

Level 3 NVQ in Oral Health Care: Dental Nursing (3231-23/83)

Standards and assessment requirements

500/2906/X



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1 Introduction

About this document

This document provides details that centres and candidates will need in order to assess, verify and collect evidence for this NVQ qualification and includes:

- the requirements for occupational competence for all those involved in the assessment process
- the assessment methods and requirements
- the national occupational standards and unit evidence requirements
- progression routes.

2 About the qualification

Background to the National Occupational Standards (NOS) development

This new qualification has been developed to reflect changes and additions to keep it up-to-date with current practices. It replaces the Level 3 NVQ in Oral Health: Dental Nursing (3231-13/93) and has been especially designed with full input from sector stakeholders including Skills for Health, National Examination Board for Dental Nurses (NEBDN) and the General Dental Council to meet the needs of dental nurses.

Contacting the Sector Skills Council

The Sector Skills Council (SSC) responsible for having developed the National Occupational Standards (NOS) on which this NVQ is based is:

Name of SSC	Skills for Health
Address	2nd Floor Goldsmiths House Broad Plain Bristol BS2 0JP
Telephone	0117 922 1155
Fax	0117 925 1800
e-mail	office@skillsforhealth.org.uk
URL	www.skillsforhealth.org.uk

Imported units

The ENTO A unit in this NVQ have been imported from the National Occupational Standards (NOS) developed by another Standards Setting Body (SSB).

Other sources of essential information

This document has been designed to be used with the City & Guilds NVQ Guide which is made up of:

- *Centre guide* – containing information specifically for centres (EN-12-0001)
- *Candidate guide* – containing information specifically for candidates (TS-12-0001)
- *Recording forms* – containing a set of recording forms that centres and candidates may use for recording assessments and evidence. (TS-33-0001)

Visit the City & Guilds website (**www.cityandguilds.com**) for the latest versions of these documents.

There are also other City & Guilds documents which contain the latest information regarding the assessment of NVQs:

- *Providing City & Guilds qualifications – a guide to centre and qualification (scheme) approval*
- *Ensuring quality* - containing updates on assessment and policy issues
- *City & Guilds centre toolkit* – additional information on running City & Guilds qualifications is given in a CD-ROM, which links to the internet for access to the latest documents, reference materials and templates.
- *Guidance Updates and Monthly News*- these provide the latest information relating to qualifications

Details of general regulations, registration and certification procedures, including fees, are included in the City & Guilds *Online Catalogue*. This information appears on the online qualification administration service for City & Guilds approved centres and the Walled Garden at www.walled-garden.com.

If there are any differences between the *NVQ Centre Guide* or the *NVQ Candidate Guide* and this *Standards and Assessment Requirements* document, this document has the more up-to-date information.

3 Candidate entry requirements and progression

Candidate work role requirements

This qualification focuses on direct chair side work and support during a range of dental treatments: the worker would need to have considerable knowledge and skills in relation to dental equipment, instruments and materials and be able to work as a key member of the oral healthcare team.

Dental nurses are employed in the following range of contexts:

- dental practices, whether they gain their resourcing through NHS or private work, or a mixture of the two
- community dental services
- personal dental services
- hospitals
- dental corporate bodies
- the armed services
- industry.

Candidate entry requirements

Candidates do not need any formal qualifications to do this NVQ, but must currently be working in an oral health care setting.

Because there are no formal entry requirements for candidates undertaking this qualification, centres must ensure that candidates have the potential and opportunity to gain evidence for the qualification in the work place.

Age restrictions

This NVQ is not approved for the use of those who are under 16 years of age.

Progression routes

There are currently a number of progression routes open to dental nurses. They may move into:

- specialist dental nursing roles
- dental hygiene or therapy
- dental technology
- teaching dental nursing
- dental practice management.

Dental nurses may also progress into other aspects of dental training like hygienists and therapists. Dental nurses who wish to progress into dentistry would have to complete an access course if they did not possess the requisite grades at Advanced Level.

4 Centre resource requirements

4.1 Centre, qualification and fast track approval

Centres not yet approved by City & Guilds

To offer this qualification, new centres will need to gain both **centre and qualification approval**. *Please refer to the Centre guide and Providing City & Guilds Qualifications for further information.*

Existing City & Guilds centres

To offer this qualifications, centres already approved to deliver City & Guilds qualifications will need to gain **qualification approval**. *Please refer the Centre guide and Providing City & Guilds Qualifications for further information.*

Centres already offering City & Guilds qualifications in this subject area

Centres approved to offer the qualification Level 3 NVQ in Oral Health: Dental Nursing (3231-31/93) may apply for approval for the new Level 3 NVQ in Dental Nursing (3231-23/83) using the **fast track form**, available from the regional/national office or City & Guilds website.

Centres may apply to use offer the new qualification using the fast track form

- providing there have been no changes to the way the qualifications are delivered, and
- if they meet all of the approval criteria specified in the fast track form guidance notes.

Fast track approval is available for 12 months from the launch of the qualification. After this time, the qualification is subject to the **standard** Qualification Approval Process. It is the centre's responsibility to check that fast track approval is still current at the time of application.

4 Centre Resource Requirements

4.2 Centre Resources

Facilities and equipment

The NVQ in Dental Nursing requires checks to be made that dental practices have specific instruments available.

Registration period

Please check the *Online Catalogue* for the latest information on length of registration and the last registration and certification dates.

Where the period of access to assessment offered by a centre is less than the period covered by the candidates' registration with City & Guilds, centres must ensure that this is understood by the candidates.

5 Assessment method requirements

This guidance is based on and amplifies the assessment strategy developed for the NVQ in Dental Nursing (Level 3) by Skills for Health.

External quality control

External quality control is provided by the usual City & Guilds external verification process which includes the use of the electronically scannable report form which is designed to provide an objective risk analysis of individual centre assessment and verification practice.

Imported units

HSC33 is also a core unit of competence in both the Health Awards and the Health and Social Care Awards 2004.

CHS36 is also a unit of competence in the Health Awards 2004.

Candidates who have already achieved an imported unit within another qualification can claim the unit within this qualification. The original certificates for the imported units would need to be supplied by the candidates. These must be photocopied and signed and dated by the assessor and kept in the candidate's portfolio. External verifiers will carry out checks to ensure centres have appropriately applied this process.

Accreditation of Prior Experience and Learning (APEL)

Some candidates for this qualification may have undertaken training in the past and will be experienced in Dental Nursing. Therefore all centres delivering the qualification should provide the opportunity for candidates' prior experience and learning to be assessed and accredited. This should form part of the candidates' initial assessment.

Should any opportunities for APEL be identified it is important that a complete **process** of accreditation of prior experience and learning is undertaken by ensuring that:

- it covers relevant or appropriate experience for previous activities as well as accredited learning and qualifications
- it is incorporated into the assessment planning with details of how this will take place
- mapping of prior learning to the National Occupational Standards to identify gaps is documented and auditable
- assessment methods or processes for accreditation of prior experience and learning are documented and made available to the external verifier
- the audit trail covers the whole process and methodology of Accreditation of Prior Experience and Learning
- the authenticity and currency of presented evidence is established by the assessor.
- where observation or expert witness testimony is a unit assessment method requirement, this activity is undertaken after candidate registration for the qualification.

In considering the appropriateness of any single piece of **evidence** the following should be considered:

- **Content** – the degree to which the content of any previous accredited learning meets the requirements of the National Occupational Standards against which it is being presented as evidence.
- **Comprehensiveness of Assessment** – ensure that all learning derived for the content has been assessed. If only a proportion has been assessed, then the learning for the 'non-tested' areas cannot be assumed.

- **Level** – the degree to which the level of learning offered and tested, related to that required by the Dental Nursing NVQ.
- **Performance and Knowledge** – the degree to which the previous learning covered both performance and knowledge. Some learning will only have offered and tested the latter, in which case the Accreditation of Prior Learning can only cover this aspect. Performance will require further assessment. Although unlikely, the reverse (performance tested but not knowledge) could be true in which case knowledge and understanding would need further assessment.
- **Model of Learning** – difficulties can arise in mapping learning gained from non-competence based learning programmes into competence based models.
- **Relevance of Context** – the degree to which the context of the learning gained and assessed relates to the current context of candidates' work roles. If the context was different, assessors will need to satisfy themselves of candidates' ability to transfer the learning gained into their current setting.
- **Currency** – how recently the learning was gained. Candidates would need to demonstrate current knowledge and understanding of areas such as legislation, policy and practice etc, which may have changed since the previous learning programmes was undertaken.
- **Authenticity** – how the ownership of the evidence is established to ensure it was generated by the candidate.

Performance evidence requirements

Usually evidence of candidate performance will be derived from assessor observation and/or testimony from an expert witness of the candidate carrying out work activities in the workplace. Detailed additional guidance is provided on a unit basis for the use of these or other performance assessment methods.

Knowledge evidence requirements

The knowledge evidence requirements are specified in the units

Summary of Assessment Requirements

The Summary of Assessment Requirements (Appendix 4) outlines the assessment methods acceptable for each unit.

Simulation

Simulation is allowed for unit 303 Provide Basic Life Support (CHS36) and Unit 305 Offer information and support to individuals on the protection of their oral health (OH2). Simulations should only be undertaken in the minority of cases, where the candidate is unable to complete the standards because of the lack of opportunity within their practice i.e.

- Where performance is critical but events occur infrequently and yet a high degree of confidence is needed that the candidate would act appropriately - for example (i) where there is a high risk of harm or abuse to the individuals, key people in their lives and others, (ii) where events such as medical emergencies (such as cardiac arrest) occur and competence is vital to ensure best practice and results (iii) where cash is being handled when this does not happen routinely in the workplace.
- Where performance is critical, happens frequently but where there is risk of harm to the candidate or service user in a real situation, for example, dealing with aggressive or abusive situations (although evidence from direct observation should be used where possible).

Where simulations are used they must replicate working activities in realistic (but not necessarily actual) workplace environments.

The Summary of Assessment Requirements (Appendix 2) outlines units in which simulation is allowed.

6 Roles and occupational expertise requirements

Assessors

Assessors should be one of the following:

- a dentist who holds a qualification recognised by the GDC for registration
- a dental nurse who holds a qualification recognised by the GDC for registration and who can demonstrate ongoing occupational competence
- those Dental Care Professionals Complementary to Dentistry (DCPs) who are competent in the area of practice to which the national occupational standards apply and who hold a qualification recognised by the GDC for enrolment or statutory registration when it comes into effect (eg dental hygienists, dental therapists, dental technologists)
- those professionals who are competent in the area of practice to which the national occupational standards apply and who hold a qualification recognised by another UK regulatory body in health and social care (eg anaesthetists, radiographers).

Assessors must hold or be working towards the appropriate assessor qualification or A1 unit.

Assessors who are not yet qualified against the appropriate 'A' competences but have the necessary occupational competence and experience, can be supported by a qualified assessor who does not necessarily have the occupational expertise or experience, but must have occupational competence across some competences, a relevant occupational background and an appropriate assessor qualification.

Co-ordinating assessors

In order that the requirements for occupational competence of assessors and expert witnesses can be met while allowing flexibility of delivery, candidates may have more than one assessor or expert witness involved in the assessment process.

Where more than one assessor or expert witness is involved, there must be a named assessor who is responsible for the overall co-ordination of the assessment for each candidate.

Co-ordinating assessors will be responsible for integrating, planning and directing assessment for the whole qualification. Co-ordinating assessors must ensure that the best use is made of all available evidence and will make the final judgement of competence in each unit where other assessors or expert witnesses have been involved

The co-ordinating assessor must be a qualified assessor, who is occupationally competent, occupationally experienced and experienced in the assessment of NVQs.

It is expected that co-ordinating assessors will work closely with internal verifiers to ensure standardised practice and judgements within the assessment process.

Expert witnesses

The use of expert witnesses is encouraged as a contribution to the assessment of evidence of the candidate's competence.

The expert witness must have:

- the same vocational expertise as assessors

- a working knowledge of NOS for the competences on which their expertise is based
- current expertise and occupational competence i.e. within the last two years, either as a dental nurse, dental practitioner or oral health manager. This experience should be credible and clearly demonstrable through continuing learning and development.

The role of the expert witness is to provide testimony to the competence of the candidate in meeting the National Occupational Standards identified in any given unit. This testimony must directly relate to candidate performance in the work place which has been seen by the expert witness.

All expert witnesses must be inducted by the centre so that they are familiar with the standards for those units for which they are to provide expert witness testimony. They must also understand the centre's recording requirements and will need guidance on the skills required to provide testimony for the National Occupational Standards.

It is not necessary for expert witnesses to hold assessor qualifications as a qualified assessor must decide upon the acceptability of all evidence sources, including Expert Witness Testimony.

Internal verifier

Internal verifiers must:

- be occupationally knowledgeable in respect of the competences they are going to verify prior to commencing the role. It is crucial that internal verifiers understand the nature and context of the assessors' work and that of their candidates due to the critical nature of the work and the legal and other implications of the assessment process
- have working knowledge of dental settings, the regulation, legislation and codes of practice for the service (where applicable), and the requirements of national standards at the time any assessment is taking place
- occupy a position that gives them authority and resources to co-ordinate the work of assessors, provide authoritative advice, call meetings as appropriate, visit and observe assessments and carry out all the other internal verification roles as defined by the relevant national occupational standard
- hold, or be working towards, the appropriate IV qualification - achievement of the qualification must be within appropriate timescales.

Internal verifiers who are not yet qualified against the appropriate V1 competences but have the necessary occupational competence and experience, can be supported by a qualified internal verifier who does not necessarily have the particular occupational expertise or experience. However, the supporting internal verifier must have relevant occupational expertise as a practitioner, manager or trainer. This can also be used as a method of supporting the accreditation of trainee internal verifiers.

