pump and compressor</li> <li>• light</li> <li>• mirror</li> <li>• probe</li> </ul> <p><b>Appliance modification:</b></p> <ul style="list-style-type: none"> <li>• tweezers</li> <li>• study models (see impressions as per denture)</li> <li>• metal ruler</li> <li>• dividers</li> <li>• acrylic trimmer</li> <li>• straight hand piece</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 8 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<ul style="list-style-type: none"> <li>• removable appliance</li> <li>• Adams universal pliers</li> <li>• spring forming pliers</li> <li>• Maun wire cutters</li> </ul>			

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date:.....

**CORE DN 9: Provide support during non-surgical endodontic treatment (L/650/8111)**

<b>Unit summary</b>	This unit focuses on the knowledge, skills and behaviours required to provide support during non-surgical endodontic treatment.
<b>Guided learning hours</b>	25
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.						
1.1	<b>Task 1 (1)</b> Learners must identify different types of non-surgical endodontic treatment: <ul style="list-style-type: none"> <li>pulpotomy</li> <li>pulpectomy</li> <li>pulp capping</li> </ul> For <b>one</b> of the above procedures, they must explain: <ul style="list-style-type: none"> <li>the risks during and after the procedure</li> <li>the potential complications during and</li> </ul>	LO1 AC1.1 to AC1.3	<b>Pulpotomy</b>  Used in permanent teeth of children when the apex of the tooth is still wide open; pulp death does not always occur in these cases. The infected part of the pulp chamber is removed and a calcium hydroxide material placed to encourage the formation of secondary dentine.  <b>Pulpectomy</b>  The removal of the pulp chamber, root canal and all contents to then complete a standard root canal procedure as above.  <b>Pulp capping</b>  Used as a temporary measure for deciduous or permanent teeth when the pulp chamber is breached during other procedures or if a patient presents with pain. The procedure seals the exposed pulp until the tooth exfoliates or a permanent treatment can be completed. Pulp is protected by calcium hydroxide, which			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.	after non-surgical endodontic treatment		<p>promotes secondary dentine formation. This can then be further protected by cotton wool to prevent pain on biting or pressure.</p> <p><b>Risks and complications during and after non-surgical endodontics:</b></p> <ul style="list-style-type: none"> <li>• risk of inhalation or ingestion of instruments</li> <li>• perforation of the apex</li> <li>• tooth may fracture due to becoming brittle after non-surgical endodontic treatment; this could result in further restorative work incurring higher costs</li> <li>• the procedure could fail and result in extraction of the tooth</li> <li>• if the root apices of upper molars are close to floor of the maxillary atrium, there is a risk of creating an oroantral fistula</li> <li>• could cause nerve damage from over instrumentation or from the medicaments used to irrigate</li> <li>• after treatment there could be swelling, pain and tenderness from the treated tooth</li> </ul>			
1.2	<b>Task 1 (2)</b> Learners must evaluate non-surgical endodontic treatment options.	LO1 AC1.4	<p><b>Treatment option considerations</b></p> <p><b>Usefulness of the tooth in occlusion</b></p> <p>If the tooth stands alone and is not routinely used for mastication or involved in retention of prosthesis, then it could be argued that there is little point in trying to save it from extraction.</p>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.			<p><b>Tooth restoration possibilities</b></p> <p>If the tooth is badly broken down with little structure remaining for restoration, restoring to full function is lessened.</p> <p><b>Dental health of the patient</b></p> <p>If dental health is poor with lack of good oral health and poor diet, the tooth may fail and need extraction in the future.</p> <p><b>Medical condition of the patient</b></p> <p>Some medical conditions contraindicate endodontic treatment success due to risk of residual infection.</p> <p><b>Cost of treatment</b></p> <p>Initial cost of non-surgical endodontic treatments and if successful further treatment is often needed in relation to fixed prosthetics.</p>			
1.3	<b>Task 1 (3)</b> Learners must explain the relationship between non-surgical endodontic treatment and other forms of dental treatment.	LO1 AC1.5	<p>Responses must include:</p> <ul style="list-style-type: none"> <li>• after non-surgical endodontics a patient might need to have a crown (fixed prosthetics) due to the tooth becoming brittle</li> <li>• an anterior tooth may darken after treatment and require composite bonding or a veneer to enhance appearance</li> <li>• a tooth that has had non-surgical endodontic treatment could be used for support or anchor a partial denture</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.			<ul style="list-style-type: none"> <li>if non-surgical endodontic treatment is unsuccessful, you may progress to having an apicectomy or extraction</li> </ul>			
1.4	<p><b>Task 1 (4)</b> Learners must list <b>five</b> items of equipment, instruments, materials and medicaments, and reasons for use or their function for the different stages for non-surgical endodontic treatment.</p> <p>Learners must use the template provided and complete one template per stage:</p> <ul style="list-style-type: none"> <li>access</li> <li>isolation</li> <li>preparation</li> <li>measurement</li> <li>obturation</li> <li>restoration</li> <li>temporary placement in canals</li> <li>permanent placement in canals</li> </ul>	LO2 AC2.1  LO3 AC3.3 AC3.4 AC3.5	<p>Learners must list at least <b>five</b> items for each stage of non-surgical endodontic treatment and their function using the template provided in the Internal Assessment Tasks.</p> <p><b>Access:</b></p> <ul style="list-style-type: none"> <li>local anaesthetic – pain control</li> <li>rubber dam – moisture control/prevention of inhalation of small instruments or debris</li> <li>diamond burs – rapid removal of enamel, dentine, old restorations</li> <li>high-speed turbine hand piece – ease and speed of cutting/house diamond burs</li> <li>contra-angle hand piece – provide access to any tooth</li> <li>Gates Glidden burs – to enlarge root canal</li> <li>stainless steel burs – for low-speed procedures/removal of caries</li> <li>barbed broach – used to remove the pulp</li> </ul> <p><b>Isolation:</b></p> <ul style="list-style-type: none"> <li>rubber dam – moisture control, prevention of instrument inhalation</li> <li>rubber dam punch – to make holes in rubber dam sheet</li> <li>rubber dam clamp – to secure rubber dam sheet</li> <li>forceps – to place and remove clamps</li> <li>rubber dam frame – to stretch the rubber dam to maintain clear field of vision</li> <li>floss – clearing contacts</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• aspirating tip – moisture control/removal</li> <li>• 3-in-1 tip and syringe – drying/washing</li> <li>• cotton wool rolls – moisture control</li> </ul> <p><b>Preparation:</b></p> <ul style="list-style-type: none"> <li>• local anaesthetic – pain control</li> <li>• rubber dam – moisture control/prevention of inhalation of small instruments or debris</li> <li>• diamond burs – rapid removal of enamel, dentine, old restorations</li> <li>• high-speed turbine hand piece – ease and speed of cutting/house diamond burs</li> <li>• contra-angle hand piece – provide access to any tooth</li> <li>• Gates Glidden burs – to enlarge root canal</li> <li>• stainless steel burs – for low-speed procedures/removal of caries</li> <li>• barbed broach – used to remove the pulp</li> <li>• files – smooth, remove debris and enlarge canal laterally</li> <li>• reamer – enlarge canal</li> <li>• combination file – removes debris and enlarges canal</li> <li>• the above can be hand instruments or mechanical with a specialist hand piece</li> <li>• irrigation syringe containing sodium hypochlorite – to clean and disinfect the canal</li> <li>• paper points – to absorb moisture from the canal</li> </ul> <p><b>Measurement:</b></p> <ul style="list-style-type: none"> <li>• periapical film – to provide an image of the canal</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• film holder – to aid placement of film</li> <li>• ruler – to measure file length</li> <li>• file or reamer with stopper – to enlarge and shape canal</li> <li>• apex locator – electronic instrument to measure canal length</li> </ul> <p><b>Obturation (permanent placement includes obturation and restoration stages):</b></p> <ul style="list-style-type: none"> <li>• gutta-percha points – condensed into pulp chamber</li> <li>• file holder – to hold files</li> <li>• files and reamers – to enlarge and shape canal</li> <li>• stoppers – length markers</li> <li>• zinc oxide and eugenol paste – temporary filling</li> <li>• wax pad – for mixing</li> <li>• spatula – for mixing</li> <li>• applicator – for applying medicament</li> <li>• tweezers – for picking up small items</li> <li>• scissors – cutting and trimming</li> <li>• Thermafil system, or equivalent – obturation system</li> <li>• finger plugger – used to condense gutta-percha</li> <li>• lateral condenser – to condense gutta-percha</li> <li>• rotary paste filler – to place material into the canal</li> <li>• contra-angle handpiece – provide access to any tooth</li> <li>• sealant cement</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p><b>Restoration</b></p> <p>See instrument set up for amalgam, composite, glass ionomer or crown preparation.</p> <p><b>Temporary placement in canals:</b></p> <ul style="list-style-type: none"> <li>• cotton wool pledglet – moisture control/delivering medicaments</li> <li>• paper points – to absorb moisture from the canal</li> <li>• antiseptic dressing – to dress the tooth between appointments</li> <li>• temporary filling material – to temporarily fill the cavity between appointments</li> <li>• aspirating tip – moisture control/removal</li> <li>• 3-in-1 tip and syringe – drying/washing</li> </ul> <p><b>Permanent placement in canals</b></p> <p>Permanent placement includes obturation and restoration stages above.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
				M	PM	NM
2.						
2.1	<b>Task 2 (1)</b> Learners must list <b>three</b> items of equipment/medicaments they would prepare for irrigation and give reasons.	LO4 AC4.4	Learners must list <b>three</b> of the following items and give reasons for their use: <ul style="list-style-type: none"> <li>sodium hypochlorite or equivalent – disinfectant for irrigating the canal</li> <li>sterile disposable syringe – cross-infection control</li> <li>blunt-end needle and side bevel (monoject syringe) – prevents irrigation into surrounding tissues</li> <li>local anaesthetic – analgesia</li> </ul>			
2.2	<b>Task 2 (2)</b> Learners must explain the process of the measurement and recording of the root canal length, and the role of the dental nurse during the procedure.	LO4 AC4.5	Learners must explain <b>one</b> of the two measurement processes <b>and</b> the role of the dental nurse. Responses must include the following: <p><b>Measurement:</b></p> <ul style="list-style-type: none"> <li>by diagnostic periapical radiograph with a root reamer or file of known length inserted into the canal and using the parallel technique</li> <li>using an apex locator</li> </ul> <p><b>Role:</b></p> <ul style="list-style-type: none"> <li>the dental nurse will record the working length and reamer length in patient notes</li> <li>the radiograph shows the required length of canal preparation (1 mm short of the apex); all subsequent reaming and filing is kept to this length by fitting a stopper to each instrument before insertion, so the file/reamer does not go beyond the apex of the root</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 9 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.3	<b>Task 2 (3)</b> Learners must design a leaflet with post-operative care instructions following a non-endodontic procedure for different individuals.	LO4 AC4.7	Learners must design a leaflet that provides accurate information and diagrams and pictures. It must include the following: <ul style="list-style-type: none"> <li>• simple language with no jargon</li> <li>• tooth and surrounding gum tissue may be slightly tender for several days; this is normal and no cause for alarm</li> <li>• do not chew food on the affected side until a restoration has been placed (if appropriate)</li> <li>• if you have a severe pain or pressure that lasts more than a few days, contact the surgery</li> <li>• if you have pain out of surgery hours, contact your usual dental practice: <ul style="list-style-type: none"> <li>○ they may be able to see you or direct you to an urgent dental care service</li> <li>○ if you do not have a regular dentist, contact NHS 111 for advice on where you can get urgent care</li> </ul> </li> <li>• if the temporary filling material comes out, contact the surgery (if appropriate)</li> <li>• discomfort may be alleviated with painkillers (for example, ibuprofen)</li> <li>• a follow-up appointment will be necessary to place a permanent restoration (if appropriate)</li> </ul>			

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....



**CORE DN 10: Provide support during the extraction of teeth and minor oral surgery procedures (M/650/8112)**

<b>Unit summary</b>	This unit focuses on the knowledge, skills and behaviours required when providing support during the extraction of teeth and minor oral surgery procedures.
<b>Guided learning hours</b>	25
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.1	<b>Task 1 (1)</b> Learners must explain why it may be necessary to extract: <ul style="list-style-type: none"> <li>teeth</li> <li>roots</li> <li>unerupted teeth</li> </ul>	LO1 AC1.1	<ul style="list-style-type: none"> <li>the tooth is unrestorable</li> <li>failed root canal procedure (RCT)</li> <li>tooth may be selected for extraction to make space</li> <li>extraction required to move forward with orthodontic treatment</li> <li>tooth could be partially erupted or impacted</li> <li>patient choice</li> </ul>			
1.2	<b>Task 1 (2)</b> Learners must explain the role of a dental nurse during: <ul style="list-style-type: none"> <li>the removal of teeth</li> <li>the removal of roots</li> <li>the removal of unerupted teeth</li> <li>tooth sectioning</li> <li>bone removal</li> </ul>	LO1 AC1.2 AC1.4 AC1.6	<ul style="list-style-type: none"> <li>the dental nurse should have full working knowledge of the instruments likely to be used</li> <li>select the full range of instruments materials and medicaments that maybe needed</li> <li>support and monitor the patient</li> <li>assist the clinician, adapting to any changes that may occur during the procedure</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
	<ul style="list-style-type: none"> <li>the raising of a mucoperiosteal flap</li> </ul>					
1.3	<b>Task 1 (3)</b> Learners must explain the reasons for: <ul style="list-style-type: none"> <li>raising mucoperiosteal flaps</li> <li>bone removal</li> <li>tooth sectioning</li> </ul>	LO1 AC1.3 AC1.5	<b>Raising mucoperiosteal flap</b>  Mucoperiosteal flap is raised when full access to the tooth or root needs to be gained; cases where this may be required: <ul style="list-style-type: none"> <li>unerupted or impacted teeth</li> </ul> <b>Bone removal:</b> <ul style="list-style-type: none"> <li>buried or retained root when soft tissue exposure cannot be performed</li> <li>root curvature is excessive and requires bone removal</li> <li>gross root caries present</li> </ul> <b>Tooth sectioning</b>  When a multiple-rooted tooth cannot be extracted whole.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must explain what charts, records and images they would need to set up for the extraction of teeth and minor oral surgery procedures.	LO3 AC3.1	<ul style="list-style-type: none"> <li>• <b>UK/Word Dental Federation (FDI) systems</b> – these charting methods for teeth would be used to record which tooth is being treated and what treatment has been undertaken or is planned</li> <li>• <b>medical history</b> – would be important to check underlying medical problems, medications, previous reactions to extractions or surgery, allergies</li> <li>• <b>periodontal charting and basic periodontal examination (BPE)</b> – gives an overall idea to the clinician of the overall state of the mouth and bone levels</li> <li>• <b>radiographs/photographs</b> – accurate portrayal of what is happening in the area of concern</li> </ul>			
2.2	<b>Task 2 (2)</b> Learners must explain what equipment, instruments, material and medicaments would be prepared for, and their function during, the following procedures (use one table for each procedure): <ul style="list-style-type: none"> <li>• when extracting deciduous teeth</li> <li>• when extracting permanent teeth</li> <li>• implants</li> <li>• apicectomy</li> <li>• frenectomy</li> <li>• biopsy</li> <li>• removal of impacted teeth</li> </ul>	LO3 AC3.2 AC3.3	Learners should be informed that they should include what <b>should</b> be laid out and not necessarily what happens in their surgery.  See <b>Table 20</b> below.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
	<ul style="list-style-type: none"> <li>removal of buried roots/unerupted teeth and roots</li> </ul>					
2.3	<p><b>Task 2 (3)</b> Learners must give <b>three</b> pre-operative and <b>three</b> post-operative instructions that a patient would need to have been given before treatment.</p> <p>They should explain who the dental nurse should report it to if it was found that the patient had not complied with the prescribed instructions.</p>	LO2 AC2.1  LO3 AC3.5	<p>Pre-operative instructions could include <b>three</b> of the following:</p> <ul style="list-style-type: none"> <li>taking a course of antibiotics for an infection</li> <li>getting a medical problem checked with their GP</li> <li>advising them to eat normally beforehand</li> <li>medications have been adjusted if needed, relevant blood tests completed and proof given to dentist</li> <li>recommending they bring somebody with them if they are nervous or being sedated</li> </ul> <p>Any breach of these pre-operative instructions needs to be reported to the dentist/operator straight away.</p> <p>Post-operative instructions could include <b>three</b> of the following:</p> <ul style="list-style-type: none"> <li>avoid exercise or carrying out any manual work for the rest of the day</li> <li>avoid smoking, alcohol or hot drinks for the rest of the day</li> <li>avoid rising your mouth out for the rest of the day</li> <li>use hot salty mouthrinses (teaspoon of salt per glass of water) after each meal from the day after extraction</li> <li>avoid touching the socket</li> <li>brush other teeth as normal but take care around the extraction site</li> <li>can take regular pain relief (what you would normally use for a headache) but do not take aspirin</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
				M	PM	NM
2.			<p>If bleeding occurs after several hours you must:</p> <ul style="list-style-type: none"> <li>place a dampened cotton cloth or provided gauze over the socket and bite down on it firmly for thirty minutes</li> <li>contact the practice/surgery for further guidance if bleeding continues</li> </ul>			
2.4	<b>Task 2 (4)</b> Learners must explain why a patient is given pre- and post-operative instructions when having an extraction or minor oral surgery.	LO2 AC2.2	<b>Pre-operative:</b> <ul style="list-style-type: none"> <li>allows the patient to follow instructions to support the extraction going ahead as planned</li> <li>routine medication is taken as normal (unless taking a blood thinner; this would be reviewed)</li> </ul> <b>Post-operative</b>  To give the socket the best chance of healing without any complications, such as infection or dry socket.			
2.5	<b>Task 2 (5)</b> Learners must describe common conditions and complications that may occur following implant therapy.	LO2 AC2.3	<b>Infection</b>  An infection at the implant site is the most common complication.  Treatment for an infection depends on the severity and location of the infection. For example, a bacterial infection in the gum may require antibiotics or a soft-tissue graft. A bacterial infection in the bone may require removal of the infected bone tissue and possibly the implant, followed by a bone and soft-tissue graft.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<p><b>Gum recession</b></p> <p>In some cases, a person may find that the gum tissue around the implant begins to recede. This can lead to inflammation and pain.</p> <p><b>Loose implant</b></p> <p>In the first few weeks the dental implant will grow and fuse with the jawbone. This process is called osseointegration, and it is crucial to the long-term success of the implant. This process can take many months.</p> <p>If the implant fails to fuse with the bone, the dental surgeon may remove it. A dental surgeon may be able to reattempt the implant procedure once the area has healed.</p> <p><b>Nerve or tissue damage</b></p> <p>Placing a dental implant too close to a nerve. This can cause numbness, tingling, or pain. Short-term symptoms are most common in dental implant surgery, but a person may experience long-term symptoms.</p> <p>A nerve or tissue problem requires immediate attention. Injury to the inferior alveolar nerve in the lower jaw can be potentially serious.</p> <p>Persistent numbness on the side of the implant, including the lower lip and chin, persistent pain or discomfort tingling, tickling, or burning sensations in the gums and skin.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<b>Sinus issues</b>  Upper-jaw dental implants can sometimes protrude into the sinus cavity, causing inflammation of the sinuses. This is known as sinusitis.			

**Table 20:** task 2.2 equipment, instruments, materials and medicaments to be prepared per procedure and their function

Procedure	Equipment, instruments, materials and medicaments	Function
<b>For all of these procedures</b>	<ul style="list-style-type: none"> <li>• personal protective equipment (PPE) (including aprons)</li> <li>• local anaesthetic syringe</li> <li>• needle and cartridge</li> <li>• magic wand technique</li> <li>• aspirating tip (surgical)</li> <li>• sterile bagged instruments</li> <li>• topical anaesthetic</li> <li>• disposable items (for example, aspirators, scalpel blades, needles, sutures)</li> <li>• suction equipment</li> <li>• disinfected operative field</li> <li>• sheaths on equipment</li> <li>• switches</li> </ul>	<ul style="list-style-type: none"> <li>• protection of soft tissue</li> <li>• protection of individual (staff/patient)</li> <li>• anaesthesia</li> <li>• aspiration</li> <li>• pain control</li> <li>• moisture control</li> <li>• surgery</li> <li>• tooth removal</li> <li>• bone removal</li> <li>• elevation</li> <li>• irrigation</li> <li>• vision of operator</li> </ul>
<b>Deciduous tooth extraction</b>	<ul style="list-style-type: none"> <li>• mirror</li> <li>• probe</li> <li>• tweezers</li> <li>• local anaesthetic</li> <li>• topical anaesthetic</li> <li>• deciduous upper or lower forceps</li> <li>• elevator</li> <li>• Luxator</li> <li>• fine-bore aspirator</li> <li>• packs and post-operative instructions</li> </ul>	N/A
<b>Permanent tooth extraction</b>	<ul style="list-style-type: none"> <li>• mirror</li> <li>• probe</li> <li>• tweezers</li> <li>• local anaesthetic</li> <li>• topical anaesthetic</li> </ul>	N/A



Procedure	Equipment, instruments, materials and medicaments	Function
	<ul style="list-style-type: none"> <li>• forceps</li> <li>• Luxators</li> <li>• Couplands chisel</li> <li>• elevators (Warwick James, winters and cryers)</li> <li>• cheek retractors</li> <li>• bone rongeurs</li> <li>• fine-bore aspirator</li> <li>• gauze and cotton wool rolls</li> <li>• haemostats</li> <li>• packs and post-operative instructions</li> </ul>	
<b>Implants</b>	<ul style="list-style-type: none"> <li>• mirror</li> <li>• probe</li> <li>• tweezers</li> <li>• local anaesthetic</li> <li>• topical anaesthetic</li> <li>• wand system</li> <li>• sterile surgical cassette (complete with basic pack)</li> <li>• anaesthetic syringe</li> <li>• surgical blade holder (2)</li> <li>• periosteal elevators</li> <li>• tissue forceps</li> <li>• incision reinforcement tool — for example, Orban knife or Merrifield's knife — needle holder</li> <li>• scissors</li> <li>• haemostat</li> <li>• sterile monoject syringe (irrigation)</li> <li>• sterile gauze</li> <li>• sterile water</li> <li>• sodium chloride</li> <li>• surgical implant site preparation kit</li> </ul>	N/A

Procedure	Equipment, instruments, materials and medicaments	Function
	<ul style="list-style-type: none"> <li>• three sterile cups or basins (for water, saline and sharps)</li> <li>• surgical blades</li> <li>• sterile dappen dish/bone basin with bone syringe (if grafting is needed)</li> <li>• sutures – for example, 4.0 and/or 5.0 (w)/fs2+p3 Vicryl and/or chromic gut (soak in sterile water)</li> </ul>	
<b>Apicectomy</b>	<ul style="list-style-type: none"> <li>• scalpel</li> <li>• periosteal elevator</li> <li>• straight hand piece and surgical burs</li> <li>• fine-bore aspirating tip</li> <li>• gauze</li> <li>• packs</li> <li>• Mitchells trimmer</li> <li>• irrigation syringe with irrigation solution</li> <li>• glass ionomer cement (GIC)</li> <li>• zinc oxide-eugenol (ZOE)</li> <li>• amalgam (retrograde root filling)</li> <li>• suture needle and silk</li> <li>• needle holder or Spencer Wells forceps</li> <li>• scissors</li> </ul>	N/A
<b>Frenectomy</b>	<ul style="list-style-type: none"> <li>• anaesthetic syringe</li> <li>• needles</li> <li>• cartridges</li> <li>• mouth prop</li> <li>• tissue retractor</li> <li>• Austin tissue retractor</li> <li>• haemostat</li> <li>• surgical aspirating tip</li> <li>• mouth mirror</li> <li>• periosteal elevator</li> </ul>	N/A

Procedure	Equipment, instruments, materials and medicaments	Function
	<ul style="list-style-type: none"> <li>tissue dissecting forceps</li> <li>needle holder</li> <li>scalpels</li> <li>sutures</li> <li>scissors</li> <li>fine-bore aspirating tip</li> </ul>	
<b>Biopsy</b>	<ul style="list-style-type: none"> <li>mirror</li> <li>exploratory probe</li> <li>tissue-dissecting forceps</li> <li>periosteal elevator</li> <li>mosquito forceps</li> <li>scalpel hand piece and number 15 blade</li> <li>laser</li> <li>syringe for anaesthesia</li> <li>pressure forceps</li> <li>scissors</li> <li>separators</li> <li>needle carriers and suture-mounted needles</li> <li>a motor-driven hand piece with drills and curettes</li> <li>sutures</li> <li>fine-bore aspirating tip</li> <li>pathology form</li> <li>a plastic or glass bottle containing 10% formalin solution is advised</li> </ul>	N/A
<b>Removal of impacted teeth</b>	<ul style="list-style-type: none"> <li>probe</li> <li>tweezers</li> <li>local anaesthetic</li> <li>topical anaesthetic</li> <li>periosteal elevator</li> <li>forceps</li> <li>Luxators</li> </ul>	N/A

Procedure	Equipment, instruments, materials and medicaments	Function
	<ul style="list-style-type: none"> <li>• Coupland Chisel</li> <li>• elevators (Warwick James, winters and cryers)</li> <li>• cheek retractors</li> <li>• Mitchell's trimmer</li> <li>• Tissue-dissecting forceps</li> <li>• bone rongeurs</li> <li>• fine-bore aspirator</li> <li>• gauze and cotton wool rolls</li> <li>• haemostats</li> <li>• packs and post-operative instructions</li> </ul>	
<b>Removal of buried roots/unerupted teeth and roots</b>	<ul style="list-style-type: none"> <li>• probe</li> <li>• tweezers</li> <li>• local anaesthetic</li> <li>• topical anaesthetic</li> <li>• periosteal elevator</li> <li>• forceps</li> <li>• Luxators</li> <li>• Coupland chisel</li> <li>• elevators (Warwick James, winters and cryers)</li> <li>• scalpel</li> <li>• periosteal elevator</li> <li>• straight hand piece and surgical burs</li> <li>• fine-bore aspirating cheek retractors</li> <li>• Mitchell's trimmer</li> <li>• Tissue-dissecting forceps</li> <li>• gold chain</li> <li>• flat plastic</li> <li>• bracket holder</li> <li>• angled forceps</li> <li>• cheek retractors</li> <li>• bone rongeurs</li> </ul>	N/A

Procedure	Equipment, instruments, materials and medicaments	Function
	<ul style="list-style-type: none"><li>• fine-bore aspirator</li><li>• gauze and cotton wool rolls</li><li>• haemostats</li><li>• suture needle and silk, scissors needle holder or Spencer Wells forceps packs</li><li>• post-operative instructions</li></ul>	

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.						
3.1	<b>Task 3 (1)</b> Learners must explain how they would support and clinically monitor an individual during: <ul style="list-style-type: none"> <li>the administration of a local or regional anaesthesia</li> <li>the oral surgery procedure</li> </ul>	LO2 AC2.4	Throughout the administration of a local or regional anaesthesia: <ul style="list-style-type: none"> <li>reassure, offer mouth rinse, tissue, adjust lighting, monitor patient, tell patient to breathe through their nose and to raise their hand if they need a break</li> </ul> Throughout the oral surgery procedure: <ul style="list-style-type: none"> <li>reassure, offer mouth rinse, tissue, adjust lighting, aspirate, pass instruments, process radiographs, monitor for distress or complications, tell patient to breathe through their nose and to raise their hand if they need a break</li> </ul>			
3.2	<b>Task 3 (2)</b> Learners must identify <b>five</b> different methods of aspirating, irrigating and protecting the patient's soft tissues during an oral surgery procedure.	LO4 AC4.2	<ul style="list-style-type: none"> <li>high- and low-speed surgical aspiration</li> <li>cotton wool rolls</li> <li>irrigating</li> <li>syringes</li> <li>rubber dam, 3-in-1 syringe</li> </ul>			
3.3	<b>Task 3 (3)</b> Learners must explain how to assist the operator in the preparation of packs and the placing of sutures.	LO4 AC4.3	Packs and sutures should be prepared, often using gauze or cotton wool roll wrapped in gauze. These will be passed to the dentist when requested. <p>Sutures will be placed using suture, Spencer Wells/needle holders/archer's forceps and scissors. Dental nurse will record how many and location on patient's notes.</p> <p>Dental nurse will aspirate (low speed) during placement. Dental nurse will retract soft tissues and cut the suture under the guidance of the clinician if requested.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
3.4	<b>Task 3 (4)</b> Learners must explain how to respond to the following complications: <ul style="list-style-type: none"> <li>• nerve damage</li> <li>• haemorrhage (all types)</li> <li>• oral antral fistula</li> <li>• equipment failure</li> <li>• collapse</li> </ul>	LO4 AC4.5	<p><b>Nerve damage:</b></p> <ul style="list-style-type: none"> <li>• this can be traumatised or severed during oral surgery procedures</li> <li>• patients are warned of these complications/risks before the procedure</li> <li>• referral to a maxillofacial consultant for further evaluation</li> <li>• usually, the nerve recovers in time</li> </ul> <p><b>Haemorrhage:</b></p> <ul style="list-style-type: none"> <li>• primary – at the time of the extraction: <ul style="list-style-type: none"> <li>○ bite pack 20 to 30 minutes</li> </ul> </li> <li>• reactionary – 2 to 3 hours later: <ul style="list-style-type: none"> <li>○ reassure</li> <li>○ bite pack</li> </ul> </li> <li>• secondary haemorrhage – up to 7 days post extraction: <ul style="list-style-type: none"> <li>○ indication of infection – clean socket (saline)</li> <li>○ pack socket (for example, surgical)</li> <li>○ suture – consider antibiotics if raised temperature</li> </ul> </li> </ul> <p><b>Oral antral fistula</b></p> <p>Due to perforation of the maxillary sinus. This can be diagnosed by getting patient to blow through nose while holding it. Bubbles will appear if there is a perforation. Small perforation can be sutured in surgery. Large perforations must be referred to maxillofacial department at hospital.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
			<p><b>Equipment failure</b></p> <p>Learner needs to explain procedure if equipment fails during a surgical procedure. Replacement if possible. Discontinue use until it can be checked. May require engineer.</p> <p><b>Collapse:</b></p> <ul style="list-style-type: none"> <li>• follow assessment regime: <ul style="list-style-type: none"> <li>○ danger</li> <li>○ response</li> <li>○ airway</li> <li>○ breathing</li> <li>○ circulation</li> </ul> </li> <li>• treat as required following initial assessment, call for help and stop treatment</li> </ul>			
3.5	<p><b>Task 3 (5)</b></p> <p>Learners must describe how to complete records and charts following the procedure.</p> <p>What important information should be recorded?</p>	LO4 AC4.6	<ul style="list-style-type: none"> <li>• all information from the procedure should be recorded</li> <li>• contemporaneously (at that time)</li> <li>• operator to sign as a correct record and date</li> <li>• anaesthetic used</li> <li>• incision site</li> <li>• type of incision</li> <li>• suture location, how many, if any</li> <li>• complications – if any buried roots left</li> <li>• post-operative instructions given to patient</li> </ul>			