Continuous Professional Development requirements

City & Guilds expects all those with formal roles in the assessment or verification process to participate in a minimum of two CPD activities per annum. This can be to update either vocational skills / knowledge or assessment/verification skills/knowledge. This may be achieved in a variety of ways such as attendance at conferences; City & Guilds Care, Health and Community Quality Improvement workshops' centre updating and standardisation events. The centre should maintain records of CPD activity on an individual assessor/internal verifier basis, thereby providing evidence for the external verifier.

7 Recording assessment and evidence

7.1 Data protection and confidentiality

Data protection and confidentiality

Data protection and confidentiality must not be overlooked when assessing candidates.

Centres offering this NVQ may need to provide City & Guilds with personal data for staff and candidates. Guidance on data protection and the obligations of City & Guilds and centres are explained in *Providing City & Guilds qualifications*.

Protecting identity

It is extremely important to protect the identity of individuals (adults or children) encountered by candidates in the work setting, eg patients.

Confidential information must not be included in candidate portfolios or assessment records. Confidential information should remain in its usual location, and a reference should be made to it in the portfolio or assessment records.

7 Record assessment and evidence

7.2 Recording forms to use

Recording forms for NVQ candidate portfolios

City & Guilds has developed *Recording forms* including examples of completed forms, for new and existing centres to use as appropriate (see NVQ Guide for centres and candidates. Recording forms, available on the City & Guilds website). Although it is expected that new centres will use these forms, centres may devise or customise alternative forms, which must be approved for use by the external verifier, before they are used by NVQ candidates and assessors at the centre. City & Guilds also endorses the electronic recording systems Quick Step and Paper Free.

Alternatively, City & Guilds endorses a number of electronic recording systems. For details, see www.smartscreen.co.uk/e-portfolios.

*Forms 5, 6, 7, 8, 10, 11 and 12, or approved alternatives, are a requirement. The other forms have been designed to help the assessment and recording process. Some NVQ awards may also offer customised, alternative or additional forms which will be detailed in the relevant NVQ *Standards and assessment requirements* document.

Candidate and centre details (Form NVQ1)

Form used to record candidate and centre details and the NVQ being assessed. This should be the first page of the candidate portfolio.

Contact details and signatures (Form NVQ2)

Form used to record details and signatures of assessor(s) and internal verifier(s).

Candidate résumé (Form NVQ3)

Form used if the candidate does not have an appropriate Curriculum Vitae (CV) for inclusion in the portfolio.

Skill scan (Form NVQ4)

Form used to record the candidate's existing skills and knowledge.

Expert/witness status list (Form NVQ5)*

Form used to record the details of all those who have witnessed candidate evidence.

Assessment plan, review and feedback form (Form NVQ6)*

Form used to record unit assessment plans, reviews and feedback to the candidate. The form allows for a dated, ongoing record to be developed.

plus example completed form

Performance evidence record (Form NVQ7)*

Form used to record details of activities observed, witnessed or for which a reflective account has been produced. For some NVQs, an alternative record may be provided in the *Standards and assessment requirements* document.

plus example completed form

Questioning record (Form NVQ8)*

Form used to record the focus of, and responses to, assessor devised questions. (For NVQs which use question banks or online testing, the location of this evidence should be recorded on Form NVQ10). *plus example completed form*

Professional discussion record (Form NVQ9)

Form used to record the scope and outcome of professional discussion if it is used.

Evidence location and summary sheet (Form NVQ10)*

Form used to identify what requirements each piece of evidence covers and where it is located, including questioning records which are held elsewhere (for example, because they were conducted online). There are two versions of this form to reflect different styles of NVQ standards.

plus example completed form

Unit assessment and verification declaration (Form NVQ11)*

Form used on completion of each unit to meet the QCA requirement for a statement on authenticity. If this form is **not** used, there must be a written declaration, at unit level, signed by the assessor and the candidate, that the evidence is authentic and that the assessment was conducted under the specified conditions or context. (See *Ensuring Quality, Edition 14, page 10.*)

Summary of achievement (Form NVQ12)*

Form used to record the candidate's on-going completion of units and progress to final achievement of the complete NVQ.

Please photocopy the forms as required.

MS Word amendable versions of these forms are also available on the City & Guilds website.

Form NVQ1 Candidate and centre details

NVQ title

City & Guilds number

--	--	--	--	--	--	--	--

Level

--

Candidate name

Candidate contact details
.....

City & Guilds candidate enrolment number

--	--	--	--	--	--	--	--

Date enrolled with centre

--	--

 /

--	--

 /

--	--

Date registered with City & Guilds

--	--

 /

--	--

 /

--	--

Centre name	Workplace/assessment name
.....
.....

Centre number

--	--	--	--	--	--	--

Centre address	Workplace/assessment address
.....
.....
.....
.....

Centre telephone number

e-mail.....

Centre contact/quality assurance co-ordinator (QAC) name

Centre contact/quality assurance co-ordinator (QAC) contact details

.....

.....

.....

.....

Centre contact/quality assurance co-ordinator (QAC) email address

.....

Form NVQ2 Contact details and signatures

Candidate

Name

Qualification

Where to contact

Signature

Internal Verifier

Name

Position

Where to contact

Signature

Work place manager

Name

Position

Where to contact

Signature

Assessors

Assessor 1 name

Type work-based / peripatetic / independent (delete as necessary)

Assessing units

Position

Where to contact

Signature

Assessor 2 name

Type work-based / peripatetic / independent (delete as necessary)

Assessing units

Position

Where to contact

Signature

Assessor 3 name

Type work-based / peripatetic / independent (delete as necessary)

Assessing units

Position

Where to contact

Signature

Form NVQ3 Candidate résumé

Name

Address
.....
.....

Telephone Number

Date of birth

Education (School attended and dates)
.....
.....

Qualifications gained (and dates)
.....
.....

Employment history and/or voluntary work
.....
.....
.....

Current work role and main responsibilities
.....
.....

Courses attended in the last 5 years
.....

Interests
.....

Form NVQ4 Skill scan

Candidate name

Unit ref	Do you currently do this? Provide examples (if possible)	Have you evidence of doing this in the past? Provide examples (if possible)
----------	---	--

Relevant qualifications held

Further training/experience needed

Attach additional sheets as required

Form NVQ5 Expert / witness status list

NVQ

Candidate name

Please ensure that all witnesses who have signed the candidate's evidence or written a report are included on this witness status list. All necessary details must be included and signed by the witness as being correct.

Name and contact address of witness	Witness status	Professional relationship to candidate	Unit or elements witnessed	Witness signature	Date

Witness status categories

- 1 Occupational expert meeting specific qualification requirement for role of Expert Witness
- 2 Occupational expert not familiar with the standards
- 3 Non expert familiar with the standards
- 4 Non expert not familiar with the standards

Assessor signature Date

(photocopy as required)

Form NVQ6 Assessment plan, review and feedback

Candidate nameSue McClane.....

Assessor name.....Philip Crown.....

Unit number/s and title/sHSC33... Reflect on and develop your practice.....

This record can be used for single and multiple unit planning

Date	Assessment planning, review, feedback and judgement record	Candidate and assessor signatures	Evidence reference
01.05.07	<p>Plan1</p> <p>As this will be the first NVQ unit that Sue has done she would like to concentrate on the completion of this unit. However we agreed that I will conduct holistic observations so that we can cross-reference evidence into other units at a later date. Sue has discussed her need to take the lead on some communications with patients in order to evidence this unit. Mr. Palmer has agreed to this as he is keen to support her towards the achievement of her NVQ. He is also willing to act as an expert witness. Sue is to gain consent for me to undertake the planned observations. After going through the performance criteria and knowledge requirements to identify evidence gathering opportunities, we agreed that Sue will:</p> <ul style="list-style-type: none"> • Ask Mr Palmer - (dentist) for an expert witness testimony about the feedback he has given her to develop her practice (will take place next week). • bring in her certificates/course notes of training courses she has attended. I will check for currency and match to the knowledge specifications. I made it clear that I will still need to see that Sue can apply this learning to her current practice. • gain consent for me to observe Sue on 08.05.07 interacting and communicating within the practice This should also generate evidence for other units <p>Review meeting agreed for 16.05.07</p>		<p>Ref 1</p> <p>Ref 2</p>
08.05.07	<p>Observation of Sue undertaken after checking consent had been gained. Sue was confident, reassuring and displayed excellent interpersonal skills. Sue asked another member of the team for feedback about a difficult situation. I gave positive feedback to her about which p.c.s she had evidenced. Sue will record the observation onto a Performance Evidence Record (PER). We discussed how to write this so it records what she had done and why. This should provide some clearly recorded knowledge evidence. Asked oral questions which I recorded, with the responses.</p>	<p>SM PC</p>	<p>Ref 3</p> <p>Ref 3</p>

16.05.07	Unfortunately meeting postponed due to ill health rearranged for 14.06.07.	SM PC	
14.06.07	<p>Review Read and matched the evidence claims on the EWT from Mr Palmer. Read and identify what knowledge the certificates of training can provide. Read and accepted the accuracy of Sue's record of my observation. Sue had missed a couple of evidence opportunities so I added them in at the bottom of the page. Entered all this evidence onto the Evidence Location Sheets (ELS) so that we can track progress and identify gaps to ensure precise re-planning. Demonstrated how these work so Sue could understand holistic assessment a little better.</p> <p>Plan 2 We still need further evidence to show the consistency of Sue's practice and to cover some outstanding pc's. Agreed that Sue will show me the records relating to her supervision. These will not be placed in the portfolio as they are confidential and therefore the claims to competence will be entered directly onto the ELS. I will question Sue on the principles underpinning personal and professional development and reflective practice when we meet to scrutinise the records. Next review date: 20.06.07.</p> <p>Review Sue showed me all the records relating to her supervision (30.05.07) and appraisal (23.12.06).</p>		<p>Ref 1</p> <p>Ref 2</p> <p>Ref 3</p> <p>Ref 4</p> <p>Ref 5</p>
20.06.07	<p>All evidence entered onto ELS. Checked that all pc's, knowledge sufficiently covered and that all required dates and signatures were complete and accurate. This unit is now complete as there is sufficient, current, valid, reliable, authentic evidence to demonstrate consistent competent practice. Agreed to meet on 27.06.07 to cross-reference evidence presented for this unit to other units.</p>	<p>SM PC</p> <p>SM PC</p>	<p>Ref 4</p>

The above is an accurate record of the discussion

Candidate signature:S McClane..... Date:20.06.07.....

Assessor signature:P Crown..... Date:20.06.07.....

(photocopy as required)

Form NVQ7 Performance evidence record

NVQ / unitHSC 33 – Reflect on and develop your practice

Candidate nameSue
 McClane.....

Use this form to record details of activities (tick as appropriate)

- observed by your assessor
- seen by expert witness
- seen by witness
- self reflective account

Evidence ref(s): 3

Unit number(s):

HSC33

NB Your assessor may wish to ask you some questions relating to this activity. There is a separate sheet for recording these. The person who observed/witnessed your activity must sign and date overleaf.

Links to			Date of Activity: 08.05.07	Links to	
Unit ref	Element ref	PC ref	Performance evidence	Scope/ range ref	Knowledge / understanding ref
33		1 2a 3d 2d 3c	<p>Today I was observed by my assessor P Crown and we agreed I would write up the record. I was preparing for the days consultations and I checked with reception that I had the correct list.</p> <p>I noticed that one of the patients booked in would need some additional support as they were very frightened of having dental work done and could possibly be aggressive. There is a note on their file to this effect.</p> <p>I discussed this potential problem with my colleague and Mr Palmer (dentist). We agreed that I would greet and provide reassurance as I have done in the past – Mr Palmer gave positive feedback about how I handled this patient the last time they came in for an appointment. I know it is really important for me to display relaxed body language and communicate clearly without rushing the patient or creating a back log of appointments. Many patients are in a state of anxiety and sometimes discomfort. It is therefore very important that I react the right way to be effective and to provide the right kind of support. I have often reflected on the best ways I can do this and I have</p>		6 2

Performance evidence record (continued)

Unit ref	Element ref	PC ref	Performance evidence	Scope/ range ref	Knowledge / understanding ref
		5 2a	discussed this with senior colleagues to ensure that I can improve this, as patients are not all the same. I always make sure that I follow the policies and procedures relating to safe working practices. I have had some training in this area which has been very helpful. I know that I must be safe under Health & Safety at Work legislation.		3 4
		2b 3a	When the patient arrived I could see that they were not as agitated as they had been on their last appointment. I smiled and greeted them in a friendly way. I asked them about what they thought would be helpful and supportive. I also asked if they would mind having my assessor present which they agreed was ok (a bit unusual but it actually helped them to take their mind off the procedure). The appointment went very smoothly and there were no issues to be dealt with on this occasion. I think that this is because we work as a team in the practice and we share information and ways of dealing with such potentially difficult situations. I also know that it is important to help the patient to feel they are involved and have some control about what is happening. Talking to them and helping them to feel as secure as possible does help.		8
		6	After the patient had left I was able to discuss how the consultation had gone and identify what had worked well and what could be improved.		
I confirm that the evidence listed is my own work and was carried out under the conditions and context specified in the standards.					

Candidate signatureS McClane..... Date14.06.07.....

Assessor/Expert Witness* signatureP Crown..... Date14.06.07.....
*delete as appropriate

Internal Verifier signature (if sampled):**Date**

(photocopy as required)

Form NVQ8 Questioning record

NVQ / unit

Candidate name

Links to: unit/element/ pc/scope/ range/ knowledge	Assessor's questioning record	
	Questions	Answers

The above is an accurate record of the questioning.

Assessor signature

Date

Internal Verifier signature (if sampled):

Date

(photocopy as required)

Form NVQ9 Professional discussion record

Candidate name:

NVQ:

Assessor name:

Unit / element reference	Unit/s knowledge reference
--------------------------------	----------------------------------

Areas to be covered within the discussion

Outline record of discussion content

Counter
ref
(if
recording
used)

Start time: Finish
time:

The above is an accurate record of the discussion.