No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> Learners must design a leaflet informing the individuals of post-operative instructions following: <ul style="list-style-type: none"> <li>extraction of erupted permanent and deciduous teeth</li> <li>implants</li> <li>apicectomy</li> <li>frenectomy</li> <li>biopsy</li> <li>removal of impacted teeth</li> <li>removal of buried roots/unerupted teeth and roots</li> </ul>	LO5 AC5.1	<b>Generic instructions:</b> <ul style="list-style-type: none"> <li>restrict vigorous exercise/activity for 24 hours</li> <li>avoid vigorous mouth rinsing</li> <li>after 24 hours, use warm saltwater rinses every 4 hours and after meals</li> <li>restrict diet to liquids and soft foods for 24 hours</li> <li>for mild discomfort take ibuprofen or paracetamol (avoid use of aspirin as this thins blood) – no more than 800 mg every 4 to 6 hours</li> <li>take any prescribed medicines as instructed</li> <li>do not smoke for 48 hours</li> </ul> <b>Extraction of erupted permanent and deciduous teeth (or any of the procedures where local anaesthetic has been used):</b> <ul style="list-style-type: none"> <li>be careful not to bite your lip or cheek for 12 hours</li> <li>the anaesthetic may mean you are numb for up to 4 hours after the operation <ul style="list-style-type: none"> <li>this is particularly important for children</li> </ul> </li> <li>avoid hot or spicy foods</li> </ul> <b>Implants:</b> <ul style="list-style-type: none"> <li>avoid alcoholic drinks as this will slow the healing process</li> <li>avoid using any strong mouthwashes that contain alcohol</li> <li>pain, swelling and bleeding is normal following oral surgery: <ul style="list-style-type: none"> <li>a cold compress should be placed on your face near the surgical site</li> </ul> </li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ this will reduce pain, swelling and bleeding</li> <li>• you should keep your appointment for follow-up with your dentist</li> <li>• do not raise your lips and probe the area with your fingers</li> <li>• do not spit or use a straw the day of your procedure</li> </ul> <p><b>Apicectomy:</b></p> <ul style="list-style-type: none"> <li>• do not brush your teeth near the sutures (however, you should brush and floss the rest of your teeth as you normally would)</li> <li>• sutures, if they were used, do not usually have to be removed</li> <li>• if sutures require removal, this will be done at the post-operative appointment</li> </ul> <p><b>Frenectomy:</b></p> <ul style="list-style-type: none"> <li>• do not brush your teeth near the sutures (however, you should brush and floss the rest of your teeth as you normally would)</li> <li>• some mild pain and discolouration may be expected following the procedure (black and blue areas under the tongue or lip are bruising and are normal)</li> <li>• some swelling may occur following surgery:               <ul style="list-style-type: none"> <li>○ apply ice to the outside of the upper lip if the surgery was a maxillary frenectomy or place ice chips under the tongue if the surgery was a lingual frenectomy</li> <li>○ this will help reduce discomfort, bleeding and swelling</li> </ul> </li> <li>• sutures, if they were used, do not usually have to be removed</li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>if sutures require removal, this will be done at the post-operative appointment</li> </ul> <p><b>Biopsy:</b></p> <ul style="list-style-type: none"> <li>do not brush your teeth near the sutures (however, you should brush and floss the rest of your teeth as you normally would)</li> <li>sutures, if they were used, do not usually have to be removed</li> <li>if sutures require removal, this will be done at the post-operative appointment</li> </ul> <p><b>Removal of impacted teeth:</b></p> <ul style="list-style-type: none"> <li>do not brush your teeth near the sutures (however, you should brush and floss the rest of your teeth as you normally would)</li> <li>sutures, if they were used, do not usually have to be removed</li> <li>if sutures require removal, this will be done at the post-operative appointment</li> </ul> <p><b>Removal or buried roots/unerupted teeth and roots:</b></p> <ul style="list-style-type: none"> <li>do not brush your teeth near the sutures (however, you should brush and floss the rest of your teeth as you normally would)</li> <li>sutures, if they were used, do not usually have to be removed</li> <li>if sutures require removal, this will be done at the post-operative appointment</li> </ul>			

No.	Task (links to tasks within Internal Assessment Tasks)	CORE DN 10 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.2	<b>Task 4 (2)</b> Learners must explain how the clinician confirms that the individual is fit to leave the surgery after an oral surgery procedure, and why this is important.	LO5 AC5.2	<b>How:</b> <ul style="list-style-type: none"> <li>the patient should be checked by the dentist before leaving the premises to ensure the patient is fit to go</li> <li>post-operative instructions should be given to the patient as reinforcement (written and verbal): <ul style="list-style-type: none"> <li>this must include an out-of-hours number should there be any further complications</li> </ul> </li> <li>there should be a follow-up by a phone call later that day or the next day to check the patient is well and OK</li> </ul> <b>Why:</b> <ul style="list-style-type: none"> <li>reaction to operation can be delayed</li> <li>patient may feel weak</li> <li>medico-legal issues</li> </ul>			

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....

**CORE DN 11: Dental anatomy and assessment of oral health (R/650/8113)**

<b>Unit summary</b>	This unit focuses on knowledge, skills and behaviours of dental anatomy and oral health with regard to assessment and treatment planning.
<b>Guided learning hours</b>	40
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.1	<b>Task 1 (1)</b> Learners must draw a table of deciduous (primary) and permanent (secondary) dentitions. They must include: <ul style="list-style-type: none"> <li>the function of each tooth</li> <li>the average age it erupts</li> <li>how many roots and cusps it has</li> </ul>	LO1 AC1.1	See <b>Table 21</b> below.			
1.2	<b>Task 1 (2)</b> Learners must name the <b>six</b> stages of tooth formation.		Learners must list the <b>six</b> stages of tooth formation: <ol style="list-style-type: none"> <li>initiation</li> <li>bud</li> <li>cap</li> <li>bell</li> <li>apposition (laying down of enamel and dentine)</li> <li>maturation (mineralisation of enamel and dentine)</li> </ol>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.3	<b>Task 1 (3)</b> Learners must label <b>Diagram 1</b> of a tooth.	LO1 AC1.2	See <b>Diagram 1</b> below.  Learners must label the diagram of a tooth with the following:  <ul style="list-style-type: none"> <li>• cusps</li> <li>• fissure</li> <li>• enamel</li> <li>• neck</li> <li>• dentine</li> <li>• pulp</li> <li>• cementum</li> <li>• apical foramen</li> <li>• crown</li> <li>• root</li> <li>• amelodentinal junction</li> </ul>			
1.4	<b>Task 1 (4)</b> Learners must describe the types and functions of the mineralised tissues and supporting tissues of the tooth.	LO1 AC1.2	<b>Function of mineralised tissues:</b>  <ul style="list-style-type: none"> <li>• enamel: <ul style="list-style-type: none"> <li>○ protective outer covering</li> <li>○ provides strength and resistance to acid attack</li> <li>○ formed by ameloblasts</li> <li>○ 96% mineralised crystals, mainly calcium hydroxyapatite</li> </ul> </li> <li>• dentine: <ul style="list-style-type: none"> <li>○ main bulk of the tooth</li> <li>○ absorbs chewing force</li> <li>○ can transmit sensations to the brain</li> <li>○ formed by odontoblasts</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.			<ul style="list-style-type: none"> <li>○ 80% mineralised crystals, mainly calcium hydroxyapatite</li> <li>○ living tissue can repair itself</li> </ul>			
1.5	<b>Task 1 (5)</b> Learners must describe the structure and function of the gingivae and supporting tissues of the tooth.	LO1 AC1.2	<ul style="list-style-type: none"> <li>• <b>alveolar bone</b> – specialised ridge of bone over the bony arch of each jaw, where the teeth sit in their sockets</li> <li>• <b>gingiva</b> – specialised soft tissue covering the alveolar processes, which are also in attachment with the teeth at their necks</li> <li>• <b>periodontal ligament</b> – connective tissue attachment between the root and the alveolar bone</li> <li>• <b>cementum</b> – hard tissue covering the root that anchors the periodontal ligament to the tooth</li> </ul>			
1.6	<b>Task 1 (6)</b> Learners must label the muscles/salivary glands and ducts on <b>Diagram 2</b> .	LO1 AC1.3	<p>See <b>Diagram 2</b> below.</p> <p>Learners must identify and label the diagram with the following:</p> <ul style="list-style-type: none"> <li>• parotid duct</li> <li>• parotid gland</li> <li>• submandibular duct</li> <li>• submandibular gland</li> <li>• sublingual gland</li> <li>• masseter muscle</li> <li>• buccinator muscle</li> <li>• tongue</li> <li>• side of lower jaw</li> <li>• muscles of floor of mouth</li> </ul>			
1.7	<b>Task 1 (7)</b> Learners must describe the function of salivary glands	LO1 AC1.3	<p><b>Function:</b></p> <ul style="list-style-type: none"> <li>• the function of salivary glands is to produce the secretion saliva</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
	and state <b>three</b> reasons why they are important.		<ul style="list-style-type: none"> <li>• saliva is deposited from the glands into the oral cavity</li> <li>• the saliva is transported to the oral cavity through tube-like structures called ducts, so the salivary glands are classed as exocrine glands</li> </ul> <p><b>Importance:</b></p> <ul style="list-style-type: none"> <li>• salivary glands produce saliva which maintains the oral cavity at a neutral pH of 7 between meals</li> <li>• salivary glands produce saliva which contributes to self-cleansing of the mouth by dislodging food debris</li> <li>• salivary glands produce saliva which moistens food bolus to aid swallowing</li> <li>• salivary glands produce saliva which contributes to taste</li> <li>• salivary glands produce saliva which aids speech</li> <li>• salivary glands produce saliva which helps to protect against infection as it contains antibodies and leucocytes</li> <li>• salivary glands produce saliva which contains an enzyme salivary amylase/ptyalin which commence the digestion process of starch within the mouth</li> </ul>			
1.8	<b>Task 1 (8)</b> Learners must name the muscles of mastication on <b>Diagram 3</b> and <b>diagram 4</b> .	LO1 AC1.3	<p>See <b>Diagram 3</b> below.</p> <p>Learners must identify and label the diagram with the following:</p> <ul style="list-style-type: none"> <li>• temporalis</li> <li>• masseter</li> </ul> <p>See <b>Diagram 4</b> below (bones of the jaw to be ignored).</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			Learners must identify and label the diagram with the following: <ul style="list-style-type: none"> <li>• lateral pterygoid</li> <li>• medial pterygoid</li> <li>• maxilla</li> <li>• mandible</li> </ul>			
1.9	<b>Task 1 (9)</b> Learners must draw a table containing the <b>four</b> muscles of mastication and their position on the skull, for example, point of insertion and point of origin and action.	LO1 AC1.3	Learners must draw a table by stating the name of each of the <b>four</b> muscles, its point of origin, point of insertion and action.  See <b>Table 22</b> below.			
1.10	<b>Task 1 (10)</b> Learners must label the diagrams of the skull.	LO1 AC1.7	See <b>Diagrams 5 and Diagram 6</b> below.  Learners must identify and label both diagrams with the following: <ul style="list-style-type: none"> <li>• frontal bone (both diagrams)</li> <li>• nasal bone (both diagrams)</li> <li>• zygomatic bone</li> <li>• zygomatic arch (both diagrams)</li> <li>• orbit</li> <li>• infraorbital foramen</li> <li>• maxilla</li> <li>• ramus of mandible (both diagrams)</li> <li>• mental foramen</li> <li>• angle of mandible (both diagrams)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<ul style="list-style-type: none"> <li>• parietal bone</li> <li>• temporal bone</li> <li>• occipital bone</li> <li>• sphenoid</li> <li>• coronoid process</li> <li>• bone of mandible</li> <li>• condyle</li> </ul>			
1.11	<b>Task 1 (11)</b> Learners must identify and label <b>Diagram 7</b> .	LO1 AC1.7	See <b>Diagram 7</b> below.  Learners must identify and label the diagram with the following: <ul style="list-style-type: none"> <li>• coronoid process</li> <li>• condyle</li> <li>• sigmoid notch</li> <li>• ramus</li> <li>• external oblique line</li> <li>• angle</li> <li>• body</li> <li>• mental foramen</li> <li>• lingula</li> <li>• mandibular foramen</li> <li>• mylohyoid line</li> </ul>			
1.12	<b>Task 1 (12)</b> Learners must describe the movements of the temporomandibular joint.	LO1 AC1.5	Learners must describe the movements of the temporomandibular joint.  <b>Gliding movements</b> – mainly occur when the disc and the condyle together slide up and down the articular eminence, allowing the mandible to move forwards and backwards.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p><b>Rotational movements</b> – occur when the condyle rotates anteriorly and posteriorly over the surface of the disc itself, which remains static, allowing the mandible to move down and up.</p> <p><b>Lateral movement</b> – this occurs when one joint glides alone, so that the other condyle rotates sideways over its disc, swinging the mandible on the side opposite from gliding action.</p>			
1.13	<p><b>Task 1 (13)</b> Learners must source and label a diagram that describes the nerves and their branches and the blood supply to the teeth and supporting structures.</p>	LO1 AC1.6	<p>Learners must source and label a diagram that describes the nerves and their branches and blood supply to the teeth and supporting structures. See model in <b>Diagram 8</b> and <b>Diagram 9</b> of nerves below.</p> <p><b>Nerves:</b></p> <ul style="list-style-type: none"> <li>• trigeminal nerve – ophthalmic, maxillary and mandibular</li> <li>• maxillary – anterior, middle and posterior superior dental nerves, greater palatine and nasopalatine</li> <li>• mandibular – inferior dental, lingual, long buccal, mental</li> </ul> <p><b>Blood supply:</b></p> <ul style="list-style-type: none"> <li>• facial</li> <li>• mental</li> <li>• maxillary</li> <li>• greater and lesser palatine</li> <li>• lingual</li> <li>• sublingual</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
				M	PM	NM
1.			<ul style="list-style-type: none"> <li>submental</li> </ul> <p>Arteries and veins have the same names.</p>			
1.14	<b>Task 1 (14)</b> Learners must describe the structure of the maxilla and mandible.	LO1 AC1.4  LO5 AC5.1	<p><b>Maxilla:</b></p> <ul style="list-style-type: none"> <li>forms the middle third of the face</li> <li>the maxilla is made up of two bones which are separated by the nasal cavity, joining together below the nose</li> <li>the back section of the hard palate is formed by the palatine bones</li> <li>the whole palate forms the floor of the nose and the roof of the mouth/oral cavity</li> <li>each side of the maxilla forms the eye socket, nose and front of the cheekbone</li> </ul> <p><b>Mandible:</b></p> <ul style="list-style-type: none"> <li>the mandible is two bones that join to create a horseshoe shape structure</li> <li>the vertical section is called the ramus of the mandible and the point at which they join is the angle of the mandible</li> <li>the mandible connects to the skull by the two temporomandibular joints</li> </ul>			
1.15	<b>Task 1 (15)</b> Learners must identify differences in dental, oral, craniofacial and general anatomy across our diverse population and what the relevance is to patient management.	LO1 AC1.8  LO5 AC5.1	<p><b>Cleft lip</b></p> <p>An abnormality where the lip does not fully form. Severity varies, from mild notching to a large opening extending through the nose.</p> <p><b>Cleft palate</b></p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
			<p>Occurs when the roof of the mouth does not close completely, leaving an opening that may extend into the nasal cavity. It can involve both the hard and soft palate.</p> <p><b>Craniosynostosis</b></p> <p>Sutures (soft spots) in an infant's skull close prematurely, affecting normal brain and skull growth. This can alter the skull's appearance and cause increased intracranial pressure.</p> <p><b>Hemifacial Microsomia (HFM)</b></p> <p>Tissues on one side of the face (ear, mouth, jaw) are underdeveloped. It can affect both sides and involve the skull and face.</p> <p><b>Vascular malformations, hemangiomas, and deformational plagiocephaly:</b></p> <ul style="list-style-type: none"> <li>• vascular malformations are abnormal blood vessel growth</li> <li>• hemangiomas are benign tumours made of blood vessels</li> <li>• deformational plagiocephaly results from skull shape changes due to external forces (for example, positioning during infancy)</li> </ul> <p>Patients will need to be treated individually as they may need tailored treatment planning.</p> <p>Patients may need to be referred to specialised dental maxillofacial surgeons/clinicians within a hospital setting for more complex procedures.</p>			

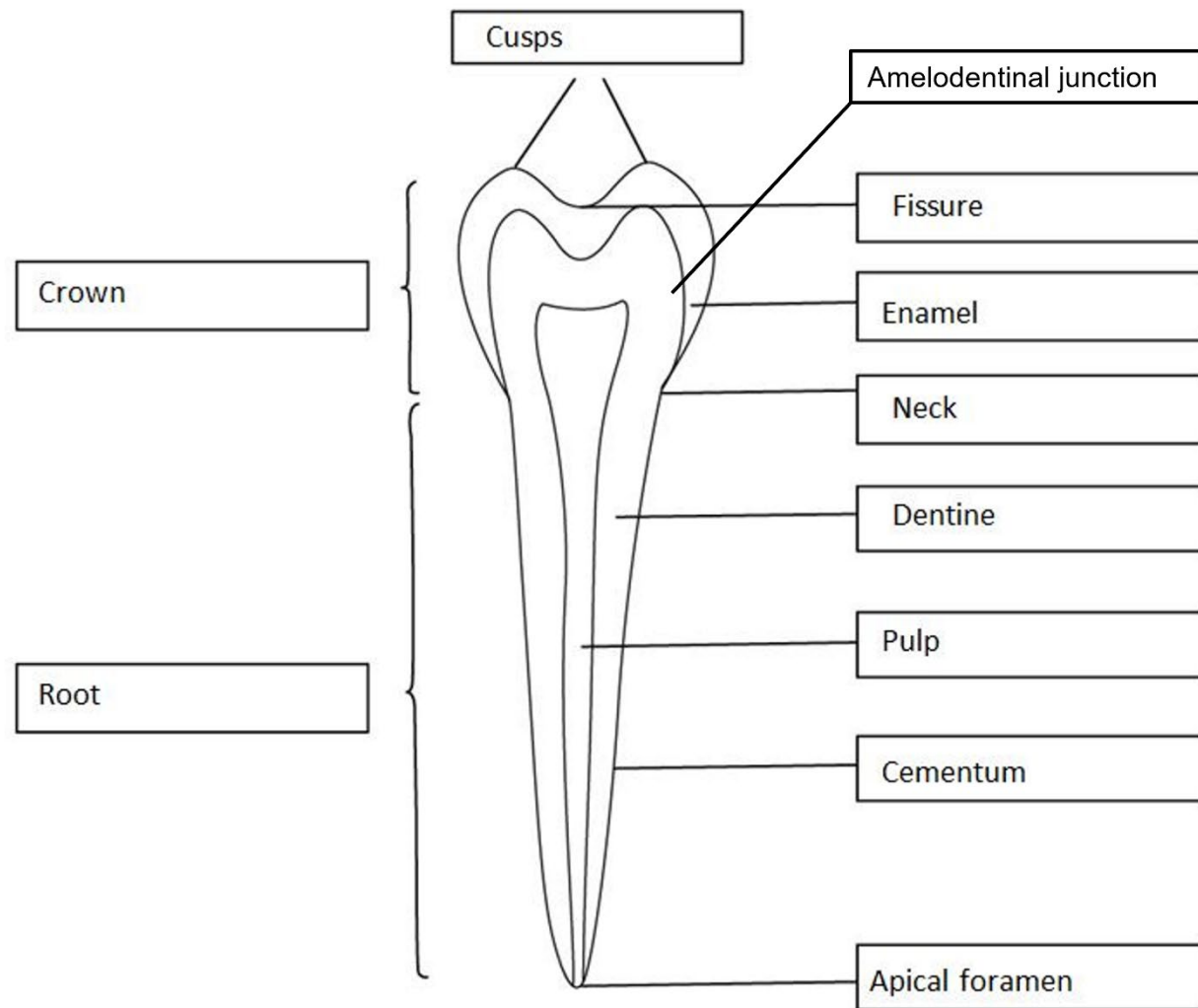
**Table 21:** task 1.1 table of deciduous and permanent dentition

<b>Deciduous</b>	<b>Upper</b>	<b>Roots/cusps</b>	<b>Lower</b>	<b>Roots/cusps</b>	<b>Function</b>
Central incisors	8 to 13 months	1 root	6 to 10 months	1 root	Cutting
Lateral incisors	8 to 13 months	1 root	10 to 16 months	1 root	Cutting
Canines	16 to 23 months	1 root	16 to 23 months	1 root	Tearing and shredding
First molars	13 to 19 months	3 roots, 3 cusps	13 to 19 months	2 roots, 4 cusps	Chewing and grinding
Second molars	5 to 33 months	3 roots, 4 cusps	23 to 31 months	2 roots, 5 cusps	Chewing and grinding
<b>Permanent</b>	<b>Upper</b>	<b>Roots/cusps</b>	<b>Lower</b>	<b>Roots/cusps</b>	<b>Function</b>
Central incisors	7 to 8 years	1 root	6 to 7 years	1 root	Cutting
Lateral incisors	8 to 9 years	1 root	7 to 8 years	1 root	Cutting
Canines	11 to 12 years	1 root	9 to 10 years	1 root	Tearing and shredding
First premolars	10 to 11 years	2 roots, 2 cusps	10 to 12 years	1 root, 2 cusps	Chewing
Second premolars	10 to 12 years	1 root, 2 cusps	11 to 12 years	1 root, 2 cusps	Chewing
First molar	6 to 7 years	3 roots, 4 cusps	6 to 7 years	2 roots, 4 cusps	Chewing and grinding
Second molar	12 to 13 years	3 roots, 4 cusps	11 to 13 years	2 roots, 4 cusps	Chewing and grinding

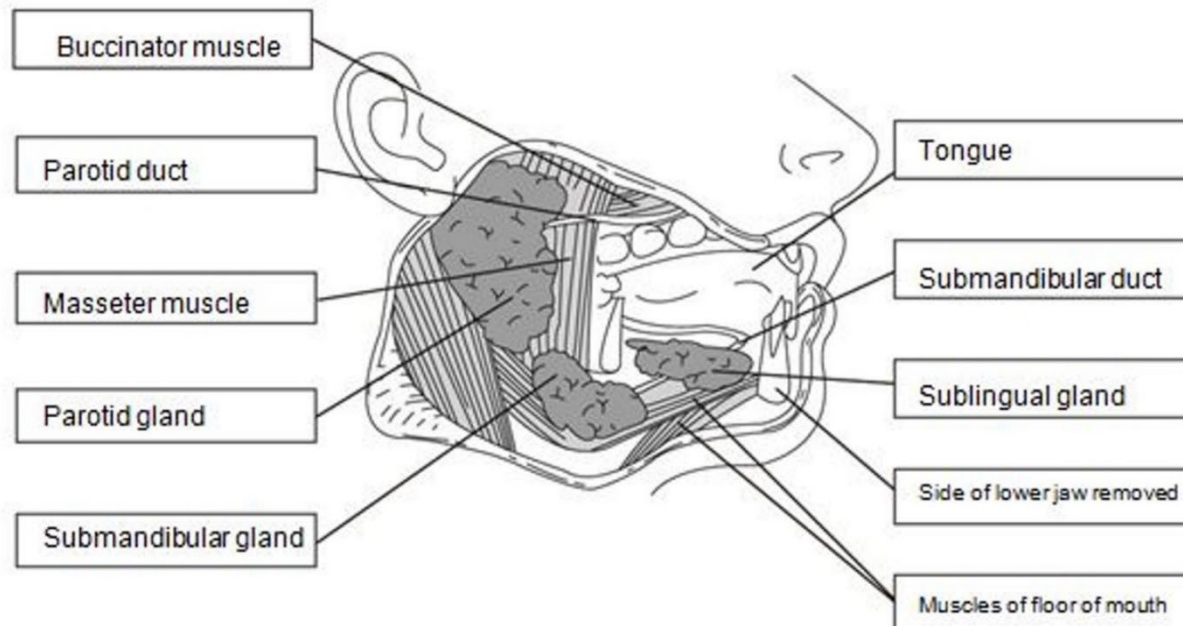
<b>Deciduous</b>	<b>Upper</b>	<b>Roots/cusps</b>	<b>Lower</b>	<b>Roots/cusps</b>	<b>Function</b>
Third molar	17 to 21 years	Varies, 4 cusps	17 to 21 years	Varies, 4 to 5 cusps	Chewing and grinding



**Diagram 1:** task 1.3 diagram of a tooth

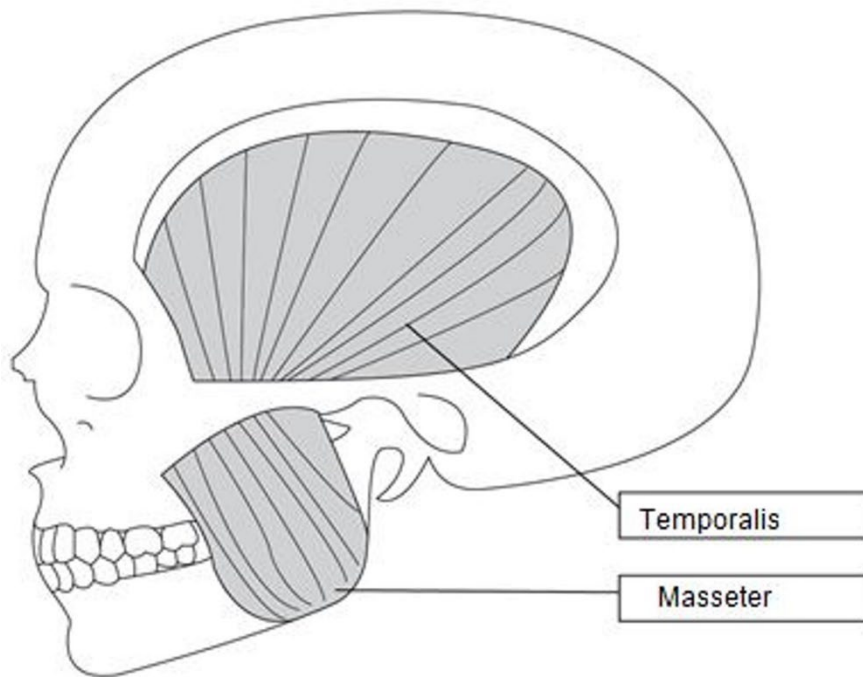


**Diagram 2:** task 1.6 muscles/salivary glands and ducts



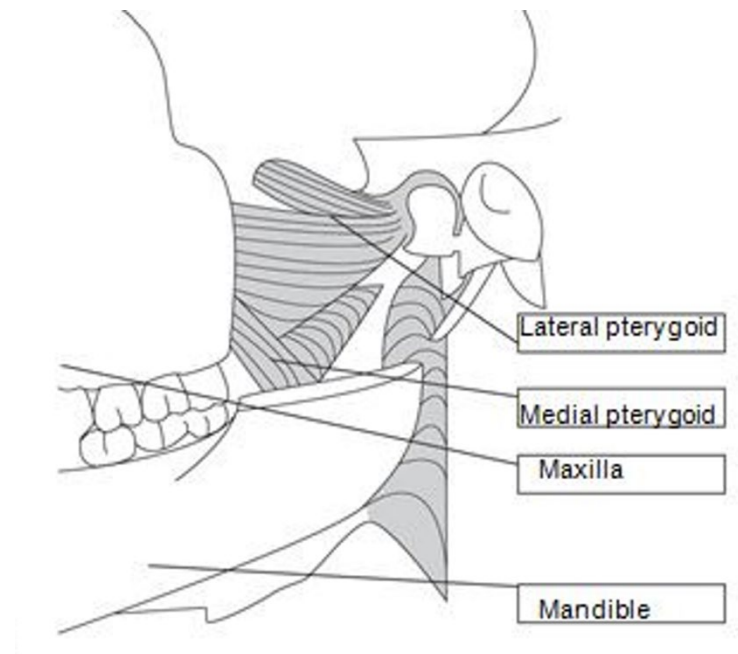
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**Diagram 3:** task 1.8 muscles of mastication



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**Diagram 4:** task 1.8 muscles of mastication (2)

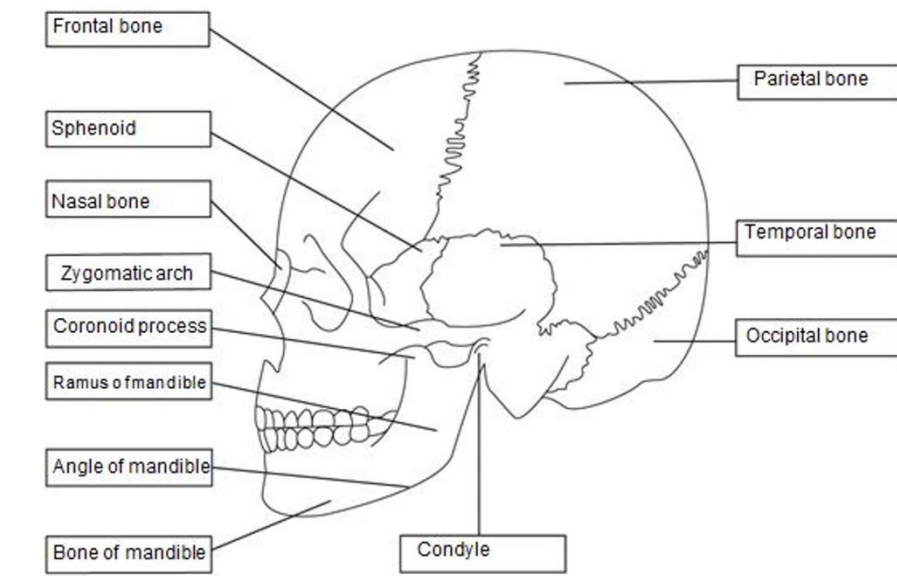


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**Table 22:** task 1.9 muscles of mastication and their positions on the skull

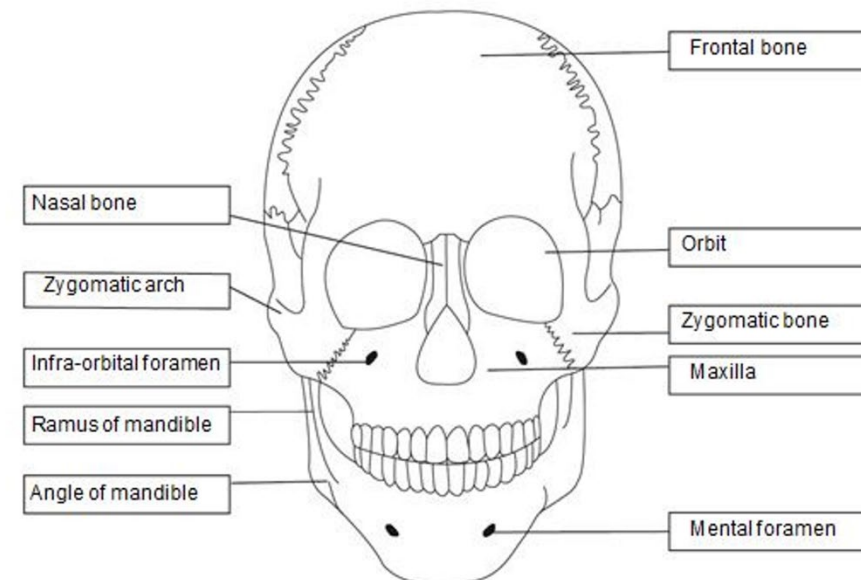
Muscle	Position on the skull (point of origin)	Position on the skull (point of insertion)	Action
Temporalis	Temporal bone of the cranium	Coronoid process of the mandible, passing under the zygomatic arch	Pulls the mandible backwards to close the mouth
Masseter	Outer surface of zygomatic arch	Outer surface of mandibular ramus and angle	Closes the mouth
Lateral pterygoid	Lateral pterygoid plate at the base of the cranium	Head of the mandibular condyle and into the temporomandibular joint (TMJ) meniscus	Both contracting brings the mandible forwards, to a tip-to-tip position of the teeth; one contracting pulls the mandible to the opposite side
Medial pterygoid	Medial pterygoid plate at the base of the cranium	Inner surface of the mandibular ramus and angle	Closes the mouth