Candidate signature: Date:
.....

Assessor signature: Date:
.....

Internal Verifier signature (if sampled): Date:
.....

(photocopy as required)

Form NVQ10 Evidence location and summary sheet – version 1

Candidate nameSue McClane.....

Unit/element number/titleReflect on and develop your practice.....

Item of evidence	Loc.	Ref	Link to performance criteria (✓)																		Link to scope / range ref	Link to knowledge ref	
			1 / a	2 / b	3 / c	4 / d	5 / e	6 / f	7 / g	8 / h	9 / i	10 / j	11 / k	12 / l	13 / m	14 / n	15 / o	16 / p	17 / q	18 / r			19 / s
Expert Witness Testimony	P	1																				NA	1,2,3,4,5
Certificates	P	2																				NA	1,3,4
Assessor Observation	P	3		a b d	a d c																	NA	2,3,4,6,8
Products	P	4		c e	d																	NA	5,6,7,8,9,10,11

Location key: p = portfolio, o = office (add further categories as appropriate)

(photocopy as required)

Form NVQ10 Evidence location and summary sheet – version 2

Candidate name

Unit/element number/title

Item of evidence	Loc.	Ref	Link to performance criteria (✓)										Link to scope / range ref (✓)										Link to knowledge ref			
			1 / a	2 / b	3 / c	4 / d	5 / e	6 / f	7 / g	8 / h	9 / i	10 / j	1 / a	2 / b	3 / c	4 / d	5 / e	6 / f	7 / g	8 / h	9 / i	10 / j				

Location key: p = portfolio, o = office (add further categories as appropriate)
 (photocopy as required)

Form NVQ11 Unit assessment and verification declaration

NVQ title:

Unit no:

Unit title:

Candidate declaration:

I confirm that the evidence listed for this unit is authentic and a true representation of my own work.

Candidate name:

Candidate enrolment number:

Candidate signature: **Date:**

Assessor declaration:

I confirm that this candidate has achieved all the requirements of this unit with the evidence listed. (Where there is more than one assessor, the co-ordinating assessor for the unit should sign this declaration).

Assessment was conducted under the specified conditions and context, and is valid, authentic, reliable, current and sufficient.

Assessor name:

Assessor signature: Date:

Countersignature: (if relevant) Date:

(For staff working towards the assessor qualification)

Internal verifier Declaration:

This section to be left blank if sampling of this unit did not take place.

I have internally verified the assessment work on this unit in the following ways (please tick):

sampling candidate and assessment evidence

observation of assessment practice

discussion with candidate

other – please state:

I confirm that the candidate's sampled work meets the standards specified for this unit and may be presented for external verification and/or certification.

Not sampled

Internal verifier name:

Internal verifier signature: Date:

Countersignature: (if relevant) Date:

(For staff working towards the internal verifier qualification)

(photocopy as required)

Form NVQ12 Summary of achievement

NVQ

Candidate name City & Guilds enrolment no

Centre number

--	--	--	--	--	--	--	--	--	--

Centre name

Unit	Title	Date internally verified	Most used types of evidence <i>(use key below)</i>	Assessor signature <i>(if there is a second line assessor – both must sign)</i>	Candidate signature	IV signature <i>(If there is a second line IV - both must sign)</i>	EV signature <i>(if sampled)</i>

Competence has been demonstrated in all of the units/award recorded above using the required assessment procedures and the specified conditions/contexts. The evidence meets the requirements for validity, authenticity, currency, reliability and sufficiency.

Internal verifier signature Date

Key for most used evidence type:

1. observation 2. expert witness testimony 3. witness testimony 4. work products 5. questioning 6. professional discussion 7. simulation 8. accreditation of prior experience/learning 9. assignments, projects/case studies

(photocopy as required)

8 The qualification structure and standards

Qualification structure

To achieve the Level 3 NVQ in Dental Nursing, candidates must complete all 11 3s.

QCA unit reference	City & Guilds Unit no	SSC number / ref	Unit title	SSB / SSC ref for imported units
T/103/0328	301		Ensure your own actions reduce the risk to health and safety	ENTO A
F/102/8715	302		Reflect on and develop your practice	HSC33
K/103/0328	303		Provide Basic Life Support	CHS36
R/103/9170	304	OH1	Prepare and maintain environments, instruments, and equipment for clinical dental procedures	
Y/103/9171	305	OH2	Offer information and support to individuals on the protection of their oral health	
D/103/9172	306	OH3	Provide chair side support during the assessment of patients' oral health	
H/103/9173	307	OH4	Contribute to the production of dental radiographs	
K/103/9174	308	OH5	Provide chair side support during the prevention and control of periodontal disease and caries, and the restoration of cavities	
M/103/9175	309	OH6	Provide chair side support during the provision of fixed and removable appliances	
T/103/9176	310	OH7	Provide chair side support during non surgical endodontic treatment	
A/103/9177	311	OH8	Provide chair side support during the extraction of teeth and minor surgery	

HSC33 is also a core unit of competence in both the Health Awards and the Health and Social Care Awards 2004. CHS36 is also a unit of competence in the Health Awards 2004.

9 About the standards

Value statement

The services and the workforce of the oral health sector are increasingly subject to regulation. The endorsement by the General Dental Council of statutory registration for all members of the dental team means that all dentists will be required to employ appropriately trained and qualified staff. NVQs in Oral Health Care and Dental Nursing are therefore the preferred qualifications for workers in this sector and people holding them are in great demand from employers.

Availability of standards

The Standards and Assessment Requirements (SAR) document and a full set of all the available units will be made available to candidates and will also be downloadable from the website.

Mapping of old standards to new

This NVQ replaces the old Level 3 NVQ in Oral Health Care: Dental Nursing (3231-13/93).

10 The National Occupational Standards and unit evidence requirements

Unit 301

Ensure your own actions reduce the risk to health and safety (ENTOA)

Overview

About this workforce competence

This workforce competence is aimed at everyone at work, whether paid, unpaid, full or part-time.

The scope of the current health and safety legislation covers 'all persons' whether employers, employee, self-employed, contractors, etc. Amongst other things the Act seeks to secure the health, safety and welfare of people whilst they work and protect other people against risks to health and safety arising from the activity of people at work.

This workforce competence does not require you to undertake a full risk assessment, it is about you having an appreciation of significant risks in the workplace and knowing how to identify them and deal with them.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)

Dimension: Core 3 Health, safety and security

Level 1

Searchable key words

Health and safety, risks, hazards, people at work

Origins of this unit

This unit is taken from the ENTO (formerly Employment National Training Organisation) suite of Standalone National Occupational Standards for Health and safety, where it appears as unit A.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Hazard	a hazard is something with potential to cause harm.
Other persons	refers to everyone covered by the Health and Safety at Work Act including: visitors, members of the public, colleagues, contractors, clients, customers, patients, students, pupils.
Personal presentation	this includes, personal hygiene, use of personal protection equipment, clothing and accessories suitable to the particular workplace.
Risk	a risk is the likelihood of the hazard's potential being realised.
Responsible person	the person or persons at work to whom you should report any health and safety issues or hazards. This could be a supervisor, line manager or employer.
Workplace	the single or multiple areas in which you carry out your work.
Working practices	activities, procedures, use of materials or equipment and working techniques used in carrying out your job. In this unit it also covers any omissions in good working practice which pose a threat to health and safety.
Work place policies	the documentation prepared by the employer on the procedures to be followed regarding health and safety matters. It could be the employer's safety policy statement, or general health and safety statements and written safety procedures covering aspects of the workplace that should be drawn to the employees' (and 'other persons') attention.

Unit 001

Ensure your own actions reduce the risk to health and safety (ENTOA)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Risks

Include those resulting from:

- a) the use and maintenance of machinery or equipment
- b) the use of materials or substances
- c) working practices which do not conform to laid down policies
- d) unsafe behaviour
- e) accidental breakages and spillages
- f) environmental factors

Workplace policies

Include those covering:

- a) the use of safe working methods and equipment
- b) the safe use of hazardous substances
- c) smoking, eating, drinking and drugs
- d) what to do in the event of an emergency
- e) personal presentation.

Unit 301 Ensure your own actions reduce the risk to health and safety (ENTOA)

Performance criteria

You need to:

Identify the hazards and evaluate the risks in your work place

1. correctly name and locate the persons responsible for health and safety in the workplace
2. identify which workplace policies are relevant to your working practices
3. identify those working practices in any part of your job role which could harm yourself or other persons
4. identify those aspects of the workplace which could harm yourself or other persons
5. evaluate which of the potentially harmful working practices and the potentially harmful aspects of the workplace are those with the highest risk to you or others
6. report those **hazards** which present a high risk to the persons responsible for health and safety in the workplace
7. deal with hazards and low **risks** in accordance with workplace policies and legal requirements

Reduce the risks to health and safety in your workplace

8. carry out your working practices in accordance with legal requirements
9. follow the most recent **workplace policies** for your job role
10. rectify those health and safety risks within your capability and the scope of your job responsibilities
11. pass on any suggestions for reducing risks to health and safety within your job role to the responsible person
12. ensure that your personal conduct in the workplace does not endanger the health and safety of yourself or other persons
13. follow the **workplace policies** and suppliers' or manufacturers' instructions for the safe use of equipment, materials and products
14. report any differences between **workplace policies** and suppliers' or manufacturers' instructions as appropriate
15. ensure that your personal presentation at work:
 - a) ensures the health and safety of yourself and others
 - b) meets any legal duties
 - c) is in accordance with workplace policies.

Unit 301 Ensure your own actions reduce the risk to health and safety (ENTOA)

Knowledge and understanding

You need to apply:

- K1. A working knowledge of your legal duties for health and safety in the workplace as required by current Health and Safety legislation
- K2. A working knowledge of your duties for health and safety as defined by any specific legislation covering your job role
- K3. A working knowledge of the hazards that may exist in your workplace
- K4. A working knowledge of the particular health and safety risks which may be present in your own job role and the precautions you must take
- K5. A working knowledge of the importance of remaining alert to the presence of hazards in the whole workplace
- K6. A working knowledge of the importance of dealing with or promptly reporting risks
- K7. A working knowledge of the requirements and guidance on the precautions
- K8. A working knowledge of agreed workplace policies relating to controlling risks to health and safety
- K9. A working knowledge of responsibilities for health and safety in your job description
- K10. A working knowledge of the responsible persons to whom to report health and safety matters
- K11. A working knowledge of the specific workplace policies covering your job role
- K12. A working knowledge of suppliers' and manufacturers' instructions for the safe use of equipment, materials and products
- K13. A working knowledge of safe working practices for your own job role
- K14. A working knowledge of the importance of personal presentation in maintaining health and safety in the workplace
- K15. A working knowledge of the importance of personal conduct in maintaining the health and safety of yourself and others
- K16. A working knowledge of your scope and responsibility for rectifying risks
- K17. A working knowledge of workplace procedures for dealing with risks which you are not able to handle yourself.

Unit 301 Ensure your own actions reduce the risk to health and safety (ENTOA)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria, and **all** the knowledge and those parts of the scope that are applicable in your work place. The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted** for this unit.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. Your assessor or expert witness will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria for this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance criterion and knowledge evidence:

The following performance criterion may be difficult to evidence by observation and/or expert witness testimony because it refers to contingencies or infrequently occurring activities:

Performance criterion 14.

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg incident records, maintenance reports
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg copies of risk assessments you have contributed to
- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg what are your workplace procedures for dealing with risks which you are not able to handle yourself ?

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg describe your responsibilities for health and safety in your workplace
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg City & Guilds Certificate in Health and Safety at Work
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:**
These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit. eg an account of an occasion when you reported on a high risk hazard
- **Witness Testimony**
Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 302

Reflect on and develop your practice (HSC33)

Overview

About this workforce competence

This workforce competence covers reflecting on, evaluate and taking action to enhance your own knowledge and practice.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)

Dimension: Core 2 Personal and People Development

Level: 1

Origin

This workforce competence is from the Health and Social Care suite of National Occupational Standards (2004).

Key words and concepts

Constructive feedback	Comments about your strengths or areas that need developing, they are useful for improving your practice
Development opportunities	Opportunities that enable you to develop and practice more effectively
Individuals	The actual people requiring health and care services. Where individuals use advocates and interpreters to enable them to express their views, wishes or feelings and to speak on their behalf, the term individual within this standard covers the individual and their advocate or interpreter
Key people	Are those people who are key to an individual's health and social well-being. These are people in the individual's lives who can make a difference to their health and well-being
Others	Are other people within and outside your organisation that are necessary for you to fulfil your job role
Personal and professional development	Knowledge and practice of any type that will enable you to develop within your job role both as a person and as a practitioner
Practice	Practice covers every aspect of the work you do including your skills, knowledge, attitudes and behaviour. It also involves experiences and personal beliefs that might affect your practice
Reflect	This is the process of thinking about every aspect of your practice including identifying where and how it could be improved
Rights	The rights that individuals and key people have to: <ul style="list-style-type: none">• be respected• be treated equally and not be discriminated against• be treated as an individual• be treated in a dignified way• privacy• be protected from danger and harm• be cared for in the way that meets their needs, takes account of their choices and also protects them• access information about themselves• communicate using their preferred methods of communication and language.

Unit 302

Reflect on and develop your practice (HSC33)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Constructive feedback

Include that communicated:

- a) verbally
- b) in written form
- c) electronically
- d) in other forms of communication.

With individuals and key people communications should:

- a) use the individual's preferred spoken language
- b) the use of signs
- c) symbols
- d) pictures
- e) writing
- f) objects of reference; communication passports
- g) other non verbal forms of communication
- h) human and technological aids to communication.

Development opportunities

Include:

- a) training
- b) educational programmes
- c) coaching; personal and professional support.

Key people

Include:

- a) family
- b) friends
- c) carers
- d) others with whom the individual has a supportive relationship.

Supervision and support

Includes:

- a) formal
- b) informal
- c) provided from within your organisation
- d) provided from outside your organisation.

Unit 302 Reflect on and develop your practice (HSC33)

Performance Criteria

You need to:

1. analyse and **reflect** on what is required for competent, effective and safe **practice**, and provide **active support** for **individuals** and **key people**
2. continually monitor, evaluate and reflect on:
 - a) your knowledge and skills
 - b) your attitudes and behaviour
 - c) any experiences and personal beliefs that might affect your work
 - d) how well you practice and what could be improved
 - e) the processes and outcomes from your work
3. seek **constructive feedback** to enable you to develop your practice, from:
 - a) individuals
 - b) key people
 - c) **others** with whom you work or have contact within your work
 - d) your supervisors
4. identify any actions you need to take to develop and enhance your practice
5. identify the supervision and support systems available to you within and outside your organisation
6. seek and use appropriate supervision and support to reflect on and identify ways to enhance your practice
7. prioritise aspects of your practice that need to be enhanced
8. take action, with supervision and support, to access development opportunities that will enhance your knowledge and practice
9. review:
 - a) how well the development opportunities meet your practice needs
 - b) in what ways your practice has been improved by the development opportunities
10. use supervision and support to continually assess the implications from any development opportunity on your continuing **personal and professional development** needs
11. keep up-to-date records of your personal and professional development, within confidentiality agreements and according to legal and organisational requirements.

Unit 302 Reflect on and develop your practice (HSC33)

Knowledge and understanding

You need to apply:

Values

- K1. A working knowledge of legal and organisational requirements on equality, diversity, discrimination and **rights** when working with individuals and others to improve your knowledge and practice
- K2. A working knowledge of dilemmas and conflicts that you may face in your practice

Legislation and organisational policy and procedures

- K3. A working knowledge of codes of practice and conduct, and standards and guidance relevant to your own role and the roles, responsibilities, accountability and duties of others about personal and professional development
- K4. A working knowledge of current local, UK and European legislation, and organisational requirements, procedures and practices for accessing training and undertaking personal and professional development activities
- K5. A working knowledge of the purpose of, and arrangements for your supervision and appraisal

Theory and practice

- K6. A working knowledge of how and where to access information and support on knowledge and best practice relevant to your area of work, the individuals and key people with whom you work and the skills and knowledge you need to practice effectively
- K7. A working knowledge of principles underpinning personal and professional development and reflective practice
- K8. A working knowledge of how to work in partnership with individuals, key people and others to enable you to develop and enhance your knowledge and practice
- K9. A working knowledge of development opportunities that can enhance your practice
- K10. A working knowledge of lessons learned from inquiries into serious failure of health and social care practice, and from successful interventions
- K11. A working knowledge of approaches to learning that will allow you to transfer your knowledge and skills to new and unfamiliar contexts.

Unit 302 Reflect on and develop your practice (HSC33)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria and **all** the knowledge and those parts of the scope that are applicable in your work place.

The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted** for this unit.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. Your assessor or expert witness will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria for this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance and knowledge evidence:

The following performance criteria may be difficult to evidence by observation or expert witness testimony because they refer to contingencies, infrequently occurring activities or thought processes:

Performance criteria 1, 2, 4 & 5

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg skills analysis
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg CPD records, appraisals
- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg how would you seek feedback on practice from patients?

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg how do you ensure that you keep up to date in best practice in dental nursing?
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Certificate in Health and Safety at Work; Certificate in Infection Control
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:**
These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit eg a reflective account of using feedback from colleagues to develop your practice
- **Witness Testimony:** Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 303

Provide basic life support (CHS36)

Overview

About this workforce competence

This workforce competence covers preparing for and providing basic life support. Note that this workforce competence does not include the use of automated external defibrillators - this is covered in a separate workforce competence within the Emergency, Urgent and Scheduled Care suite (EC18).

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)

Dimension: HWB7 Interventions and treatments

Level: 3

Origin

This workforce competence was developed for Emergency Care by Skills for Health where it appears as EC16.

Key words and concepts**Life support**

life support is the taking over of airway, breathing and circulation functions which an individual is unable to carry out for themselves but which if not performed will lead to death

Protocols and guidelines

both local and national protocols exist for the provision of health services. In the context of this unit, protocols and guidelines refer to the local requirements under which the practitioner works; these will be based on national specifications but may contain local amendments

Scope**Condition**

conditions could include:

- a) conscious
- b) unconscious

Individual

individual could include:

- a) child or young person
- b) adult of working age
- c) older person
- d) pregnant woman

Techniques for establishing an open airway

techniques could include:

- a) head tilt/jaw thrust
- b) opening and clearing airway of visible oral obstructions
- c) back slaps
- d) abdominal thrusts (Heimlich manoeuvre)/chest thrusts

Techniques for ventilating an individual

techniques could include:

- a) mouth to mouth
- b) mouth to nose
- c) mouth to mouth and nose.

Unit 303 Provide basic life support (CHS36)

Performance Criteria

You need to:

1. accurately and promptly confirm that the individual's circulation and breathing has stopped and establish the need for basic **life support**
2. ensure your actions comply at all times with:
 - a) established **protocols and guidelines**
 - b) evidence based best practice
 - c) your own scope of practice
 - d) health and safety and infection control precautions
 - e) legislation
3. seek additional specialist support at the earliest opportunity
4. check and confirm that the individual is not breathing unaided and that resuscitation is not contraindicated
5. use relevant, safe **techniques for clearing and opening the individual's airway** where appropriate
6. position the individual and yourself appropriately to apply external chest compression and ventilation safely and effectively taking account of:
 - a) the individual's **condition**
 - b) the need for a sufficiently firm base to facilitate external chest compression
 - c) the potential need to maintain compressions and ventilation for a prolonged period
7. use the appropriate ratio when alternating compressions with ventilation and comply with the correct rates and depths of each, ensuring compression is applied on the correct site of the individual's chest
8. monitor and evaluate the individual's respiratory function and the effectiveness of compressions and ventilation, responding promptly and appropriately to achieve the best possible outcome for the individual
9. cease the application of any techniques when the individual regains airway and circulation control
10. continue ventilation and compressions until:

- a) the individual shows clear signs of unaided circulation and adequate spontaneous breathing is established
 - b) the individual is handed over to the care of others
 - c) you become exhausted
 - d) death is confirmed by an authorised practitioner
11. accurately and clearly report the actions you have taken, and the duration, when handing over to a specialist
12. reinstate equipment and materials to working status after use.

Unit 303 Provide basic life support (CHS36)

Knowledge and understanding

You need to apply:

Basic medical knowledge

- K1 A working understanding of the anatomy of the respiratory system
- K2 A factual awareness of the priorities in life support (ABC)
- K3 A factual awareness of the time frame within which assessment of individual needs should be carried out and the life support response initiated in order to maximise an individual's chance of survival
- K4 A factual awareness of the information which may need to be recorded following the application of basic life support

Basic airway management and respiration

- K5 A working understanding of clinical signs of airway obstruction
- K6 A working understanding what to do in the event of foreign body obstruction of an individual's airway
- K7 A working understanding of the differences in techniques needed for ensuring an open airway on different types of individual
- K8 A factual awareness of the factors to be taken into account in determining the technique that will lead to the best possible outcome for the individual
- K9 A working understanding of why the head tilt techniques should not be used where neck or spinal injury is suspected
- K10 A working understanding of the different techniques used to ventilate an individual and when each should be used
- K11 A factual awareness of the ventilation ratio and rate for different types of individual and conditions
- K12 A working understanding of the importance to outcome of the positioning of the individual and the person applying basic life support, including the specific positioning needs of pregnant women in the third trimester
- K13 A working understanding of the observations to be carried out to identify adequate oxygenation in different types of individual

Applying external chest compressions

- K14 A factual awareness of the rate and depth of compressions needed for different types of individual
- K15 A factual awareness of the compression : ventilation ratio in different types of individual
- K16 A working understanding of the procedure to establish the correct hand/finger placement for applying external chest compression
- K17 A factual awareness of the differences between certification and diagnosis of death in accordance with best practice, and who is authorised to carry out these activities
- K18 A working understanding of personal safety as well as general health and safety, and the range of situations and responses

- K19 A working understanding of why a firm base is needed for chest compressions, and what action to take when one is not available
- K20 A working understanding of the different methods of chest thrusts and back slaps to use in the cases of children/young people and adults
- K21 A factual awareness of the compression: ventilation ratio in one and two person Basic Life Support

Legislation, policy and good practice

- K22 A working understanding of the legislation regarding confidentiality and information sharing, the provision of services, the rights of the individual, protection issues, anti-discriminatory practice, informed consent, relevant mental health legislation and care programme approach
- K23 A working understanding of how to interpret and apply legislation to the work being undertaken
- K24 A working understanding of the ethics concerning consent and confidentiality, and the tensions which may exist between an individual's rights and the organisation's responsibility to individuals
- K25 A working understanding of the importance of gaining assent from individuals who lack capacity to consent.

Unit 303 Provide basic life support (CHS36)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria, and **all** the knowledge and those parts of the scope that are applicable in your work place.

The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is permitted** for this unit.

The nature of this unit means that **most** of your evidence must come from real work activities. However, simulation may only be used so long as it meets the criteria for its use. You will find this in the assessment guidance for this NVQ.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **preferred** assessment method to be used to evidence this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. Usually your assessor will observe you in real life work activities and this is likely to provide most of the evidence for the performance criteria for this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance criterion and knowledge evidence:

The following performance criterion may be difficult to evidence by observation and/or expert witness testimony because it refers to contingencies or infrequently occurring activities:

Performance criterion, 10

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg accident reports
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records
- **Questioning:** Questions may be oral or written. In each case the question and your answer

will need to be recorded eg what is the difference between the certification and the diagnosis of death?

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg describe the application of legislation and policy regarding confidentiality and information sharing
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Certificate in providing basic life support: First Aid Certificate
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit eg a project on the information which would need to be recorded and the action to be taken where the death of an individual occurs
- **Witness Testimony:** Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 304

Prepare and maintain environments, instruments, and equipment for clinical dental procedures (OH1)

Overview

About this workforce competence

This workforce competence concerns the preparation and maintenance of environments, instruments and equipment for clinical dental procedures, and the control of infection and cross-infection. It includes general cleaning, preparing the appropriate materials for clinical procedures, handling waste and spillage, routine maintenance, stock control and sterilisation.

This workforce competence is designed to relate to environments which are specifically designated for clinical dental procedures (such as routine and day surgery, out-patients and clinics) and community locations which are turned round for that use on a specific occasion (eg a person's home, a residential home).

You will need to know about different methods of cleaning, infection control and sterilisation, when and why they should be used, and the potential consequences of inaction.

This workforce competence is applicable to any member of the oral health care team who has responsibility for preparing and maintaining environments for clinical dental procedures whether they are hospital, surgery or community based.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004):

Dimension EF2 Environments and buildings
Level 2

Searchable key words

Dental, oral health, teeth, dental equipment, control of infection.

Origin

This workforce competence has been developed by Skills for Health.

Unit 304

Prepare and maintain environments, instruments, and equipment for clinical dental procedures (OH1)

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Additional protective equipment	includes: types of personal protective equipment such as visors, protective eyewear and radiation protective equipment
Contaminated	includes items contaminated with body fluids, chemicals. Any pack/item opened and not used should be treated as contaminated
Equipment	equipment may refer to equipment used in dental procedures, cleaning equipment or protective equipment
Personal hygiene	it is important that when working close to patients you inspire their confidence. Maintaining personal hygiene includes ensuring a clean professional appearance as well as hand washing/cleansing
Personal protective clothing	includes items such as plastic aprons, gloves - both clean and sterile, eyewear, footwear, dresses, trousers and shirts and gowns. These may be single use disposable clothing or reusable clothing
Potentially infectious conditions	potentially infectious conditions might relate to the worker her/himself or someone else.

Unit 304

Prepare and maintain environments, instruments, and equipment for clinical dental procedures (OH1)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Cleaning equipment

includes:
a) general cleaning equipment
b) sterilisation equipment

Level of cleanliness

relates to the following:
a) socially clean
b) decontamination

Sterilisation Procedures

include:
a) hot moist air sterilisation (autoclave)
b) irradiation

Waste

includes:
a) hazardous
b) non-hazardous

Standard precautions and health and safety measures

a series of interventions which will minimise or prevent infection and cross infection, including:

- a) hand washing/cleansing before during and after the activity
- b) the use of **personal protective clothing** and **additional protective equipment** when appropriate

It also includes:

- c) handling **contaminated** items
- d) disposing of waste
- e) safe moving and handling techniques
- f) untoward incident procedures
- g) safe handling of medicaments.

Unit 304 Prepare and maintain environments, instruments, and equipment for clinical dental procedures (OH1)

Performance criteria

You need to:

- 1 apply **standard precautions for infection control** and take other appropriate **health and safety measures**
- 2 wear the appropriate **personal protective equipment** at all times during cleaning and sterilisation procedures and maintain **personal hygiene**
- 3 ensure that the environment where procedures are to be undertaken is clean and tidy, and allows for safe working practices at all times
- 4 correctly and safely use **cleaning equipment** and materials that are appropriate to the items or surface area to be cleaned, and the **level of cleanliness** required
- 5 fully prepare instruments, **equipment**, materials and medicaments that are necessary for planned procedures so that they are safe and ready
- 6 ensure that equipment is functioning correctly and take the appropriate action when it is not
- 7 use equipment in a manner which is consistent with the manufacturer's instructions and leave ready for re-use
- 8 adjust heating, lighting, ventilation and humidity appropriately to meet the needs of the procedure and patient
- 9 use methods of controlling infection which are appropriate to:
 - a) the environment
 - b) the nature of the clinical dental procedure
- 10 prepare and handle instruments and handpieces for sterilisation appropriately and in a manner which minimises danger to self and others
- 11 carry out appropriate **sterilisation procedures** in the correct sequence and duration including pre-cleaning of instruments, preparation of instrument trays, operation of autoclave and removal of instruments at correct stage in cycle
- 12 report any hazards, problems, or evidence of **potentially infectious conditions** to the appropriate person as soon as is possible
- 13 make equipment and materials safe and secure and leave them at the correct level of cleanliness, and in the correct location, on the completion of procedures
- 14 dispose of **waste**, spillage promptly and in a safe manner and place
- 15 package and store sterilised items correctly, using the most appropriate form of packaging medium and maintaining the integrity of the packaging
- 16 ensure that adequate supplies of stock are available for clinical procedures
- 17 keep accurate and legible records of sterilisation procedures.