**Diagram 5:** task 1.10 diagram of the skull



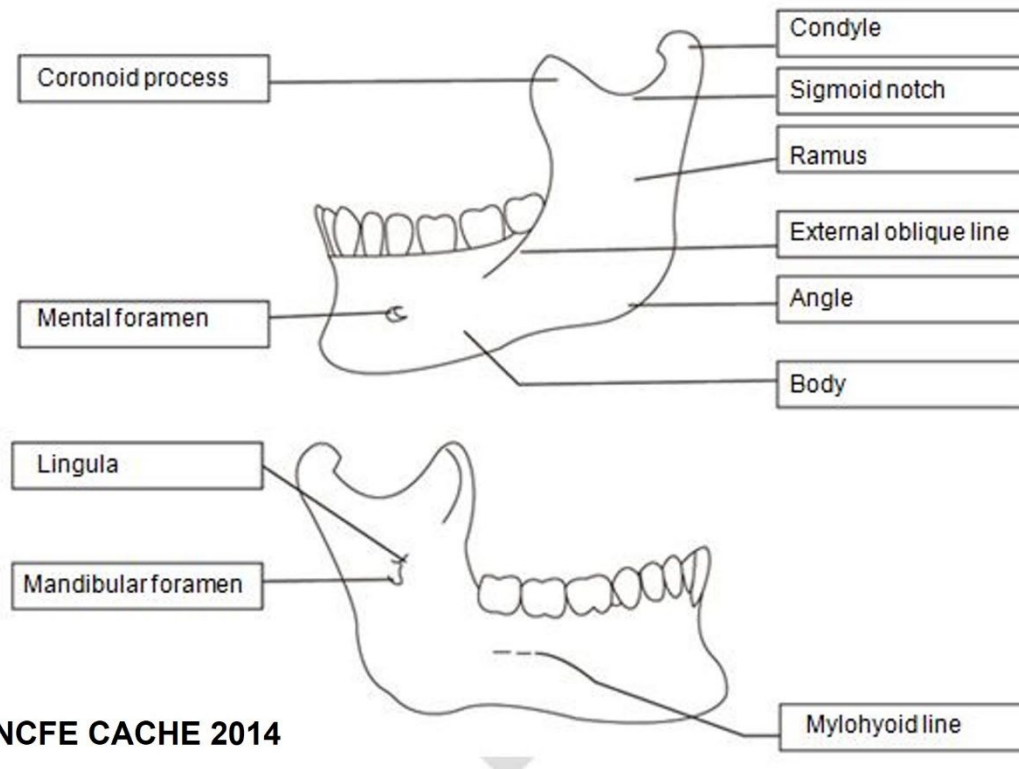
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**Diagram 6:** task 1.10 diagram of the skull (2)



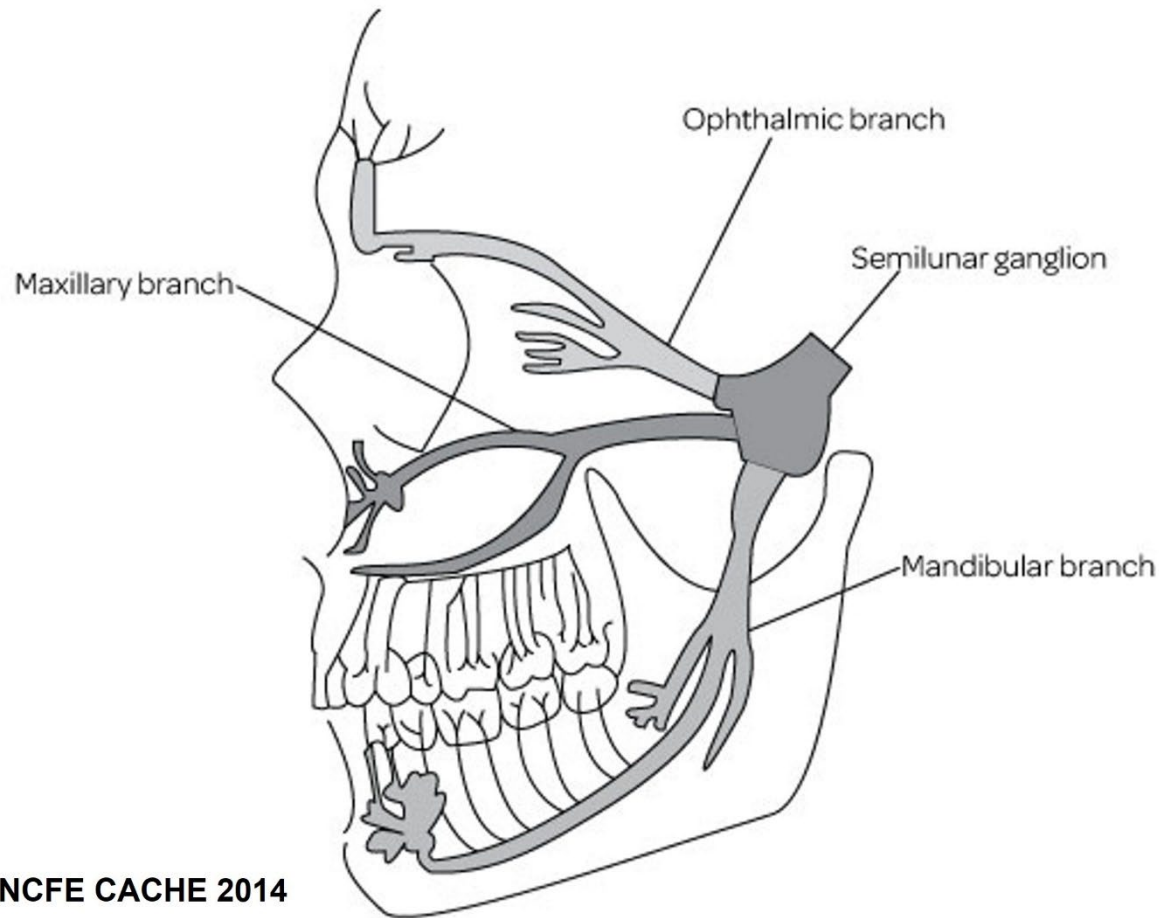
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**Diagram 7:** task 1.11 oral structures



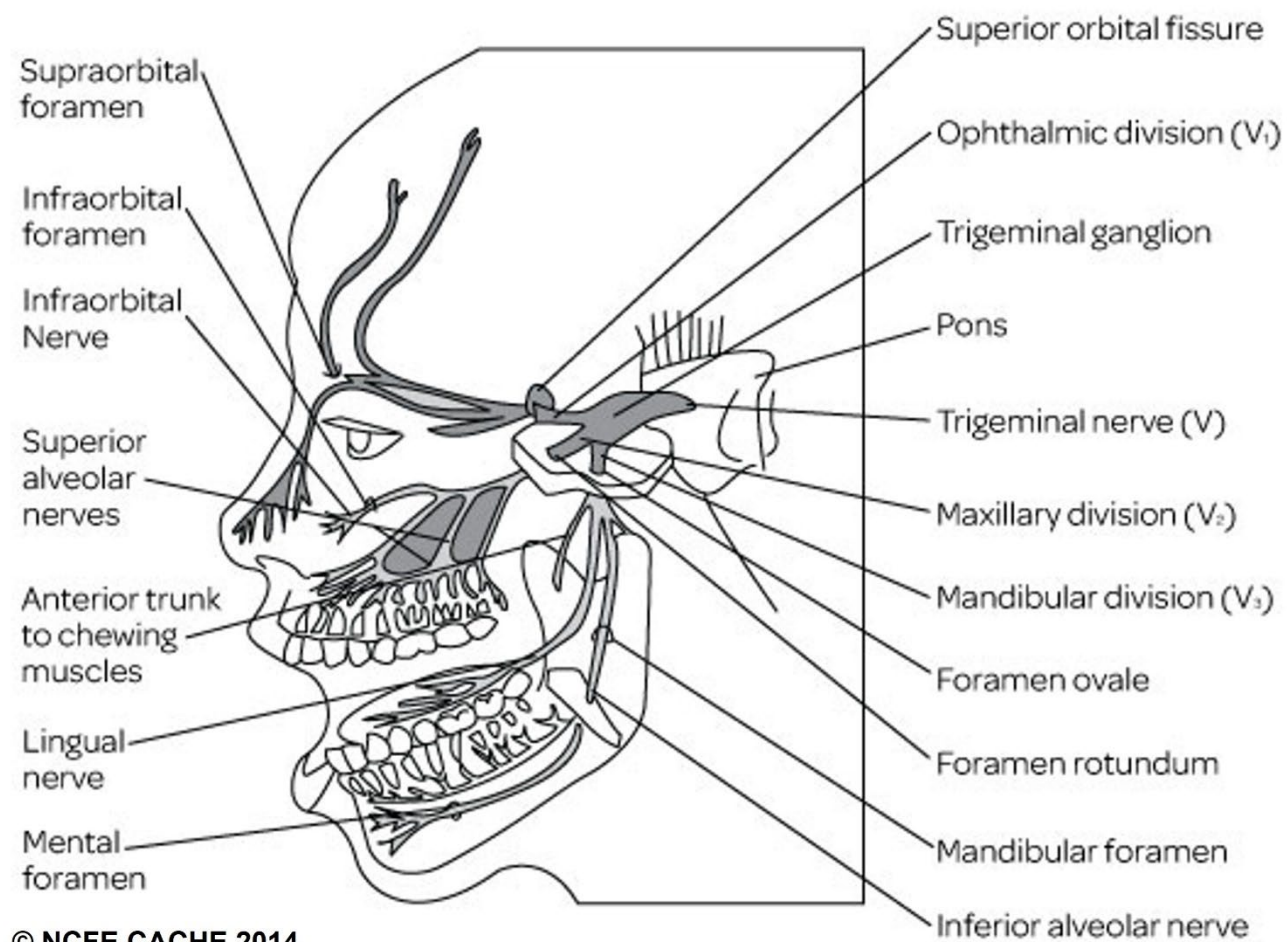
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**Diagram 8:** task 1.13 diagram of nerve supply to the teeth – branches of the trigeminal nerve



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**Diagram 9:** task 1.13 image of the nerves of the face