Unit 304 Prepare and maintain environments, instruments, and equipment for clinical dental procedures (OH1)

Knowledge and understanding

You need to apply:

Infection and cross-infection

- K1 factual knowledge of the principles and causes of infection and cross-infection
- K2 factual knowledge of micro-organisms - the meaning and significance of the terms pathogenic and non-pathogenic
- K3 factual knowledge of potentially infectious conditions (such as hepatitis B, HIV, herpes simplex, etc) - what they are, the appropriate action to take and why they should be reported

Cleaning methods and systems for limiting cross-infection

- K4 factual knowledge of the scientific principles of and difference between sterilisation, asepsis, disinfection and social cleanliness and how each relates to the patient, the setting, the procedure and equipment
- K5 a working knowledge of what is meant by standard precautions and how this is applied in the preparation of environments, including zoning and protective barriers
- K6 a working knowledge of when sterile, aseptic and disinfectant procedures may need to be carried out, and the possible consequences of not doing so
- K7 a working knowledge of good hygiene practice - what it is and methods of maintaining it
- K8 a working knowledge of effective hand cleansing - what it is and methods for achieving it
- K9 a working knowledge of the purpose of personal protective clothing and the different sorts which may be necessary
- K10 a working knowledge of the cleaning agents which are appropriate to different surface areas
- K11 a working knowledge of the nature of decontaminants, when and why they are used
- K12 a working knowledge of methods of cleaning different types of equipment, instruments and handpieces and the different activities which are appropriate to each

Sterilisation

- K13 a working knowledge of methods of sterilisation, the types of sterilisers which are used and their relationship to the different equipment/instruments (including pre-packed items) and the disposal of waste
- K14 a working knowledge of methods of testing to show that autoclaves and other equipment are functioning effectively
- K15 a working knowledge of the correct sequence and duration for different forms of sterilisation
- K16 a working knowledge of the different forms of packaging and storing sterilised instruments and handpieces and which methods are appropriate to which circumstances
- K17 a working knowledge of the potential long-term effects of using damaged or pre-used sterile goods

- K18 a working knowledge of methods of safe handling of items, before during and after sterilisation and the reasons for this
- K19 a working knowledge of the actions which are appropriate to take when sterilisation equipment is not working to the optimum level

Preparation of environments for clinical dental procedures

- K20 a working knowledge of the purposes of maintaining the clinical environment as clear and clean as possible
- K21 a working knowledge of the reasons for keeping heating, lighting and ventilation appropriate to the treatment and the effects which they can have on infection and cross-infection
- K22 a working knowledge of safe and secure environments - what this means for treatment areas and the dangers which are inherent in them

Equipment, instruments, materials and medicaments

- K23 a working knowledge of the instruments, equipment, materials and medicaments which may be necessary for different treatments and correct methods of preparing these
- K24 a working knowledge of why shortfalls/failures in instruments, equipment, materials and medicaments should be reported
- K25 a working knowledge of the purpose and correct methods of preparing and handling the range of equipment, instruments, materials and medicaments used in dentistry
- K26 a working knowledge of the relationship of equipment, instruments and materials/medicaments to different treatments and the stages within them
- K27 a working knowledge of legal requirements and manufacturer's instructions relating to servicing of equipment including recording and maintenance of service intervals

Waste and spillage

- K28 a working knowledge of the different types of waste and spillage including those which may be of particular relevance to the procedure and setting
- K29 a working knowledge of methods of disposing of waste and spillage and the relationship of this to different types
- K30 a working knowledge of procedures for disposing of damaged sterile pre-packed items
- K31 a working knowledge of the dangers of not disposing of waste and spillage in the correct ways
- K32 a working knowledge of why waste and spillage should be disposed of promptly
- K33 a working knowledge of why it is necessary to report damaged disposal containers
- K34 a working knowledge of why equipment etc must be placed in the correct locations for storage, sterilisation or transportation

Legislation and work role

- K35 a working knowledge of health and safety regulations: the Health and Safety at Work Act and the Control of Substances Hazardous to Health Regulations
- K36 a working knowledge of the legal and organisational policies relating to the disposal of waste and spillage from clinical treatments and investigations (such as the Environmental Protection Act, Controlled Waste Regulations).

Unit 304 Prepare and maintain environments, instruments, and equipment for clinical dental procedures (OH1)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria and **all** the knowledge, and those parts of the scope that are applicable in your work place.

The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted**.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. **Y**our assessor or expert witness will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria in this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance criterion and knowledge evidence:

The following performance criteria may be difficult to evidence by observation and/or expert witness testimony because it refers to contingencies or infrequently occurring activities:

Performance criterion 12

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg sterilization records, stock control records , incident report forms
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records
- **Questioning:** Questions may be oral or written. In each case the question and your answer

will need to be recorded eg what are the potential long-term effects of using damaged or pre-used sterile goods?

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg explain which policies and legislation apply to your work in maintaining environments, instruments and equipment for dental procedures. How do you ensure you carry out your responsibilities under these regulations?
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Certificate in Infection Control; Certificate in Health and Safety in the workplace
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/reflective account to provide some of the performance evidence for this unit. eg an assignment on the identification and reporting of potentially infectious diseases
- **Witness Testimony:** Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 305

Offer information and support to individuals on the protection of their oral health (OH2)

Overview

About this workforce competence

This workforce competence is concerned with helping individuals to promote their oral health. It involves gathering information from individuals and using that information to provide personalised support in the promotion of their oral health. It also involves demonstration of methods of caring for dentures and orthodontic appliances. Information provided to individuals should be based on evidence of best practice.

Whilst promoting oral health you will need to acknowledge the individual's right to make choices in the context of their own lives, and the reasons why people may not choose to promote their oral health as best they could.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB1: Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing

Level 2

Searchable key words

Promotion of oral health, protection of oral health, care of dentures, orthodontic appliances, teeth, dental, oral hygiene.

Origin

This workforce competence has been developed by Skills for Health.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Individuals

The individuals who are the focus of this competence may be individuals who are developing their own skills, or carers who are developing their knowledge and skills of working with others. They will **not necessarily** be patients or be undergoing oral healthcare treatment at the point in time.

Unit 305

Offer information and support to individuals on the protection of their oral health (OH2)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Diet	dietary information should include: <ul style="list-style-type: none">a) contentb) frequencyc) timing
Individuals	may include: <ul style="list-style-type: none">a) adultsb) children and young peoplec) older peopled) those with special needs
Information	may include: <ul style="list-style-type: none">a) verbalb) written (such as leaflets)
Factors	may include lifestyle factors in relation to: <ul style="list-style-type: none">a) diet and eating patternsb) cleaning of teeth and gingivaec) habits such as smoking, alcohol, chewing tobaccod) cleaning and maintenance of dentures and orthodontic appliances
Oral health education aids	may include: <ul style="list-style-type: none">a) modelsb) visual aids (such as pictures, posters, videos and electronic)
Oral hygiene techniques	may include: <ul style="list-style-type: none">a) cleaning teeth and the mouthb) the use of interdental plaque removersc) mouth rinsesd) disclosing agentse) cleaning and maintenance of dentures and orthodontic appliances
Problems	problems may include: <ul style="list-style-type: none">a) cariesb) periodontal diseasesc) fungal infectionsd) tooth wear and tooth loss.

Unit 305

Offer information and support to individuals on the protection of their oral health (OH2)

Performance criteria

You need to:

- 1 communicate with **individuals** and answer any questions:
 - a) clearly, accurately and concisely
 - b) in a way which is likely to maximise their understanding and confidence and minimise their fear and anxiety
 - c) referring promptly to the appropriate member of the team, questions that are beyond your role to answer
- 2 encourage individuals to provide information on
 - a) their **diet**
 - b) any concerns or **problems** which they are experiencing with their oral health
 - c) how they currently maintain their oral hygiene
 - d) their current knowledge, skills and motivation
- 3 provide **information** to individuals on **factors** which may lead to poor oral health, which is clearly related to their personal practices and circumstances
- 4 prepare and use **oral health education aids** which:
 - a) are appropriate to the individual
 - b) support their learning
- 5 advise individuals on the use of disclosing agents when these are likely to help them make an assessment of their own skills
- 6 demonstrate **oral hygiene techniques** that are
 - a) appropriate to individuals
 - b) applicable to the particular problems they experience in maintaining their oral hygiene
- 7 demonstrate methods of caring for dentures and orthodontic appliances
- 8 give individuals the opportunity to discuss and seek clarification on any particular points
- 9 act and provide information to individuals in ways that are consistent with other members of the oral health care team.

Unit 305 Offer information and support to individuals on the protection of their oral health (OH2)

Knowledge and understanding

You need to apply:

Oral disease and caries

- K1 factual knowledge of the main types and causes of oral disease (eg caries, gingivitis and periodontal disease)
- K2 factual knowledge of the development of dental plaque and methods for controlling it
- K3 factual knowledge of the ways in which general health can affect oral health
- K4 factual knowledge of the social, cultural, and environmental factors which contribute to health and illness
- K5 factual knowledge of the diagnosis and management of facial pain of dental and non-dental origin

Oral health and diet

- K6 factual knowledge of the effect of food and drink and nutritional values on oral and general health
- K7 factual knowledge of the sugar content of a range of food and drink (both natural and manufactured) and the risks of high sugar content, frequency and timing

Fluoride

- K8 factual knowledge of the role and mechanisms of fluoride in dental health, and its sources (topical, supplements, systemic)
- K9 factual knowledge of the effects of ingesting too much toothpaste in terms of the amount of fluoride which is consumed

Promoting oral health

- K10 factual knowledge of the behaviours which may benefit or endanger oral health (such as high sugar or acid content in diet, smoking and alcohol)
- K11 factual knowledge of the reasons for ensuring that the information provided is accurate, and consistent with that provided by other members of the oral health care team

Teaching and encouraging oral hygiene skills and demonstrating methods of maintenance

- K12 a working knowledge of methods of encouraging individuals to change their current practices and try new ways of doing things
- K13 a working knowledge of effective oral hygiene techniques for preventing or minimising oral disease (eg tooth brushing, use of interdental plaque removers) and techniques for effectively demonstrating their use to others (eg through the use of models)
- K14 a working knowledge of the different types of disclosing agents available
- K15 a working knowledge of the advantages and disadvantages of different types of toothbrush (size, material, texture, design)

- K16 a working knowledge of recommended frequency for tooth brushing and how this can be adapted to different individuals' lifestyles
- K17 a working knowledge of the areas of the teeth and gums that are most vulnerable to oral disease and how they can best be protected
- K18 a working knowledge of methods of caring for dentures and orthodontic appliances

Individuals' rights and choice

- K19 factual knowledge of individuals' rights in making choices regarding their health, and why it is important to respect them

Communication

- K20 a working knowledge of the methods and importance of communicating information clearly and effectively
- K21 a working knowledge of methods of modifying information and communication methods for different individuals including patients from different social and ethnic backgrounds children (including those with special needs), and the elderly

Work role

- K22 a working knowledge of the reasons for, and circumstances in which, individuals should be referred to another team member.

Unit 305 Offer information and support to individuals on the protection of their oral health (OH2)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria and **all** the knowledge and those parts of the scope that are applicable in your work place. The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is permitted** for this unit.

The nature of this unit means that **most** of your evidence must come from real work activities. However, simulation may only be used so long as it meets the criteria for its use. You will find this in the assessment guidance for this S/NVQ.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **preferred** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your practice who will provide testimony of your work-based performance. Your assessor or expert witness will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria for this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance and knowledge evidence:

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg patient diet sheets, staff meetings
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records
- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg what are the different types of disclosing agents available?
- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which

support practice; policies, procedures and legislation, and that you can critically evaluate their application eg explore the possible dilemmas involved in balancing individual rights and choices with risks to health when promoting good oral health

- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg records of training in communicating with patients: Equality and Diversity training
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit. eg a project aimed at how best to provide information on oral health to older people or people with a learning disability
- **Witness Testimony:** Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 306

Provide chairside support during the assessment of patients' oral health (OH3)

Overview

About this workforce competence

This workforce competence is intended for those who act in a chairside support role during the assessment of patients' oral and general health. You will need to prepare the equipment, instruments, materials and medicaments which will be needed for assessment. Subsequently, you will need to provide close support during the assessment of the mouth through recording and charting the information which is obtained from an examination of the teeth and gingivae, and in interpreting or anticipating the need for further equipment, instruments, materials and medicaments.

Effective communication with patients and other members of the oral health care team, and promoting their health and safety are essential components of this competence.

This workforce competence is applicable to any oral health worker who provides chairside support during an assessment of patients' oral and general health.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6: Assessment and treatment planning

Level: 2

Searchable key words

Chairside support, assessment, oral health, dental, teeth.

Origin

This workforce competence has been developed by Skills for Health.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Additional protective equipment	includes types of personal protective equipment such as visors, protective eyewear and radiation protective equipment.
Contaminated	includes items contaminated with body fluids, chemicals. Any pack/item opened and not used should be treated as contaminated.
Personal protective clothing	includes items such as plastic aprons, gloves - both clean and sterile, eyewear, footwear, dresses, trousers and shirts and gowns. These may be single use disposable clothing or reusable clothing.

Unit 306

Provide chairside support during the assessment of patients' oral health (OH3)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Complications

Could include:

- a) anxiety
- b) pain
- c) medical emergencies

Dental charts, records and images

include:

- a) UK/FDI/other international charting systems
- b) periodontal charting
- c) orthodontic classifications and charts
- d) dental images

Equipment, instruments, materials and medicaments

equipment, instruments, materials and medicaments are required (for full clinical assessment):

- a) for observing/monitoring the hard and soft tissues
- b) for measuring and making a record of the teeth and gingivae
- c) for assessing the function of the dentition

Patients

may include:

- a) adults
- b) children and young people
- c) older people
- d) those with special needs

Standard precautions and health and safety measures

a) series of interventions which will minimise or prevent infection and cross infection, including:

- b) hand washing/cleansing before during and after the activity
- c) the use of **personal protective clothing** and **additional protective equipment** when appropriate
- d) handling **contaminated** items
- e) disposing of waste
- f) safe moving and handling techniques
- g) untoward incident procedures
- h) safe handling of medicaments.

Unit 306

Provide chairside support during the assessment of patients' oral health (OH3)

Performance criteria

You need to:

- 1 make available at the chairside the **dental charts, records and images** which are necessary for the **assessment of oral health** to be undertaken
- 2 anticipate, select and arrange the **equipment, instruments, materials and medicaments** which are required for a full clinical assessment of the mouth
- 3 apply **standard precautions for infection control** and take other appropriate **health and safety measures**
- 4 communicate with patients at a level and pace appropriate to them, and answer questions:
 - a) clearly, accurately and concisely
 - b) maximising their understanding, confidence and motivation
 - c) minimising their fear and anxiety
 - d) referring questions which are beyond your role promptly to an appropriate member of the oral healthcare team
- 5 select, offer and prepare the correct equipment, instrument, materials and medicaments at the time when they are required during the clinical assessment
- 6 handle equipment, instruments, materials and medicaments in a manner that minimises the possibility of damage and cross-infection
- 7 continuously monitor the patient as the assessment takes place, identify any complications and take the necessary actions without delay
- 8 record assessments spoken by other team members accurately and legibly using the correct notation on the correct dental charts
- 9 provide the patient with information on the reasons for further assessment or treatment and make the appropriate arrangements for this
- 10 correctly process and store dental charts, records and images in a manner which maintains their confidentiality.

Unit 306 Provide chairside support during the assessment of patients' oral health (OH3)

Knowledge and understanding

You need to apply:

Assessing oral and medical health

- K1. a working knowledge of the purpose of dental assessment and methods of explaining this clearly to patients
- K2. a working knowledge of the medical conditions which may affect oral health assessment and treatment
- K3. factual knowledge of the types and purposes of orthodontic treatment available and your role in providing support during the assessment and treatment of a patient's occlusion

Regional and dental anatomy, physiology and dentition

- K4. factual knowledge of primary and secondary dentition and the average dates of eruption
- K5. factual knowledge of the structure and function of teeth and gingivae including the number of roots
- K6. factual knowledge of regional (head and neck) and dental anatomy
- K7. factual knowledge of common oral diseases including both malignant and potentially malignant lesions and methods for their diagnosis, prevention and management
- K8. factual knowledge of the function and position of salivary glands, muscles of mastication and facial expression and the types of diseases which may affect facial movements
- K9. factual knowledge of the diagnosis and management of diseases of the oral mucosa, of other soft tissues, of the salivary glands and the facial bones and joints
- K10. factual knowledge of oral manifestations of systemic diseases and the diagnosis and management of facial pain of dental and non-dental origin
- K11. factual knowledge of the effects of ageing upon the oral tissues and the particular needs of the elderly dental patient

Health, safety and infection control

- K12. a working knowledge of the purpose, method of use and function of protective wear and the reason for their use during assessment
- K13. a working knowledge of standard precautions and quality standards of infection control and your role in maintaining them

Equipment, instruments, materials and medicaments

- K14. a working knowledge of safe methods of handling instruments and equipment
- K15. a working knowledge of the uses of the different materials used within dental assessment, including impression materials for study materials
- K16. a working knowledge of methods of measuring pulp vitality and their advantages and disadvantages
- K17. a working knowledge of the main classes of drugs which are used in dentistry and the reasons for their use i.e. analgesics, antibiotics, tranquillisers/hypnotics, emergency drugs, drugs which reverse the action of other drugs (such as anti-anaphylactics)

Dental and medical records and charts

- K18. a working knowledge of the different types of dental record and charts (including personal details, dental charts, radiographs/photographs and study models for assessment and treatment planning) which are used and the functions of each
- K19. a working knowledge of the information required for a medical history, and the implications that relevant medical conditions have on dental treatment
- K20. a working knowledge of the terminology and charting notation/charting symbols for tooth surfaces, cavities and particular tooth problems related to the type of dental chart being used
- K21. a working knowledge of methods of dental charting (eg computer, manual)
- K22. a working knowledge of the reasons for taking radiographs and photographs (both for treatment and for the monitoring of dental practices)
- K23. a working knowledge of the measurements and records taken to record any malocclusion
- K24. a working knowledge of the classifications used in recording malocclusion

Providing support to patients

- K25. a working knowledge of methods of communicating clearly with the patient especially when they might be in some discomfort or distress
- K26. a working knowledge of methods of modifying information and communication methods for different individuals including patients from different social and ethnic backgrounds, children (including those with special needs), and the elderly
- K27. a working knowledge of methods of monitoring the physical characteristics of a patient and the signs and symptoms to be aware of to recognise a potential emergency

Medical emergencies

- K28. a working knowledge of carrying out resuscitation techniques
- K29. a working knowledge of how to identify that a medical emergency has arisen and provide support both for the individual with the emergency and to those providing immediate management of the emergency
- K30. a working knowledge of the principles of first aid

Work role and its relationship to others in the oral health care team

- K31. a working knowledge of methods of effective team working in oral health care

Legislation and policies

- K32. in-depth understanding of why it is important that information relating to patients is treated as confidential, and what this means for the storage, recording and disclosure of patient information
- K33. a working knowledge of legislation and guidelines relating to patients' records and confidentiality (eg the Data Protection Act).
- K34. a working knowledge of informed consent and its application before any treatment is undertaken.

Unit 306 Provide chairside support during the assessment of patient's oral health (OH6)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria and **all** the knowledge and those parts of the scope that are applicable to your work place. The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted**.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. Your assessor or expert witness will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria in this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance criterion and knowledge evidence:

The following performance criterion may be difficult to evidence by observation and/or expert witness testimony because it refers to contingencies or infrequently occurring activities:

Performance criterion 9

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg incident records, health and safety records
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records
- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg what are the key reasons for taking radiographs and photographs?

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg explain the main legislation, policy and practice relating to the confidentiality of patient information
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Certificate in Infection Control; Training record in computer based dental charting
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit. eg a reflective account on providing a patient with information on the need for further assessment and treatment
- **Witness Testimony:** Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Overview**About this workforce competence**

This workforce competence is intended for those who contribute to the process of producing dental images for diagnostic and quality assurance purposes. You will need to prepare the equipment and materials for dental radiography, as well as protect yourself, oral health care team members and the public from the hazards associated with ionising radiation. You will need to know about the various dental radiographic films and digital systems. This workforce competence is not designed to apply to cephalometric projections.

Further training is needed for those oral health workers who actually take dental radiographs consistent with the requirements of the Ionising Radiation (Medical Exposures) Regulations 2000.

This workforce competence is applicable for any member of the oral health care team who has the responsibility for processing and supporting the production of dental radiographs.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004):

Dimension: Health and wellbeing HWB6: Assessment and treatment planning
Level 2

Searchable key words

Dental images, oral health, Xrays, radiography, teeth.

Origin

This workforce competence has been developed by Skills for Health.

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Items which may interfere with the radiographic image

items which may interfere with the radiographic image would include: dental items (eg dentures, removable appliances) and ornamental items (such as earrings, nose clips)

Resources

resources may include intra and extra oral films and chemicals

Additional protective equipment

includes: types of personal protective equipment such as visors, protective eyewear and radiation protective equipment

Contaminated

includes items contaminated with body fluids, chemicals.
Any pack/item opened and not used should be treated as contaminated

Personal protective clothing

includes items such as plastic aprons, gloves - both clean and sterile, eyewear, footwear, dresses, trousers and shirts and gowns.
These may be single use disposable clothing or reusable clothing.

Unit 307

Contribute to the production of dental images (OH4)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Imaging equipment

includes:

- a) digital
- b) automatic
- c) manual

Patients

may include:

- a) adults
- b) children and young people
- c) older people
- d) those with special needs

Standard precautions and health and safety measures

a) series of interventions which will minimise or prevent infection and cross infection, including:

b) hand washing/cleansing before, during and after the activity

c) the use of **personal protective clothing** and **additional protective equipment** when appropriate

it also includes:

d) handling **contaminated** items

e) disposing of waste

f) safe moving and handling techniques

g) untoward incident procedures

h) safe handling of medicaments.

Unit 307 **Contribute to the production of dental images (OH4)**

Performance criteria

You need to:

1. apply **standard precautions for infection control** and take other appropriate **health and safety measures**
2. select the correct type of **resources** for the procedure being undertaken and make them available for the operator
3. confirm **imaging equipment** is fully functioning and ready for use
4. ask **patients** to remove any **items which may interfere with the radiographic image**, and offer appropriate explanations
5. offer the patient appropriate support and refer any questions which are beyond your role to an appropriate member of the team
6. maintain health and safety throughout the imaging procedure
7. use **resources** in a manner which maintains the quality of the image
8. carry out imaging stages in the correct sequence and for the appropriate duration
9. contribute to the production of a dental image that is fit for purpose
10. keep accurate records of quality assurance checks
11. store or save images produced according to the organisation's established procedures.

Unit 307 Contribute to the production of dental images (OH4)

Knowledge and understanding

You need to apply:

Ionising radiation

- K1. factual knowledge of ionising radiations - their nature and uses
- K2. factual knowledge of the hazards associated with ionising radiations including the effects which they may have on general health and the likely effect of different doses of radiation on people
- K3. factual knowledge of the risks associated with ionising radiations in general and the relative risks associated with dental radiographs

Health, safety and infection control

- K4. a working knowledge of the purpose, method of use and function of protective wear and the reason for their use during assessment
- K5. a working knowledge of standard precautions and quality standards of infection control and your role in maintaining them

Radiation protection

- K6. a working knowledge of the practical protective measures which can be used to minimise risks to patients, self, the oral healthcare team and the public
- K7. a working knowledge of why the radiation dose should be as low as possible
- K8. a working knowledge of methods for monitoring the ionising radiations which staff receive (eg Personal Radiation Monitors) and the purpose of these
- K9. a working knowledge of your role in relation to current legislation to protect persons undergoing medical examination and treatment (such as the Ionising Radiation Act, the Ionising Radiation (Medical Exposures) Regulations (including Local Rules), Control of Substances Hazardous to Health, Health and Safety at Work Act)
- K10. a working knowledge of the organisation's practices and policies relating to ionising radiations and the taking of radiographs
- K11. a working knowledge of the purpose of quality assuring dental radiographs and the relationship of this to radiation protection
- K12. a working knowledge of the organisation's quality assurance policy for processing dental radiographs and your role in relation to this
- K13. factual knowledge of the role of the Radiation Protection Supervisor and Radiation Protection Advisor in the organisation, their responsibilities and contribution to radiation protection

Principles of dental imaging

- K14. factual knowledge of the dental imaging process (including digital and film)
- K15. factual knowledge of the nature of dental imaging and their uses

Dental imaging - equipment and materials

- K16. factual knowledge of the different sizes and types of radiographic film, how they are used and how to select the right one
- K17. a working knowledge of methods for cleaning the different equipment used, the reasons for doing this and the potential risks of not so doing
- K18. a working knowledge of methods of confirming the correct functioning of equipment
- K19. a working knowledge of action to take in case of equipment failure
- K20. a working knowledge of the purpose and use of intensifying screens in dental radiography
- K21. factual knowledge of the purpose of the different chemicals used in processing
- K22. a working knowledge of correct, safe methods of storage and disposal of the different chemicals
- K23. factual knowledge of the reasons for storing films away from ionising radiations, the reasons for rotating film stock and why film stock which has deteriorated should not be used

Patient management

- K24. a working knowledge of the concerns which patients may have regarding dental imaging and methods of supporting patients during the taking of dental images

Dental radiography - processing films

- K25. a working knowledge of the reasons for protecting the processing environment from accidental intrusion including the use of safe lights
- K26. a working knowledge of methods of handling the different films so as to maintain their quality
- K27. a working knowledge of correct methods of processing both extra and intra oral films and the reasons for these

Dental radiography - mounting radiographs

- K28. a working knowledge of methods of mounting dental radiographs and the consequences of not so doing
- K29. a working knowledge of the organisation's policy for the filing of dental radiographs and the records which should be attached to them

Dental radiography - assuring the quality of images and fault finding

- K30. a working knowledge of process defects (including fogging, density, contrast, and handling marks) and criteria for determining whether a radiographic image is of an acceptable quality

Communication

- K31. a working knowledge of methods of communicating information clearly and effectively
- K32. a working knowledge of methods of modifying information and communication methods for different individuals including patients from different social and ethnic backgrounds, children (including those with special needs), and the elderly.