No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must describe and evaluate the methods associated with the following: <ul style="list-style-type: none"> <li>assessing and recording soft and hard tissue</li> <li>assessing and recording of periodontal conditions</li> <li>measuring pulp vitality</li> </ul>	LO2 AC2.4 to AC2.6	Learners must describe the methods for <b>two</b> of the following and evaluate them.  <b>Assessing and recording soft and hard tissue:</b> <ul style="list-style-type: none"> <li>mirror, probe, tweezers, Briault probe, transillumination, dyes</li> <li>radiographs</li> <li>visual – ulcers, discolouration, swelling (cancer check)</li> <li>palpation of lymph nodes</li> <li>use of dental charts to include Palmer notation, World Dental Federation (FDI), basic periodontal examination (BPE) and periodontal chart</li> </ul> <b>Assessing and recording periodontal conditions:</b> <ul style="list-style-type: none"> <li>radiographs</li> <li>pocket measuring probe, BPE probe, Williams probe</li> <li>calculus probe</li> </ul> <b>Measuring pulp vitality:</b> <ul style="list-style-type: none"> <li>cold stimulus – endo frost, ethyl chloride</li> <li>hot stimulus – warmed gutta-percha</li> <li>electronic pulp tester</li> <li>radiographs</li> </ul>			
2.2	<b>Task 2 (2)</b> Oral assessment is a routine procedure performed in the dental surgery.	LO2 AC2.1 to AC2.3	<b>The main purpose of an oral health assessment:</b> <ul style="list-style-type: none"> <li>to detect dental caries, chronic gingivitis, periodontal disease and soft tissue abnormalities</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
	<p>Learners must explain the following:</p> <ul style="list-style-type: none"> <li>the main purpose of an oral health assessment</li> <li>the reasons for taking radiographs and photographs when diagnosing and treatment planning</li> <li>what materials are used during an oral health assessment and why</li> <li>the relevance of obtaining valid, written, informed consent prior to treatment being undertaken taking into account the legal requirements and, where appropriate, scope of practice</li> </ul>	AC2.7	<ul style="list-style-type: none"> <li>to determine a treatment plan</li> <li>to help determine preventive advice for the patient</li> </ul> <p><b>The reasons for taking photographs and radiographs when diagnosing and treatment planning:</b></p> <ul style="list-style-type: none"> <li>photographs record the visible appearance of a structure at that time and for comparison with earlier or later views such as orthodontics or large restorative cases</li> <li>radiographs are used to determine both the presence or absence of various structures or pathology</li> <li>diagnosis</li> </ul> <p><b>What materials are used during an oral health assessment and why:</b></p> <ul style="list-style-type: none"> <li>alginate to make study models</li> <li>ethyl chloride to test tooth vitality</li> <li>radiographs</li> <li>articulating paper</li> </ul> <p><b>The relevance of obtaining valid, written, informed consent prior to treatment being undertaken:</b></p> <ul style="list-style-type: none"> <li>all consent needs to be valid, specific and informed</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<ul style="list-style-type: none"> <li>• valid consent is valid, specific to treatments; being carried out</li> <li>• consent does not have to be written for minimal or non-invasive treatments; it can be verbal</li> <li>• written consent is used for more complex treatments so the patient can show understanding and consent to the plan</li> <li>• all parties know the plan and understand the expectations of the treatment, treatments may change and consent would need to be gained for any deviation</li> </ul> <p>General Dental Council (GDC) Standards Principle 3 – Obtain valid consent</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.						
3.1	<b>Task 3 (1)</b> Learners must explain the different classifications of malocclusion.	LO3 AC3.1	Learners must describe the classifications of occlusion/malocclusion: <ul style="list-style-type: none"> <li>• <b>Class I</b> – normal jaw relationship</li> <li>• <b>Class II Div I</b> – upper incisors protrude, the over jet increases and the lower lip gets trapped inside the over jet</li> <li>• <b>Class II Div II</b> – upper central incisors tilt backwards in contact with the lowers, decreased over jet and increased overbite</li> <li>• <b>Class III</b> – lower jaw protrudes, chin appears prominent, reverse overjet. Lower incisors occluding in front of the upper incisors or edge-to-edge bite</li> </ul>			
3.2	<b>Task 3 (2)</b> Learners must list <b>four</b> different types of orthodontic appliances used and briefly explain their role in treatments.	LO3 AC3.2	<ul style="list-style-type: none"> <li>• <b>fixed</b> orthodontic appliances – metal brackets bonded to tooth and connected by an arch wire, produces bodily tooth movement</li> <li>• <b>removable</b> appliances – used for correcting simple problems</li> <li>• <b>functional</b> appliances – used to influence jaw growth</li> <li>• <b>retainers</b> – used after treatment to keep teeth in new positions</li> </ul>			
3.3	<b>Task 3 (3)</b> Learners must design a leaflet for a patient due to start orthodontic work. Explain pre- and post-operative instructions: <ul style="list-style-type: none"> <li>• cleaning and care of a removable and fixed appliances</li> <li>• what to expect (pain, other)</li> </ul>	LO3 AC3.3	<p>Learners must design a leaflet giving accurate information using diagrams and pictures, plain language and not too much jargon.</p> <p>Leaflets must include at least the following:</p> <ul style="list-style-type: none"> <li>• pre-operative instruction: <ul style="list-style-type: none"> <li>○ to be able to start an orthodontic treatment, oral hygiene instructions need to be at a high level</li> <li>○ advice regarding being at this level</li> </ul> </li> <li>• effective cleaning – fixed (toothbrushing, toothpaste and mouthwash – fluoride, interdental cleaning for plaque removal)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
	<ul style="list-style-type: none"> <li>oral hygiene advice and advice about check-ups</li> </ul>		<ul style="list-style-type: none"> <li>effective cleaning – removable (toothbrushing, toothpaste and mouthwash – fluoride, interdental cleaning for plaque removal, clean appliance after eating)</li> <li>possible use of disclosing solution to identify and help prevent plaque buildup</li> <li>diet advice (low-sugar, avoid fizzy drinks to reduce caries risk, avoid hard or crunchy food to prevent breakages, avoid chewing gum or sticky food)</li> <li>regular check-ups with both the dentist and orthodontist (for appliance and oral health)</li> <li>wear a mouth guard during sport</li> <li>pain – some discomfort may occur as teeth are moving; this is normal</li> <li>ulcers as a result of rubbing; will heal but orthodontic wax can be used to cover the part that is rubbing until healing occurs</li> <li>if wires are sticking out, return to the orthodontist as this may need to be clipped or bent</li> </ul>			
3.4	<b>Task 3 (4)</b> Learners must explain the dental nurse's role when providing support during the different stages of orthodontic assessment and treatment.	LO3 AC3.4	Learners must explain the dental nurse's role during the stages of orthodontic treatment. Responses must include <b>at least</b> the following: <ul style="list-style-type: none"> <li>set-up of equipment</li> <li>passing of instruments</li> <li>reassuring and monitoring the patient</li> <li>mixing of materials</li> <li>aspirating and retracting</li> <li>cross-infection and decontamination processes</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> Learners must explain the following conditions: <ul style="list-style-type: none"> <li>oral cancer</li> <li>lichen planus</li> <li>oral candidiasis</li> <li>herpes simplex type 1</li> <li>glossitis</li> <li>osteoporosis</li> <li>salivary gland disorders (xerostomia)</li> <li>human immunodeficiency virus (HIV)</li> <li>hepatitis</li> <li>diabetes</li> <li>epilepsy</li> </ul>	LO4 AC4.1 AC4.3 AC5.2 AC5.3	Learners must explain the following conditions:  <b>Oral cancer:</b> <ul style="list-style-type: none"> <li>affects different areas of the mouth, the soft tissues, the salivary glands or the jaw bones</li> <li>it is linked with smoking, alcohol and betel nut consumption</li> <li>lesions are usually painless in the early stages</li> <li>regular dental checks can help by indicating early signs</li> </ul> <b>Lichen planus:</b> <ul style="list-style-type: none"> <li>a non-infectious, itchy rash that can affect many areas of the body</li> <li>the exact cause of lichen planus is unknown</li> <li>the condition is not infectious and does not run in families</li> <li>it cannot be passed on to other people</li> </ul> <b>Oral candidiasis:</b> <ul style="list-style-type: none"> <li>a fungal infection</li> <li>presents as: oral thrush/stomatitis/angular cheilitis</li> <li>underlying sore red patches occurring on soft tissues of the oral cavity</li> <li>often seen in babies, the elderly, users of steroid inhalers, those taking antibiotics and terminally ill patients</li> </ul> <b>Herpes simplex type 1:</b>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>• a virus that causes cold sores which are blister lesions</li> <li>• it occurs on the lips and perioral area</li> <li>• it is highly infectious</li> <li>• the virus can be reactivated by illness, stress, sunlight, cold, fatigue, menstruation</li> </ul> <p><b>Glossitis:</b></p> <ul style="list-style-type: none"> <li>• this is inflammation of the tongue and swelling</li> <li>• rare</li> <li>• usually associated with:               <ul style="list-style-type: none"> <li>○ infections</li> <li>○ irritation</li> <li>○ anaemia</li> <li>○ vitamin B deficiency</li> <li>○ xerostomia</li> <li>○ allergic reaction</li> </ul> </li> <li>• often painless but causes difficulty with eating, speaking and swallowing</li> </ul> <p><b>Osteoporosis:</b></p> <ul style="list-style-type: none"> <li>• skeletal disorder characterised by low bone mass</li> <li>• bone disease that occurs when the body loses too much bone</li> <li>• bones become weak and may break from a fall or minor bump</li> <li>• non-infectious</li> <li>• not usually painful until a bone is broken so can be difficult to diagnose</li> <li>• can be treated with bone-strengthening medications</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<p><b>Salivary gland disorders:</b></p> <ul style="list-style-type: none"> <li>• xerostomia – dry mouth (reduced saliva)</li> <li>• ptyalism – excessive salivation</li> <li>• tumours – benign and malignant</li> <li>• Sjögren's syndrome – is an autoimmune disorder that reduces the amount of tears in the eyes and saliva in the mouth. It is classified as an autoimmune disorder, one of a large group of conditions that occur when the immune system attacks the body's own tissues and organs. The condition typically develops gradually beginning in middle adulthood but can occur at any age. Sjögren's syndrome often occurs with other immune disorders, such as rheumatoid arthritis and lupus</li> </ul> <p><b>HIV</b></p> <p>People with HIV, the virus that causes acquired immunodeficiency syndrome (AIDS), are at special risk for oral health problems. Some of the most common oral health problems for people with HIV/AIDS are:</p> <ul style="list-style-type: none"> <li>• chronic dry mouth</li> <li>• gum disease (gingivitis)</li> <li>• bone loss around the teeth (periodontitis)</li> <li>• canker sores</li> <li>• oral warts</li> <li>• fever blisters</li> <li>• thrush (oral candidiasis)</li> <li>• hairy leukoplakia (which causes a rough, white patch on the tongue)</li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>tooth decay</li> </ul> <p>Oral health conditions can be painful and annoying, and can lead to other health problems. Combination antiretroviral therapy, which is used to treat HIV and restore immune system function, has made some oral health problems less common.</p> <p>Signs and symptoms linked to oral health:</p> <ul style="list-style-type: none"> <li>mucosal membrane jaundice</li> <li>bleeding disorders</li> <li>petechiae</li> <li>increased vulnerability to bruising</li> <li>gingivitis</li> <li>gingival bleeding (even in response to minimum trauma)</li> <li>foetor hepaticus (a characteristic odour of advanced liver disease)</li> <li>cheilitis (chapped lips)</li> </ul> <p><b>Hepatitis</b></p> <p>Hepatitis is a viral infection causing inflammation of the liver. It can be caused by alcohol and other drug abuse or by viral infections such as hepatitis A, B, C (it can be sexually transmitted).</p> <p><b>Diabetes</b></p> <p>Diabetes is a condition that causes a person's blood sugar level to become too high:</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>• type 1 diabetes – a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin – insulin dependent</li> <li>• type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin properly – non-insulin dependent</li> <li>• people suffer from poor wound healing generally, which also affects the oral cavity, making patients prone to post-operative complications</li> <li>• a higher risk of oral infections</li> </ul> <p><b>Epilepsy</b></p> <p>Signs of epilepsy vary. The following symptoms are usually seen with generalised seizures, which occur when the entire brain is affected:</p> <ul style="list-style-type: none"> <li>• temporary confusion, eye blinking or a staring spell</li> <li>• sudden collapse</li> <li>• abrupt, uncontrollable jerking or stiffening of the arms and legs</li> <li>• loss of consciousness</li> <li>• generalised seizures create a risk for injuries to the tongue and other areas of the mouth; seizures may also damage the temporomandibular joints or cause an individual to aspirate a tooth into the lungs if mobile teeth</li> <li>• the drugs used to control this disorder can also produce side effects of gingival hyperplasia, an overgrowth of gum tissue</li> </ul>			
4.2	<b>Task 4 (2)</b> Learners must research and write a short report on how ageing can affect the soft and hard tissues of the mouth.	LO4 AC4.2	This short report should look at the effects of ageing on the soft and hard tissues. They should mention: <ul style="list-style-type: none"> <li>• skin – less underlying fat and elasticity</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>• bones – tend to be brittle – osteoporosis, increased risk of fracture, natural resorption</li> <li>• oral mucosa – thinner and less elastic, thin ridges, recession</li> <li>• salivary glands – xerostomia, increase in caries, swallowing, speech, denture retention</li> <li>• teeth – darken in colour, narrowing and sclerosis of the pulp</li> <li>• harder to treat due to reduced mobility</li> <li>• complicated medical problems</li> </ul>			
4.3	<b>Task 4 (3)</b> Learners must report on how the following medical conditions can affect the oral tissues: <ul style="list-style-type: none"> <li>• oral cancer</li> <li>• herpes</li> <li>• HIV</li> <li>• hepatitis</li> <li>• diabetes</li> <li>• epilepsy</li> <li>• eating or digestive disorders</li> </ul>	LO4 AC4.3	Responses should include the following:  <b>Oral cancer:</b> <ul style="list-style-type: none"> <li>• causes lesions affecting the soft tissues, ulcers, white and red patches</li> </ul> <b>Herpes:</b> <ul style="list-style-type: none"> <li>• cold sores on the lip, blisters, lesions</li> <li>• highly infectious</li> </ul> <b>HIV:</b> <ul style="list-style-type: none"> <li>• a blood-borne fatal infection</li> <li>• antiviral drugs cause painful soft tissues, dry mouth, low resistance to infection</li> </ul> <b>Hepatitis:</b> <ul style="list-style-type: none"> <li>• low immune system can cause ulcers, dry mouth</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<p><b>Diabetes:</b></p> <ul style="list-style-type: none"> <li>slow wound healing from extractions</li> <li>more likely to progress to periodontal disease</li> <li>low resistance to infection</li> </ul> <p><b>Epilepsy:</b></p> <ul style="list-style-type: none"> <li>antiepileptic drugs can cause gingival hyperplasia</li> </ul> <p><b>Eating and digestive disorders:</b></p> <ul style="list-style-type: none"> <li>vomiting from bulimia can cause acid erosion and general ill health</li> </ul>			
4.4	<p><b>Task 4 (4)</b> Learners must explain general and systemic diseases and their relevance to and impact on clinical treatment, patient compliance, self-care and outcomes.</p>	LO4 AC4.3	<p>General and systemic diseases play a crucial role in clinical treatment, patient compliance, self-care, and overall outcomes.</p> <p><b>Relevance to oral health:</b></p> <ul style="list-style-type: none"> <li>understanding general and systemic diseases helps dental professionals to recognise potential oral manifestations, for example, diabetes can lead to periodontal disease, while certain medications may cause xerostomia (dry mouth)</li> <li>oral health conditions can also serve as indicators of systemic diseases, for example, gum inflammation might signal diabetes or cardiovascular issues</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<p><b>Impact on clinical treatment:</b></p> <ul style="list-style-type: none"> <li>• dental treatment plans must consider a patient's overall health, for example, patients with bleeding disorders may require special precautions during oral surgery</li> <li>• medications used to manage systemic diseases can affect oral health</li> <li>• anticoagulants, for example, may influence bleeding during dental procedures</li> </ul> <p><b>Patient compliance and self-care:</b></p> <ul style="list-style-type: none"> <li>• educating patients about the relationship between systemic health and oral health is essential, compliance with treatment plans improves when patients understand the implications</li> <li>• patients with chronic diseases (for example, hypertension, arthritis) may struggle with self-care due to physical limitations, dental professionals must adapt recommendations accordingly</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• effective management of systemic diseases positively impacts oral health outcomes, for example, well-controlled diabetes reduces the risk of periodontal complications</li> <li>• conversely, poor oral health can exacerbate systemic conditions</li> <li>• chronic inflammation from periodontal disease may worsen cardiovascular health</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.5	<b>Task 4 (5)</b> Learners must explain psychological conditions and their relevance to and impact on clinical treatment, patient compliance, self-care and outcomes.	LO4 AC4.5	<p>Psychological conditions play a crucial role in clinical treatment, patient compliance, self-care, and outcomes. Here are some key points:</p> <p><b>Impact on clinical treatment:</b></p> <ul style="list-style-type: none"> <li>psychological conditions can affect how patients perceive and respond to treatment, for example: <ul style="list-style-type: none"> <li>anxiety or depression may lead to avoidance of medical appointments or reluctance to follow treatment plans</li> <li>psychotic disorders may influence medication adherence</li> <li>cognitive impairments can affect understanding of instructions or consent</li> <li>clinicians need to consider these factors when planning interventions and adjusting treatment approaches</li> </ul> </li> </ul> <p><b>Patient compliance:</b></p> <ul style="list-style-type: none"> <li>psychological conditions can significantly impact patient compliance: <ul style="list-style-type: none"> <li>depression or low motivation may lead to non-adherence to medication schedules</li> <li>substance-use disorders can interfere with treatment adherence</li> <li>anxiety may cause patients to avoid necessary procedures</li> <li>addressing psychological barriers is essential for improving compliance</li> </ul> </li> </ul> <p><b>Self-care:</b></p> <ul style="list-style-type: none"> <li>psychological wellbeing affects self-care practices: <ul style="list-style-type: none"> <li>patients with anxiety or depression may struggle with maintaining healthy habits (for example, exercise, diet)</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ chronic stress can weaken the immune system, affecting overall health</li> <li>○ self-care education should consider mental health aspects</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>● psychological conditions influence treatment outcomes: <ul style="list-style-type: none"> <li>○ positive mental health correlates with better recovery rates</li> <li>○ anxiety or stress can exacerbate physical symptoms</li> <li>○ addressing mental health alongside physical health improves overall outcomes</li> </ul> </li> </ul>			
4.6	<p><b>Task 4 (6)</b></p> <p>Learners must describe psychological and sociological concepts and theoretical frameworks of health, illness, behavioural changes and disease and how these are applied to clinical practice.</p>	LO4 AC4.6	<p><b>Health behaviours and determinants:</b></p> <p><b>Health behaviours</b> refers to actions or patterns that influence health outcomes. These can include exercise, diet, smoking, medication adherence, and stress management.</p> <p><b>Behaviour determinants</b> are factors that shape health behaviours. These determinants can be genetic, physiological, environmental, or social.</p> <p><b>Clinical application:</b></p> <ul style="list-style-type: none"> <li>● health professionals need education in behaviour change competencies to support individuals with chronic diseases effectively</li> <li>● interventions should consider both healthy behaviours and determinants, using evidence-based models and theories</li> <li>● communication, interdisciplinary collaboration, and training are essential for successful clinical practice in this area</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
				M	PM	NM
5.						
5.1	<b>Task 5 (1)</b> Learners must complete the table describing the diagnosis, prevention and management of: <ul style="list-style-type: none"> <li>• malignant lesions</li> <li>• potentially malignant lesions</li> </ul>	LO4 AC4.4  LO5 AC5.2	See <b>Table 23</b> below.			
5.2	<b>Task 5 (2)</b> Learners must complete the table giving examples of the named drugs/medications and their use in dentistry.	LO5 AC5.4	Learners must complete <b>Table 24</b> below.			
5.3	<b>Task 5 (3)</b> Learners must give <b>two</b> examples of disease and describe their diagnosis and how they are managed: <ul style="list-style-type: none"> <li>• the oral mucosa</li> <li>• soft tissue</li> <li>• facial pain</li> <li>• facial bones</li> <li>• facial joint</li> <li>• salivary glands</li> </ul>	LO5 AC5.3	Describe the diagnosis and management of diseases listed. Learners must give <b>two</b> examples. Responses should include the following:  <b>The oral mucosa:</b> <ul style="list-style-type: none"> <li>• candidiasis – Candida albicans: <ul style="list-style-type: none"> <li>○ diagnosed by visual examination/history</li> <li>○ treated with antifungal drugs</li> </ul> </li> <li>• denture stomatitis: <ul style="list-style-type: none"> <li>○ diagnosed by visual examination/history</li> <li>○ treated with antifungal drugs and the cleaning and disinfection of dentures</li> </ul> </li> <li>• angular cheilitis: <ul style="list-style-type: none"> <li>○ diagnosed by visual examination/history</li> </ul> </li> </ul>			