Unit 307 **Contribute to the production of dental images (OH4)**

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria, and **all** the knowledge and those parts of the scope that are applicable in your work place. The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted** for this unit.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your practice who will provide testimony of your work-based performance. Your assessor will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria in this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance and knowledge evidence:

The following performance criterion may be difficult to evidence by observation and/or expert witness testimony because it refers to contingencies or infrequently occurring activities:

Performance criterion 4

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg quality records; equipment checks
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records
- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg why should the radiation dose be as low as possible?

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg explain the purpose of quality assuring the processing of dental radiographs, including the organisational policy and your role within
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Certificate of Training in COSHH
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit. eg a project on the nature and use of ionising radiations their hazards and risks
- **Witness Testimony**
Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 308

Provide chairside support during the prevention and control of periodontal disease and caries and the restoration of cavities (OH5)

Overview

About this workforce competence

This workforce competence describes the role of the oral health worker in providing chairside support during the prevention and control of periodontal diseases and caries, and the restoration of cavities. You will need to prepare and mix a wide range of materials/medicaments which, if not carried out correctly, can seriously affect the success of the treatment. You will need to know the reason for using particular materials and medicaments, the alternatives that may be used and the mixing and handling instructions recommended by the manufacturers

This workforce competence is applicable to workers in all settings where patients require treatment related to the prevention and control of periodontal diseases and the preparation and restoration of cavities.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004):

Dimension: Health and wellbeing HWB7: Interventions and treatments

Level 2

Searchable key words

Chairside support, periodontal, caries, cavities, dental, oral health, teeth

Origin

This workforce competence has been developed by Skills for Health.

Unit 308

Provide chairside support during the prevention and control of periodontal disease and caries and the restoration of cavities (OH5)

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Additional protective equipment	includes: types of personal protective equipment such as visors, protective eyewear
Contaminated	includes items contaminated with body fluids, chemicals. Any pack/item opened and not used should be treated as contaminated
Personal protective clothing	includes items such as plastic aprons, gloves - both clean and sterile, eyewear, footwear, dresses, trousers and shirts and gowns. These may be single use disposable clothing or reusable clothing.

Unit 308

Provide chairside support during the prevention and control of periodontal disease and caries and the restoration of cavities (OH5)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Charts and records

include:

- a) paper based
- b) electronic
- c) images

Patients

may include:

- a) adults
- b) children and young people
- c) older people
- d) those with special needs

Standard precautions and health and safety measures

a series of interventions which will minimise or prevent infection and cross infection, including:

- a) hand washing/cleansing before during and after the activity
- b) the use of **personal protective clothing** and **additional protective equipment** when appropriate

it also includes:

- c) handling **contaminated** items
- d) disposing of waste
- e) safe moving and handling techniques
- f) untoward incident procedures
- g) safe handling of medicaments

Treatments for controlling and preventing dental decay, periodontal diseases and caries

include:

- a) applying fissure sealants
- b) applying fluoride treatments
- c) scaling
- d) polishing
- e) debridement

Treatments for the restoration of cavities

include:

- a) temporary restorations
- b) amalgam restorations
- c) composite restorations
- d) glass ionomer restorations.

Unit 308

Provide chairside support during the prevention and control of periodontal disease and caries and the restoration of cavities (OH5)

Performance criteria

You need to:

- 1 retrieve and make available the correct **patient's charts, records and images** and identify correctly the planned **treatment**
- 2 apply standard precautions for infection control and take other appropriate health and safety measures
- 3 anticipate, select and arrange the equipment, instruments, materials and medicaments in their most likely order of use and easy reach of the chairside for the prevention and control of periodontal disease
- 4 provide appropriate support during the administration of local or regional analgesia
- 5 anticipate, select and arrange the equipment, instruments, materials and medicaments in their most likely order of use and easy reach of the chairside for:
 - a) prevention and control of periodontal diseases
 - b) the prevention and control of dental caries
 - c) the provision of amalgam restorations
 - d) the provision of composite restorations
 - e) the provision of glass ionomer restorations
- 6 aspirate the treatment area, maintain a clear field of operation and suitably protect the patient's soft tissues using instruments and materials appropriate to the procedure
- 7 correctly anticipate, select and offer to the operator:
 - a) a suitable matrix system to aid the placement of a restoration
 - b) the correct quantity of the appropriately mixed restorative materials
 - c) any materials or equipment required for the finishing of the restoration
- 8 handle equipment, instruments, materials and medicaments in a manner that minimises the possibility of damage and cross-infection
- 9 continuously monitor the patient, identify any complications and take the necessary actions without delay
- 10 ensure that all records and other appropriate documents are complete, accurate and legible following the procedure.

Unit 308 Provide chairside support during the prevention and control of periodontal disease and caries and the restoration of cavities (OH5)

Knowledge and understanding

You need to apply:

Anatomy and physiology

- K1. factual knowledge of primary and secondary dentition and the dates of eruption
- K2. factual knowledge of the structure and functions of teeth and gingivae

Oral disease and caries

- K3. factual knowledge of the development of dental plaque and methods for controlling it
- K4. factual knowledge of the main causes and treatment of periodontal disease and caries
- K5. factual knowledge of the nature and progression of dental and oral disease

Retracting tissues and aspirating

- K6. a working knowledge of methods of protecting and retracting the soft tissues
- K7. a working knowledge of methods of aspirating during treatment

Preventing dental and oral disease

- K8. factual knowledge of the ways in which periodontal disease can be prevented and/or minimised including effective oral hygiene techniques
- K9. factual knowledge of the different forms of fluoride (systemic and topical) and its optimum levels

Equipment, instruments, materials and medicaments used in periodontal therapy and the preparation and restoration of cavities

- K10. a working knowledge of the function of the different kinds of equipment, instruments and materials/medicaments used in:
 - a) periodontal therapy
 - b) the preparation and restorations of cavities
- K11. a working knowledge of the equipment used in the administration of local and regional anaesthesia

Cavity preparation

- K12. a working knowledge of the different stages in cavity preparation for both deciduous and permanent teeth

Restorations

- K13. a working knowledge of the different types and purposes of linings and their relationship to the type of restoration which is being used
- K14. a working knowledge of the advantages and disadvantages of the different types of:
 - a) amalgam
 - b) temporary restorations
 - c) composite restorations
 - d) glass ionomer restoration
- K15. a working knowledge of safe handling and disposal of amalgam and mercury spillage

- K16. a working knowledge of the purpose and different types of etchants, when and where they are used
- K17. a working knowledge of the purpose and different types of bonding agents, when and where they are used
- K18. factual knowledge of the importance of finishing restorations and the equipment, instruments and materials that may be used
- K19. factual knowledge of the importance of matrix systems and the equipment and instruments that may be used

Health and safety and control of infection

- K20. a working knowledge of the potential hazards of curing lights
- K21. a working knowledge of standard precautions and quality standards of infection control and your role in maintaining them
- K22. a working knowledge of the purpose, method of use and function of protective wear and the reason for their use during dental treatment
- K23. factual knowledge of the hazards associated with amalgam including:
 - a) the reasons for, and importance of, preparing amalgam in ventilated areas
 - b) the appropriate precautions that should be taken to prevent mercury spillage
 - c) the correct action to take in the event of mercury spillage

Communication

- K24. a working knowledge of methods of communicating information clearly and effectively
- K25. a working knowledge of methods of modifying information and communication methods for different individuals including patients from different social and ethnic backgrounds, children (including those with special needs), and the elderly

Charts and records

- K26. a working knowledge of the different types of records used in the organisation (including medical history, personal details, dental charts, radiographs/photographs and study models for assessment and treatment planning) and their purpose
- K27. in-depth understanding of confidentiality in relation to patient records

Team working

- K28. a working knowledge of methods of effective team working in oral health care.

Unit 308 Provide chairside support during the prevention and control of periodontal disease and caries and the restoration of cavities (OH5)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria and **all** the knowledge and those parts of the scope that are applicable in your work place. The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted** for this unit.

The nature of this unit means that **all** of your evidence must come from real life work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. Your assessor or expert witness will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria in this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance criterion and knowledge evidence:

The following performance criteria may be difficult to evidence by observation and/or expert witness testimony because it relates contingencies or infrequently occurring activities:

Performance criterion 4

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg incident records, broken equipment logs
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records

- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg what are the advantages of glass ionomer restorations
- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg describe your own organisational policy and your own role in relation to the confidentiality of patient records .
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Certificate in Infection Control: First Aid Certificate; records of training in the use new equipment
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit eg a project on the causes, nature and progression of periodontal disease and its treatments
- **Witness Testimony:** Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 309

Provide chairside support during the provision of fixed and removable prostheses (OH6)

Overview

About this workforce competence

This workforce competence concerns the provision of chairside support during the preparation and fitting of fixed and removable prostheses. Fixed prostheses include crowns and supported/adhesive bridges, inlays, veneers, temporary bridges, and temporary crowns. Removable prostheses include metal, acrylic and immediate prostheses. The procedures include first impression, second impression, occlusal registration, try-in, and fitting. You will need to prepare and mix a wide range of materials which, if not carried out correctly, can affect the success of treatment. Therefore you will need to know about the purposes of the different materials, their use, their relationship to other materials, methods and amounts for mixing, the effects of temperature, and their correct handling.

This workforce competence is applicable to any member of the oral health care team providing chairside assistance for the preparation and fitting of fixed or removable prostheses including orthodontic appliances.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004):

Dimension: Health and wellbeing HWB7: Interventions and treatments
Level 2

Searchable key words

Chairside support, oral prostheses, dental, oral health, teeth

Origin

This workforce competence has been developed by Skills for Health.

Unit 309

Provide chairside support during the provision of fixed and removable prostheses (OH6)

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Additional protective equipment

includes: types of personal protective equipment such as visors, protective eyewear and radiation protective equipment

Contaminated

includes items contaminated with body fluids, chemicals. Any pack/item opened and not used should be treated as contaminated

Personal protective clothing

includes items such as plastic aprons, gloves - both clean and sterile, eyewear, footwear, dresses, trousers and gowns. These may be single use disposable clothing or reusable clothing.

Unit 309

Provide chairside support during the provision of fixed and removable prostheses (OH6)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Charts and records	may include: <ul style="list-style-type: none">a) paper basedb) electronicc) laboratory work ticketsd) dental images
Patients	may include: <ul style="list-style-type: none">a) adultsb) children and young peoplec) older peopled) those with special needs
Prostheses (fixed)	may include: <ul style="list-style-type: none">a) crowns / inlaysb) veneersc) permanent/adhesive bridgesd) temporary bridges and temporary crowns
Prostheses (removable)	may include: <ul style="list-style-type: none">a) metalb) acrylicc) immediated) orthodontic
Standard precautions and health and safety measures	a series of interventions which will minimise or prevent infection and cross infection, including: <ul style="list-style-type: none">a) hand washing/cleansing before during and after the activityb) the use of personal protective clothing and additional protective equipment when appropriate it also includes: <ul style="list-style-type: none">c) handling contaminated itemsd) disposing of wastee) safe moving and handling techniquesf) untoward incident proceduresg) safe handling of medicaments.

Unit 309

Provide chairside support during the provision of fixed and removable prostheses (OH6)

Performance criteria

You need to:

- 1 apply **standard precautions for infection control** and take other appropriate **health and safety measures**
- 2 provide appropriate support during the administration of local or regional analgesia
- 3 thoroughly clean any **removable prosthesis** which is to be relined, added to or adjusted and prepare the relevant area of the **prostheses** for the work to be undertaken
- 4 make available a selection of potentially suitable trays for the operator and once they have selected one, prepare it ready for use compatible with the material and tray being used
- 5 prepare any equipment and materials required for a tooth to be prepared before the impression is to be taken
- 6 correctly select the appropriate impression materials and prepare them:
 - a) to the correct quantity in relation to the size of the tray
 - b) to the correct consistency
 - c) within the handling and setting time relative to the material and ambient temperature
 - d) using the correct technique
- 7 load impression materials correctly on to the impression tray using a method which allows a complete and accurate impression to be taken
- 8 offer **patients** appropriate support while impressions are in their mouths
- 9 disinfect impressions appropriately on removal and record accurate, legible and complete all details of stages, shades and requirements on the laboratory ticket and attach it securely to the packaging
- 10 correctly mix and prepare the appropriate materials when temporary crowns are being prepared and fitted
- 11 prepare the correct equipment and materials for recording the occlusal registration
- 12 correctly assess the amount and type of adhesive material required for fixed prostheses and prepare it
 - a) to the correct consistency
 - b) using a technique appropriate to the material
 - c) at the time required by the operator
- 13 offer the correct instruments and materials for trimming, cleaning and checking the final adjustment of the fitting when they are required
- 14 continuously monitor the patient, identify any complications and take the necessary actions without delay
- 15 offer patients advice and instruction in a manner appropriate to them.