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ often seen with denture stomatitis</li> <li>○ treated with antifungal drugs</li> <li>○ may require new dentures to prevent lips from 'drooping'</li> <li>● cold sores – herpes labialis:               <ul style="list-style-type: none"> <li>○ diagnosed by visual examination/history</li> <li>○ treated with antiviral medication (before eruption)</li> </ul> </li> </ul> <p><b>Soft tissue:</b></p> <ul style="list-style-type: none"> <li>● leukoplakia – white patches:               <ul style="list-style-type: none"> <li>○ initial diagnosis by visual examination/history plus investigation on referral</li> <li>○ management by stopping smoking, reducing alcohol consumption and consuming a diet rich in fruit and vegetables</li> <li>○ removal of lesion under surgery</li> <li>○ potentially malignant so regular checks</li> </ul> </li> <li>● erythroplakia – red patches:               <ul style="list-style-type: none"> <li>○ initial diagnosis by visual examination/history plus investigation on referral</li> <li>○ management by stopping smoking, reducing alcohol consumption and consuming a diet rich in fruit and vegetables</li> <li>○ removal of lesion under surgery</li> <li>○ potentially malignant so regular checks</li> </ul> </li> <li>● lichen planus – uncertain cause – white lesions:               <ul style="list-style-type: none"> <li>○ initial diagnosis by visual examination/history</li> <li>○ treated with corticosteroids</li> <li>○ potentially malignant so regular checks</li> </ul> </li> <li>● ulcers diagnosed by visual examination/history:               <ul style="list-style-type: none"> <li>○ usually occur as an outcome of another cause such as trauma, systemic disease, cancer or drug reaction</li> </ul> </li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ treatment with corticosteroids may be provided</li> </ul> <p><b>Facial pain:</b></p> <ul style="list-style-type: none"> <li>• atypical idiopathic facial pain: <ul style="list-style-type: none"> <li>○ diagnosed by examination and radiological tests</li> <li>○ treated with antidepressants and cognitive behavioural therapies</li> </ul> </li> <li>• trigeminal neuralgia: <ul style="list-style-type: none"> <li>○ diagnosed by examination and radiological tests and scans</li> <li>○ treated with anticonvulsants</li> </ul> </li> <li>• odontogenic pain – may include migraine, neuralgia, referred pain <ul style="list-style-type: none"> <li>○ diagnosed from symptoms and history</li> <li>○ may require investigation rather than immediate treatment</li> <li>○ treatment may include standard analgesics</li> </ul> </li> </ul> <p><b>Facial bones:</b></p> <ul style="list-style-type: none"> <li>• dry socket – osteitis <ul style="list-style-type: none"> <li>○ diagnosed by visual examination/history</li> <li>○ treatment – socket irrigated to flush debris out and dressing applied</li> </ul> </li> <li>• osteonecrosis – cancer patients after radiotherapy <ul style="list-style-type: none"> <li>○ diagnosed by visual/radiological examination/history</li> <li>○ treat with antibiotics and analgesics, surgery may be needed</li> </ul> </li> </ul> <p><b>Facial joint:</b></p> <ul style="list-style-type: none"> <li>• temporomandibular pain dysfunction syndrome:</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<ul style="list-style-type: none"> <li>○ diagnosed by examination/history</li> <li>○ treated with plastic splints, advice or techniques to reduce stress, anti-inflammatories</li> </ul> <p><b>Salivary glands:</b></p> <ul style="list-style-type: none"> <li>• xerostomia: <ul style="list-style-type: none"> <li>○ dry mouth</li> <li>○ treated with mouthwash and artificial saliva sprays</li> </ul> </li> <li>• Sjögren's syndrome: <ul style="list-style-type: none"> <li>○ autoimmune disorder where the body starts to destroy own salivary glands</li> </ul> </li> <li>• ptyalism: <ul style="list-style-type: none"> <li>○ excessive salivation</li> </ul> </li> </ul>			
5.4	<p><b>Task 5 (4)</b></p> <p>Learners must identify dental development milestones and explain their significance.</p>	LO5 AC5.1	<p>Dental growth refers to the increase in size and the continuous emergence of teeth. It includes the entire process of tooth formation, eruption, and maturation.</p> <p>Dental development includes a combination of genetic and environmental factors and involves distinct stages that contribute to the overall structure and arrangement of the dentition. During children's oral development, significant milestones shape the foundation of their dental health.</p> <p>Dental growth starts with the appearance of primary teeth during infancy. It then progresses through a complete set of primary teeth and continues with permanent teeth. These include molars and wisdom teeth.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p>Dental development commences with tooth buds forming beneath the gums, moving through calcification, eruption, and maturation. Genetic factors, environmental elements, and nutritional support influence it. Dental development shapes not only the physical structure of the teeth but also their arrangement and overall wellbeing.</p> <p><b>Children's dental growth and development: stages up to adolescence</b></p> <p><b>Infancy (0 to 6 months)</b></p> <p>In the initial weeks of foetal development, tooth buds form beneath the gums. These buds are the precursors to primary teeth, even though they are not yet visible. The timing and sequence of tooth bud formation are affected by genetics. Although the eruption of primary teeth usually begins around 6 months, the teething process can start earlier.</p> <p><b>Teething (6 to 24 months)</b></p> <p>Subsequent teeth gradually appear until the child has a complete set of 20 primary teeth by age 2.</p> <p>Teething also coincides with the introduction of solid foods. Parents should be mindful of the child's diet, avoiding sugary snacks and encouraging the consumption of tooth-friendly foods. The link between nutrition and dental health becomes increasingly relevant during this stage.</p> <p>The teething stage allows parents to monitor the sequence and timing of tooth eruption.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Toddlerhood (2 to 3 years)</b></p> <p>Toddlerhood introduces the child to independent oral care practices. While manual dexterity develops, the focus is on instilling the habit of brushing daily.</p> <p>The eruption of a complete set of primary teeth coincides with transitioning to a more diverse diet. Parents play a role in influencing dietary choices by introducing various nutritious foods that support general health and dental wellbeing.</p> <p>Routine dental check-ups become part of the toddler's oral health journey. Dental professionals monitor tooth development, assess oral hygiene practices, and guide parents in maintaining a healthy oral environment for their children.</p> <p><b>Preschool (3 to 6 years)</b></p> <p>Preschoolers experience the ongoing eruption of primary teeth, contributing to the development of 20 primary teeth. This phase involves the emergence of molars, further enhancing the child's ability to chew and process various foods.</p> <p>Preschoolers can actively participate in oral hygiene practices as they gain more independence. Routine dental visits become more integral during the preschool years. Dental professionals offer preventive measures such as sealants to protect newly erupted molars from decay.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p><b>Mixed dentition (6 to 12 years)</b></p> <p>The mixed dentition stage, from 6 to 12 years, marks a transitional period where a child experiences the coexistence of primary and permanent teeth. This stage often prompts the need for orthodontic assessments.</p> <p>Dentists evaluate the alignment of teeth and jaw development, identifying any early signs of misalignment or malocclusion. Early interventions, such as orthodontic treatments, may be recommended to address potential issues.</p> <p>As permanent teeth increase, maintaining adequate oral hygiene practices becomes crucial. Children, with guidance from parents and dental professionals, should brush and floss regularly to prevent decay and ensure the health of both primary and permanent teeth.</p> <p><b>Adolescence (12 to 18 years)</b></p> <p>One significant aspect of adolescence is wisdom teeth eruption, also known as third molars. This process typically occurs in late adolescence and may bring challenges such as impaction, misalignment, or crowding.</p> <p>Regular dental check-ups are crucial during this period to monitor the development of wisdom teeth and address any issues promptly. Comprehensive orthodontic assessments are common during adolescence. Dentists evaluate the alignment of teeth, jaw structure, and bite functionality.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
5.				M	PM	NM
			<p>In cases of impaction or crowding, dentists may recommend wisdom teeth extraction to prevent complications such as infection, pain, or damage to adjacent teeth. Adolescents are encouraged to maintain diligent oral hygiene practices, including regular brushing, flossing, and mouthwash use.</p> <p>As the complete set of permanent teeth is in place, preserving their health and preventing issues like cavities or gum disease becomes paramount. Protective gear, including mouthguards, is emphasised for adolescents engaged in sports.</p>			

**Table 23:** task 5.1 diagnosis, prevention and management of malignant/potentially malignant lesions

	Signs and symptoms	Methods of diagnosis	Prevention	Management
<b>Malignant lesions</b>	<ul style="list-style-type: none"> <li>• ulcers that do not heal</li> <li>• pain in your mouth</li> <li>• red or white patches in your mouth or throat</li> <li>• difficulty swallowing</li> <li>• speech problems</li> <li>• a lump in your neck</li> <li>• weight loss</li> <li>• bad breath</li> <li>• a fungating growth with a cauliflower-like appearance</li> </ul>	Referral to oral surgery hospital, biopsy and scans using the 2-week turnaround process	Stop: <ul style="list-style-type: none"> <li>• smoking</li> <li>• high alcohol consumption</li> <li>• exposure to sunlight</li> <li>• a high-fat diet</li> </ul>	A combination of radiotherapy, chemotherapy and surgery
<b>Potentially malignant lesions</b>	<ul style="list-style-type: none"> <li>• oral soft tissue white patches</li> <li>• painless mouth ulcer in your mouth that lasts more than 3 weeks</li> <li>• an ulcer occurring beneath or on the side of the tongue or floor of the mouth</li> <li>• a red or white patch inside your mouth</li> <li>• a lump inside your mouth or on your lip</li> <li>• pain inside your mouth</li> </ul>	Referral to oral surgery hospital, biopsy and scans	Stop: <ul style="list-style-type: none"> <li>• smoking</li> <li>• high alcohol consumption</li> <li>• exposure to sunlight</li> <li>• a high-fat diet</li> </ul>	Regular reviews on suspect lesions, ulcers with no obvious cause



**Table 24:** task 5.2 examples of drugs/medications and their use in dentistry

Drug/medications	Examples	Use in dentistry
Analgesics	Paracetamol, ibuprofen, aspirin	Primarily to relieve pain
Antibiotics	Penicillin, amoxicillin, erythromycin, clindamycin, metronidazole	Used to fight infection
Antivirals	Acyclovir	Cold sores
Antifungals	Nystatin, miconazole	Thrush, oral candidiasis
Tranquilizers/hypnotics	Midazolam	Sedation and epileptic
Emergency drugs	Salbutamol, adrenaline, glucagon, glyceryl trinitrate (GTN) spray, aspirin, hydrocortisone, chlorphenamine, GlucoGel	Emergency life support

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
6.1	<p><b>Task 6 (1)</b> Learners must describe the structures and function of the respiratory and circulatory systems.</p> <p>Heart:</p> <ul style="list-style-type: none"> <li>• ventricles</li> <li>• atria</li> <li>• valves</li> <li>• coronary arteries</li> <li>• pulmonary artery/vein</li> </ul> <p>Lungs:</p> <ul style="list-style-type: none"> <li>• trachea</li> <li>• alveoli</li> </ul> <p>Blood vessels:</p> <ul style="list-style-type: none"> <li>• arteries</li> <li>• capillaries</li> </ul>	LO6 AC6.1	<p>The circulatory system is an enclosed loop of blood vessels. The heart is the main component of the circulatory system, connected by blood vessels to every tissue in the body. It pumps oxygenated blood from the lungs to the body and collects deoxygenated blood from the body and transports it to the lungs where waste product can be breathed out.</p> <p>The heart has four chambers: the upper two are the atria; the lower two are the ventricles.</p> <p>The right side of the heart transports only deoxygenated blood from the body to the lungs and the left side of the heart transports only oxygenated blood from the lungs to the rest of the body.</p> <p>Deoxygenated blood is collected from the whole body through veins and is transported to the right atrium via the inferior and superior venae cavae. As the heart beats, this blood is pumped through a one-way valve (tricuspid) and into the right ventricle. The next heartbeat pumps the blood out of the right ventricle and into the pulmonary artery, which takes it to the lungs for reoxygenation.</p> <p>Once oxygenated, blood returns to the left atrium through pulmonary veins and is pumped through the mitral valve into the left ventricle. The next heartbeat then pushes this blood out of the heart and into the aorta and back around the whole body to reoxygenate all cells and tissues so they can carry out their functions.</p> <p>Arteries take oxygenated blood around the body. The largest of these is the aorta. They gradually decrease in size the further from the heart they are. Capillaries are only one cell thick, allowing oxygen to be released into surrounding tissues.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<p>As oxygen passes out of the capillaries, the waste product (carbon dioxide) passes from surrounding tissue into the capillaries. This gas exchange is called internal respiration. Deoxygenated blood then travels through the capillaries into small veins (venules), and then into larger and the largest vein (venae cavae). At the same time, and with each heartbeat, deoxygenated blood in the right side of the heart is pumped to the lungs through the pulmonary artery (the only one that carries deoxygenated blood). Carbon dioxide is then released into the lungs so that blood is reoxygenated again. This gas exchange is called external respiration. Oxygenated blood then goes to the left side of the heart in the pulmonary veins so that it can be pumped around the rest of body (pulmonary circulation).</p> <p>The respiratory system functions are: inhalation of air, to provide oxygen for absorption into the circulatory system; expiration of the respiratory waste product (carbon dioxide) from the body; and filtering/warming inspired air, to remove foreign body particles and prevent lung tissues becoming irritated. The main components of the respiratory system are the two lungs, large air-filled sacs situated in the thorax.</p> <p>The exchange of oxygen and carbon dioxide occurs within the alveoli – microscopic air-filled sacs which are surrounded by capillaries from the two pulmonary arteries. These vessels transport deoxygenated blood from the body to the alveoli, via the right side of the heart. Deoxygenated blood taken to the lungs contains carbon dioxide dissolved in plasma; it serves no function for the body and too much can be dangerous. It passes out of the capillaries into the alveoli and is then exhaled with each breath. At the same time, oxygen passes from the alveoli into the lung capillaries and binds itself to haemoglobin in the red blood cells. Carbon dioxide is released from the lungs and oxygen is taken into the lungs by the trachea. The main function of the trachea is to provide a clear airway for air to enter and exit the</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			lungs. In addition, the epithelium lining within the trachea produces mucus that traps dust and other contaminants and prevents it from reaching the lungs.			
6.2	<b>Task 6 (2)</b> Learners must explain the changes in human respiratory and circulatory systems and state any disorders of the respiratory system that are relevant to the dental team: <ul style="list-style-type: none"> <li>breathing/respiratory rate</li> <li>heart rate</li> </ul>	LO6 AC6.1	<p>The normal <b>respiratory rate</b> for an adult at rest is 12 to 20 breaths per minute. Anything under 12 or over 25 is considered abnormal. There are several disorders of the respiratory system that are relevant to the dental team.</p> <p><b>Bronchial asthma</b></p> <p>Hypersensitivity to response to inhaled particles that compromises the patients' breathing by constricting their airways, making exhalation particularly difficult to achieve. Asthma attacks due to nervousness can also be triggered by the dentist, and patients may carry inhalers on them. It is also important to note that some non-steroidal anti-inflammatory drugs can exacerbate asthma.</p> <p><b>Anaphylaxis</b></p> <p>Severe allergic reaction which catastrophically shuts down the airways, preventing adequate breathing and tissue reoxygenation. Death can quickly occur through suffocation or cardiac arrest.</p> <p><b>Bronchitis</b></p> <p>Inflammation of bronchi following a respiratory infection or more usually a slow-onset disease, especially in smokers and those living in heavily industrialised areas. Acute sufferers are unlikely to be seen in the workplace as they are often bed-bound with the short-lived illness. Chronic sufferers' airways become increasingly narrowed and lots of sputum is coughed up. Sufferers are also prone</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<p>to chest infections which further damage and compromise their breathing. Sufferers are not suitable for treatment which is undergone with conscious sedation.</p> <p><b>Emphysema</b></p> <p>Characterised by abnormal widening and enlargement of the alveoli, preventing the adequate gaseous transfer that occurs during external respiration without additional help of supplemental oxygen. Occurs in response to inhaled pollutants. If it goes in hand with bronchitis, it is known as chronic obstructive pulmonary disease.</p> <p><b>Inhaled foreign body</b></p> <p>Can occur at any time but during treatment dental patients could inhale fine instruments, and when laying in the supine position patients can be particularly vulnerable. If something is inhaled, it often falls into the right bronchus in a near vertical line with the trachea. The patient will begin to choke as the object passes into the laryngeal region of the throat, and if it passes further into the chest, they may require surgery.</p> <p><b>Heart rate</b></p> <p>The normal resting rate for an adult is 60 to 100 beats per minute. A lower heart rate at rest suggests a more efficient heart function and better cardiovascular fitness.</p> <p>During dental treatment, the disclosure of heart conditions, blood disorders and certain medications should all raise flags for dental personnel to be aware of when treating a patient.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<p><b>Relevant disorders of the circulatory system for the dental team are detailed below.</b></p> <p><b>Heart failure</b></p> <p>Occurs when pumping efficiency of the heart is inadequate. May involve one or both ventricles. It occurs either due to a problem with the heart itself or due to a medical condition that increases how much work the heart must do to pump blood around the body.</p> <p>Problems due to the heart itself are: myocardial infraction (heart attack), myocarditis (inflammation of the heart muscle due to a virus), and valvular disease, which can affect any of the four heart valves so that filling or emptying the heart is inadequate.</p> <p>Problems due to a medical condition are: <b>angina</b> (reduced blood flow to the heart caused by narrowing and partial blockage of the coronary arteries, which supply the heart itself, due to the presence of fatty deposits); <b>renal failure</b> (where kidneys fail, and sufferers cannot remove sufficient waste fluids from their body; fluid retention causes blood/fluid volume to increase, and the heart must work harder to pump it around) ; and <b>hypertension</b> (raised blood pressure at rest, the heart must pump more strongly to move blood from the left ventricle into the aorta and the cardiac muscle becomes strained).</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			<p><b>Cardiac arrest</b></p> <p>Sudden failure of the heart to beat at all (asystole) or to beat rapidly but ineffectively without pumping the blood (fibrillation). It can also occur due to respiratory arrest, electrocution, severe blood loss, drug overdose or even severe anxiety.</p> <p><b>Rheumatic fever</b></p> <p>Occurs when the patient has suffered a previous illness that has damaged the heart valves. Future episodes of bacteria in the blood (can occur with invasive dental procedures) can cause inflammation of the inside of the heart, leading to possibly fatal consequences.</p> <p><b>Anaemias</b></p> <p>A group of disorders which affect the oxygen-carrying capacity of red blood cells so that insufficient oxygen reaches body tissues. Patients may be prone to fainting. Dental treatments which require sedation or general anaesthetic (those that lower the respiratory rate of the patient) could become life threatening in combination with an anaemic condition where tissue oxygenation becomes dangerously low.</p> <p><b>Haemorrhage</b></p> <p>Excessive bleeding may occur in patients with clotting disorders or in patients prone to thrombus formation who have been prescribed anticlotting medications (for example, aspirin, warfarin, clopidogrel). Routine dental treatments, such as extractions, could become life threatening to these patients as uncontrolled and</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 11 LO/AC	Response required	Assessor mark		
6.				M	PM	NM
			huge blood loss can occur. This is why it is important that medical history sheets are checked and updated by patients and thoroughly checked by the dentist.			
6.3	<b>Task 6 (3)</b> Learners must describe what the nervous system is composed of.	LO6 AC6.1	The nervous system is composed of the following parts: <ul style="list-style-type: none"> <li>the brain and spinal cord – forming the central nervous system</li> <li>the peripheral nerves, automatic nerves, and enteric nerves – forming the peripheral nervous system</li> <li>the sensory organs of the eyes (sight), ears (hearing), tongue (taste) and nose (smell)</li> </ul>			
6.4	<b>Task 6 (4)</b> Learners must describe the digestive system.	LO6 AC6.1	The digestive system consists of the gastrointestinal tract and the accessory organs of digestion (the tongue, salivary glands, pancreas, liver and gallbladder). Digestion involves the breakdown of food into smaller and smaller components, until they can be absorbed and assimilated into the body. The process has many stages, the first of which starts in the mouth.			



**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....

**CORE DN 12: First aid essentials (T/650/8114)**

<b>Unit summary</b>	The purpose of this unit is to assess the knowledge, skills and behaviours required to deal with the range of emergencies requiring first aid in the workplace.
<b>Guided learning hours</b>	25
<b>Level</b>	3
<b>Mandatory/optional</b>	Mandatory
<b>Assessment</b>	This unit is both internally and externally assessed.

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
1.				M	PM	NM
1.1	<b>Task 1 (1)</b> Learners must identify potential medical emergencies that could take place in the surgery.	LO1 AC1.1	Responses could include the following: <ul style="list-style-type: none"> <li>fainting</li> <li>diabetic coma (hypoglycaemia, hyperglycaemia)</li> <li>asthma attack</li> <li>angina/myocardial infarction</li> <li>epileptic seizure</li> <li>respiratory arrest</li> <li>cardiac arrest</li> <li>choking</li> <li>anaphylaxis</li> </ul>			
1.2	<b>Task 1 (2)</b> Learners must explain action to take in response to medical emergencies.	LO1 AC1.2	<ul style="list-style-type: none"> <li>stop what you are doing immediately and assess the situation; get emergency drugs kit, emergency oxygen and defibrillator; call 999</li> <li>get a colleague to review patients' medical history for information</li> <li>decide on course of action (for example, if cardiopulmonary resuscitation (CPR) is needed) and start the process</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.1	<b>Task 2 (1)</b> Learners must carry out research at their surgery to find out who the first aider is and what their role is during a first aid emergency.	LO2 AC2.1	<p>Responses must include the following:</p> <p><b>Who is the first aider?</b></p> <p>Learners provide the name (or position, if anonymity is preferred).</p> <p><b>What is the first aider's role during a first aid emergency?</b></p> <p>The role of a first aider is to provide immediate, life-saving medical care before the arrival of further medical help. This could include performing procedures such as:</p> <ul style="list-style-type: none"> <li>• placing an unconscious casualty into the recovery position</li> <li>• performing CPR</li> <li>• using an automated external defibrillator</li> <li>• stopping bleeding using pressure</li> <li>• keeping a fractured limb still</li> </ul> <p>A first aider's overall aim should be to preserve life.</p> <p>Other aims of first aid include preventing the worsening of the casualty's condition and promoting recovery (preserve, prevent and promote (3 Ps)).</p> <p>A first aider has various responsibilities when dealing with an emergency situation.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
			<p><b>A first aider should:</b></p> <ul style="list-style-type: none"> <li>• manage the incident and ensure the continuing safety of themselves, bystanders and the casualty</li> <li>• assess casualties and find out the nature and cause of their injuries</li> <li>• arrange for further medical help or other emergency services to attend (for example, the fire service)</li> <li>• if trained, prioritise casualties based upon medical need</li> <li>• provide appropriate first aid treatment as trained</li> <li>• if able, make notes/observations of casualties</li> <li>• fill out any paperwork as required</li> <li>• provide a handover when further medical help arrives</li> </ul>			
2.2	<p><b>Task 2 (2)</b> Learners must explain how they would minimise the risk of infection, to themselves and the patient, when performing first aid.</p>	LO2 AC2.2	<p><b>Minimise risk of cross-infection when performing first aid:</b></p> <ul style="list-style-type: none"> <li>• ask the patient to place pressure on an open wound</li> <li>• use a pocket mask with one-way valve or mouth shield</li> <li>• use personal protective equipment (PPE)</li> <li>• do not perform mouth to mouth without a barrier</li> </ul>			
2.3	<p><b>Task 2 (3)</b> Learners must explain how they would obtain consent to perform first aid.</p>	LO2 AC2.3	<p><b>Obtain consent to perform first aid:</b></p> <ul style="list-style-type: none"> <li>• ask the patient, if they are responsive</li> <li>• ask anyone with the patient</li> <li>• assume consent when no alternative (best interests of patient)</li> <li>• always speak to the casualty explaining what you are doing even if they are unresponsive (hearing is the last sense to go)</li> </ul> <p>Touching a patient without consent is classed as assault.</p>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
2.				M	PM	NM
2.4	<b>Task 2 (4)</b> Learners must identify and list the first aid equipment and emergency drugs that should be available and explain what each one is used for.	LO2 AC2.4	<b>Emergency first aid equipment and emergency drugs and their use</b>  <b>Equipment:</b> <ul style="list-style-type: none"> <li>portable oxygen cylinder</li> <li>oxygen face mask with tubing</li> <li>oropharyngeal airways (size 1, 2, 3, 4)</li> <li>self-inflating bag, mask with oxygen reservoir, child and adult mask</li> <li>pocket mask with oxygen port</li> <li>portable suction</li> <li>single-use syringes and needles</li> <li>spacer device for inhaled bronchodilators</li> <li>automated blood glucose measurement device</li> <li>automated external defibrillator</li> </ul> <b>Emergency drugs in emergency kit:</b> <ul style="list-style-type: none"> <li>glyceryl trinitrate spray (angina)</li> <li>salbutamol aerosol inhaler (asthma)</li> <li>adrenaline injection (anaphylaxis)</li> <li>glucagon injection (hypoglycaemia)</li> <li>aspirin dispersible (myocardial infarction)</li> <li>oral glucose/tablet/powder/gel (hypoglycaemia)</li> <li>midazolam (seizure)</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
<b>2.</b>				<b>M</b>	<b>PM</b>	<b>NM</b>
2.5	<b>Task 2 (5)</b> Learners must describe the safe use of first aid equipment.	LO2 AC2.5	<p>Please refer to the <a href="#">NHS website</a> for up-to-date information about the safe use of first aid equipment.</p> <ul style="list-style-type: none"> <li>all equipment must be regularly checked to ensure correct functioning</li> <li>drugs should have expiry dates checked and be replaced when necessary</li> <li>following an emergency, all equipment and drugs must be replenished</li> <li>all packaging on dressings must be checked to ensure they are intact</li> </ul>			
2.6	<b>Task 2 (6)</b> Learners must explain safe working practices for first aid and medical emergencies in line with organisational and legal requirements.	LO2 AC2.6	<p>Ensure:</p> <ul style="list-style-type: none"> <li>first aid box is complete, checked routinely and in date</li> <li>qualified first aiders are available on site</li> <li>medical emergency kit is complete and in date</li> <li>equipment servicing is completed and recorded</li> <li>annual basic life support (BLS) training is completed by the team but they work within own remit of competence</li> <li>manufacturer's instructions are followed</li> </ul>			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
<b>3.</b>				<b>M</b>	<b>PM</b>	<b>NM</b>
3.1	<b>Task (3) 1</b> Learners must design a first aid booklet for the staff at their practice. They must use diagrams and make it		Please refer to the <a href="#">NHS website</a> for up-to-date information about first aid.			

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
				M	PM	NM
3.	attractive. It must include the following:					
	<ul style="list-style-type: none"> <li>how to conduct a scene survey</li> </ul>	AC3.1				
	<ul style="list-style-type: none"> <li>how to conduct a primary survey of a casualty</li> </ul>	AC3.2				
	<ul style="list-style-type: none"> <li>when and how to call for help</li> </ul>	AC3.3				
	<ul style="list-style-type: none"> <li>how to assess consciousness</li> </ul>	AC4.1				
	<ul style="list-style-type: none"> <li>how to assess and open an airway</li> </ul>	AC4.2				
	<ul style="list-style-type: none"> <li>when and how to place the patient into the recovery position</li> </ul>	AC4.3 AC4.4				
	<ul style="list-style-type: none"> <li>how to manage a seizure</li> </ul>	AC4.5				
	<ul style="list-style-type: none"> <li>when and how to do cardiopulmonary resuscitation (CPR)</li> </ul>	AC5.1				
	<ul style="list-style-type: none"> <li>the accepted modifications to CPR for children</li> </ul>	AC5.2 and AC5.3				
	<ul style="list-style-type: none"> <li>identifying and treating partially and completely blocked airways</li> </ul>	AC6.1				

No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
3.				M	PM	NM
	<ul style="list-style-type: none"> <li>how to administer first aid to a casualty who is choking</li> </ul>	AC6.2				
	<ul style="list-style-type: none"> <li>the types of external bleeding</li> </ul>	AC7.1				
	<ul style="list-style-type: none"> <li>dealing with external bleeding</li> </ul>	AC7.2				
	<ul style="list-style-type: none"> <li>recognising the symptoms of and treating shock</li> </ul>	AC8.1 to AC8.2				
	<ul style="list-style-type: none"> <li>treating small cuts, grazes and bruises</li> </ul>	AC9.1				
	<ul style="list-style-type: none"> <li>treating minor burns and scalds</li> </ul>	AC9.2				
	<ul style="list-style-type: none"> <li>treating small splinters</li> </ul>	AC9.3				



No	Task (links to tasks within Internal Assessment Tasks)	CORE DN 12 LO/AC	Response required	Assessor mark		
4.				M	PM	NM
4.1	<b>Task 4 (1)</b> Assessor to stage a <b>simulation</b> of a casualty who: <ul style="list-style-type: none"> <li>• has collapsed</li> <li>• is unconscious but breathing</li> <li>• is unconscious and not breathing</li> <li>• is having a seizure</li> <li>• is in shock</li> </ul> Resources needed: <ul style="list-style-type: none"> <li>• child/adult manikin</li> <li>• volunteer to do the recovery position</li> </ul>	LO3 LO4 LO5 LO6 LO7 LO8	Learner must complete the following simulations.  Assessor must observe learners competently: <ul style="list-style-type: none"> <li>• conduct a scene survey</li> <li>• carry out a primary survey</li> <li>• assess a casualty's level of consciousness</li> <li>• open a casualty's airway and check breathing</li> <li>• identify when and how to place a casualty in the recovery position</li> <li>• perform CPR on a child/adult</li> <li>• treat a casualty in shock</li> <li>• treat a casualty who is having a seizure</li> <li>• administer first aid to a casualty who is choking</li> <li>• demonstrate how to control external bleeding</li> </ul>			

**Assessor comments/feedback/action plan:**

Name of learner: .....

Name of assessor: ..... Signature of assessor: ..... Date: .....

## Section 3: documents

### Useful documents

The completion of monthly records of clinical experience is **mandatory**. In addition, we have produced marking templates for observations and optional tasks. We have also provided a framework document for the learner's portfolio. Centres may design their own learner portfolios which comply with our framework.

Refer to the Appendices document and this Assessment Specification for:

- Learner Portfolio (framework provided) (appendix H)
- Clinical Experience Monthly Record (appendix I)
- observation marking templates (Skills-Based Outcomes Observation Tracker)
- optional task marking templates (Assessment Specification)

The following support materials are available to assist with the delivery of this qualification and are available on the NCFE website:

- Qualification Factsheet
- Internal Assessment Tasks
- Qualification Approval and External Quality Assurance Reviews
- Appendices, Policies and Statements
- Knowledge, Skills and Behaviours (KSBs) Mapping
- Sample Assessment Materials (SAMs) - question papers and answer keys

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Version 1.0 July 2025

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