Unit 309

Provide chairside support during the provision of fixed and removable prostheses (OH6)

Knowledge and understanding

You need to apply:

Anatomy and physiology

- K1. factual knowledge of dental anatomy in relation to the mandible and maxilla
- K2. factual knowledge of jaw movements of the temporo-mandibular joint

Replacement of teeth

- K3. factual knowledge of the options available for replacing missing teeth and the relative benefits of each, including:
 - a) fixed prostheses
 - b) removable prostheses
 - c) implants

Fixed prostheses

- K4. factual knowledge of the purpose of crown, bridge, inlay and veneer techniques
- K5. factual knowledge of the purpose of temporary crowns and bridges and their construction
- K6. a working knowledge of the equipment and instruments used in preparing teeth for fixed prostheses
- K7. a working knowledge of the equipment, instruments and materials for retraction before impression taking
- K8. a working knowledge of selecting and preparing impression trays and mixing and loading the appropriate impression material
- K9. a working knowledge of preparing and planning temporary crowns and bridges, cements, and hand instruments (such as flat plastics)
- K10. a working knowledge of shade taking (such as shade guides)
- K11. a working knowledge of methods of taking occlusal registrations and why these are necessary
- K12. a working knowledge of the instruments and materials required for:
 - a) the removal of temporary prostheses
 - b) the checking and adjusting of fixed prostheses before final fitting
 - c) protecting and retracting the soft tissues (such as rubber dams)
- K13. a working knowledge of different types of cements and correct methods of mixing and the methods of isolation during cementation

Prosthodontics

- K14. factual knowledge of the use of impression materials in making study models or working casts for the construction of the appliance and of the opposing arch or tooth
- K15. a working knowledge of the different forms which impression materials take (alginates, reversible hydrocolloid, puttys), the relationship of these to the treatment being undertaken
- K16. a working knowledge of the preparation, application, storage and after-care of impressions to preserve the accuracy of the impression
- K17. factual knowledge of why impression materials should be disinfected prior to the attachment of a laboratory ticket

Removable prostheses - types, functions and stages of treatment

- K18. factual knowledge of the different stages in making complete and partial removable prostheses, relines, rebases and additions
- K19. factual knowledge of the purpose of:
 - a) pre-prosthetic surgery
 - b) tooth preparation prior to partial denture constructions
 - c) using obturators
 - d) tissue conditioners
 - e) using spoon dentures
- K20. factual knowledge of the options available for replacing missing teeth and their relative benefits
- K21. a working knowledge of the equipment, instruments, and materials which are used in taking initial and second impressions
- K22. a working knowledge of the equipment, instruments, and materials which are used taking occlusal registrations (such as wax occlusal rims, additional sheets of pink wax, heat source, markers, shade guides and mould guides)
- K23. a working knowledge of the equipment, instruments, and materials which are used in try-ins (such as the waxed-up removable prostheses, heat source, shade guides, wax knife, LeCron carver, sheet wax, mirrors)
- K24. a working knowledge of the equipment, instruments, and materials which are used at the fitting of removable prostheses (such as individual mirror, handpiece, polymeric stone, polymeric trimming burs, pressure relief paste, articulating papers)
- K25. a working knowledge of the differences between constructing dentures for adults, children and the elderly

Orthodontic treatment and appliances

- K26. factual knowledge of the range of orthodontic treatments available and the different type of appliances used
- K27. factual knowledge of the equipment, instruments, and materials which are used in the fitting, monitoring and adjusting of orthodontic appliances

Liaison with manufacturers of custom-made prostheses

- K28. factual knowledge of the role of the dental technician in the oral health care team and purpose of close liaison with technical staff and the dental laboratory in relation to timing, materials etc
- K29. factual knowledge of the relevance and importance of laboratory work tickets and record cards

Supporting individuals in the care of removable prostheses and in their oral health care

- K30. a working knowledge of the type of support which patients may need when obtaining new removable prostheses and the worries which they may have
- K31. a working knowledge of how to care for removable prostheses
- K32. a working knowledge of aftercare for immediate dentures

Retracting tissues and aspirating

- K33. a working knowledge of methods of protecting and retracting the soft tissues
- K34. a working knowledge of methods of aspirating during treatment

Communication

- K35. a working knowledge of the importance of communicating information clearly and effectively
- K36. a working knowledge of methods of modifying information and communication methods for different individuals including patients from different social and ethnic backgrounds, children (including those with special needs), and the elderly

Health and safety and infection control

- K37. a working knowledge of the purpose, method of use and function of protective wear and the reason for their use
- K38. a working knowledge of standard precautions and quality standards of cross infection control and your role in maintaining them
- K39. factual knowledge of the reasons for monitoring continuously the patient and the operator

Charts and Records

- K40. a working knowledge of the different types of charts and records used in the organisation (including medical history, personal details, dental charts, radiographs/photographs and study models for assessment and treatment planning) and their purpose
- K41. in-depth knowledge of confidentiality in relation to patient records

Team working

- K42. a working knowledge of methods of effective team working in oral health care.

Unit 309 Provide chairside support during the provision of fixed and removable prostheses (OH6)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria, and **all** the knowledge and those parts of the scope that are applicable in your work place. The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted** for this unit.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. Your assessor or expert witness will observe you in real work activities and this is likely to provide most of the performance criteria in this unit. Your assessor will also decide what knowledge you have demonstrated through your work practice.

Other sources of performance criterion and knowledge evidence:

The following performance criteria may be difficult to evidence by observation and/or expert witness testimony because it refers to contingencies or infrequently occurring activities:

Performance criterion 3.

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg laboratory records
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records
- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg what are the main options available for replacing missing teeth

and what are their relative benefits?

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg explain the purpose of temporary crowns and bridges and their construction
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Certificate in Health and Safety at Work
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit. eg a project on the range of orthodontic treatments available and the different types of appliances that are used
- **Witness Testimony:** Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 310

Provide chairside support during non-surgical endodontic treatment (OH7)

Overview

About this workforce competence

This workforce competence concerns chairside support during non-surgical endodontic treatment, such as root canal treatment, and may require the use of four-handed dentistry. You will need to anticipate the operator's needs for equipment, instruments, materials and medicaments, and select the correct ones. You will also need to maintain a clear field of operation, making sure that your actions complement those of other team members.

You will need to know about the purpose and reasons for non-surgical treatment, the potential risks of the treatment, and the equipment, instruments, materials and medicaments involved.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004):

Dimension: Health and wellbeing HWB7: Interventions and treatments

Level 2

Searchable key words

Chairside support, non-surgical endodontic, oral health, dental, teeth

Origin

This workforce competence has been developed by Skills for Health.

Unit 310

Provide chairside support during non-surgical endodontic treatment (OH7)

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Additional protective equipment

includes: types of personal protective equipment such as visors, protective eyewear and radiation protective equipment

Contaminated

includes items contaminated with body fluids, chemicals
Any pack/item opened and not used should be treated as contaminated

Personal protective clothing

includes items such as plastic aprons, gloves - both clean and sterile, eyewear, footwear, dresses, trousers and shirts and gowns.

These may be single use disposable clothing or reusable clothing.

Unit 310

Provide chairside support during non-surgical endodontic treatment (OH7)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Charts and records	include: <ul style="list-style-type: none">a) paper basedb) electronicc) radiographs / images
Patients	Include: <ul style="list-style-type: none">a) adultsb) childrenc) older peopled) those with special needs.
Treatment	Include <ul style="list-style-type: none">a) permanent teethb) deciduous teeth
Standard precautions and health and safety measures	a series of interventions which will minimise or prevent infection and cross infection, including: <ul style="list-style-type: none">a) hand washing/cleansing before during and after the activityb) the use of personal protective clothing and additional protective equipment when appropriate it also includes: <ul style="list-style-type: none">c) handling contaminated itemsd) disposing of wastee) safe moving and handling techniquesf) untoward incident proceduresg) safe handling of medicaments.

Unit 310 Provide chairside support during non-surgical endodontic treatment (OH7)

Performance criteria

You need to:

- 1 apply **standard precautions** for infection control and take other appropriate **health and safety measures**
- 2 retrieve and make available the **patient's charts, records and images** and identify correctly the planned treatment
- 3 provide appropriate support during the administration of local or regional analgesia
- 4 anticipate, select and arrange the equipment, instruments, materials and medicaments for the following stages of the endodontic treatment:
 - a) access
 - b) isolation
 - c) preparation
 - d) measurement
 - e) obturation
 - f) restoration
- 5 assist the operator and support the patient during the isolation of the tooth
- 6 aspirate the treatment area, maintaining a clear field of operation, and assist with monitoring and supporting the patient during treatment
- 7 ensure irrigation equipment and solutions are available and handled correctly
- 8 assist the operator in measuring and recording root length
- 9 prepare the resources and contribute to the production of a dental image
- 10 prepare the appropriate materials and medicaments for either temporary or permanent placement in the canals
- 11 continuously monitor the patient, identify any complications and take the necessary actions without delay
- 12 correctly prepare, and offer to the operator the required restorative material
- 13 ensure that all **charts and records** are complete, accurate and legible following the procedure.

Unit 310 Provide chairside support during non-surgical endodontic treatment (OH7)

Knowledge and understanding

You need to apply:

Anatomy and physiology

- K1. factual knowledge of primary and secondary dentition and the dates of eruption
- K2. factual knowledge of the structure and functions of teeth and gingivae

Non-surgical endodontic treatment

- K3. factual knowledge of the purpose of non-surgical endodontic treatment, the different forms which it may take and its relationship to other forms of dental treatment
- K4. factual knowledge of the reasons why it may be necessary to undertake non-surgical endodontic treatment
- K5. a working knowledge of the potential risks, complications and traumas that may arise during and after non-surgical endodontic treatment
- K6. a working knowledge of methods of cleaning and preparing root canals
- K7. a working knowledge of the equipment, instruments, materials and medicaments which are used in identifying, locating, filing and measuring the roots of teeth
- K8. a working knowledge of the different materials used in the sealing, filling and restoration of the root canal
- K9. a working knowledge of equipment used in moisture control
- K10. a working knowledge of the equipment used in the administration of local and regional anaesthesia

Providing close support and assistance to the oral health team

- K11. a working knowledge of the ergonomics of dental practice eg seating, positioning of the patient and team, instrument passing and protecting and retracting the soft tissues
- K12. a working knowledge of methods of aspirating during treatment and facilitating a clear view of the treatment area for the operator and the consequences of doing this incorrectly (such as tissue damage)
- K13. a working knowledge of the importance of monitoring the patient
- K14. a working knowledge of why it is important that the worker's actions complement the work of other team members and how this is achieved

Health and safety and control of infection

- K15. a working knowledge of standard precautions and quality standards of infection control and the dental nurse's role in maintaining them
- K16. a working knowledge of the purpose of protective wear and the reason for the different kinds which might be necessary

Charts and record keeping

- K17. a working knowledge of the different types of charts and records used in the organisation (including medical history, personal details, dental charts, radiographs/photographs and study models for assessment and treatment planning) and their purpose
- K18. in-depth understanding of confidentiality in relation to patient records

Communication

- K19. a working knowledge of the importance of communicating information clearly and effectively
- K20. a working knowledge of methods of modifying information and communication methods for different individuals including patients from different social and ethnic backgrounds, children (including those with special needs), and the elderly.

Unit 310 Provide chairside support during non-surgical endodontic treatment (OH7)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria and **all** the knowledge and those parts of the scope that are applicable to your work role. The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted** for this unit.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. Your assessor or expert witness will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria in this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance and knowledge evidence:

The following performance criteria may be difficult to evidence by observation and/or expert witness testimony because they refer to contingencies or infrequently occurring activities:

Performance criteria 3 & 10.

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg incident/ accident records
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records
- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg why might it be necessary to undertake non-surgical endodontic treatment

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg explain the appropriate health and safety precautions necessary during endodontic procedures
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg Certificate in Infection Control; First Aid Certificate
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit eg a project on potential risks, complications and trauma that may arise during and after non-surgical endodontic treatment
- **Witness Testimony:** Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Unit 311

Provide chairside support during the extraction of teeth and minor oral surgery (OH8)

Overview

About this workforce competence

This workforce competence is intended for those who provide close support during the extraction of erupted teeth, the extraction of unerupted teeth or roots, and bone removal. You will need to ensure that the patient is properly prepared for the procedure and monitor them at all stages of the treatment, reporting any problems or concerns to the operator. You will also need to anticipate the operator's requirements to ensure that there is no unnecessary delay during the procedure. Managing the control of cross-infection is also a key requirement. You will need to know about the different types of extraction and minor surgical procedures including the reasons for carrying them out, and the instruments, materials, equipment and medicaments involved.

Links

This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004):

Dimension: Health and wellbeing HWB7: Interventions and treatments
Level 2

Searchable key words

Chairside support, extraction of teeth, minor oral surgery, oral health, dental

Origin

This workforce competence has been developed by Skills for Health.

Unit 311

Provide chairside support during the extraction of teeth and minor oral surgery (OH8)

Glossary

This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.

Additional protective equipment

includes: types of personal protective equipment such as visors, protective eyewear and radiation protective equipment

Contaminated

includes items contaminated with body fluids, chemicals. Any pack/item opened and not used should be treated as contaminated

Personal protective clothing

includes items such as plastic aprons, gloves - both clean and sterile, eyewear, footwear, dresses, trousers and shirts and gowns. These may be single use disposable clothing or reusable clothing.

Unit 311

Provide chairside support during the extraction of teeth and minor oral surgery (OH8)

Scope

This section provides guidance on possible areas to be covered in this workforce competence.

Charts and records

include:

- a) paper based
- b) electronic
- c) dental images

Equipment, instruments, materials and medicaments

Include:

- a) topical anaesthetic, local anaesthetic equipment – appropriate syringe, needle and LA cartridge
- b) luxators and/or elevators eg Couplands, Warwick James or Cryers
- c) forceps
- d) surgical extraction equipment eg scalpel, periosteal elevator, cheek retractor, tongue retractor, spencer wells, suture, suture holder, dissecting forceps, scissors, surgical suction tip, surgical handpiece and burs or surgical mallet and chisel.
- e) irrigation, eg saline
- f) haemostatic medicaments – gelatine sponges, oxidised cellulose

Patients

Include:

- a) adults
- b) children
- c) older people
- d) those with special needs.

Treatment

extraction of teeth and minor oral surgery includes:

- a) extraction of erupted teeth (deciduous and permanent)
- b) extraction of unerupted teeth or roots
- c) bone removal
- d) raising mucoperiosteal flaps

Standard precautions and health and safety measures

a series of interventions which will minimise or prevent infection and cross infection, including:

- a) hand washing/cleansing before during and after the activity
- b) the use of **personal protective clothing** and **additional protective equipment** when appropriate

it also includes:

- c) handling **contaminated** items
- d) disposing of waste
- e) safe moving and handling techniques
- f) untoward incident procedures
- g) safe handling of medicaments.

Unit 311 **Provide chairside support during the extraction of teeth and minor oral surgery (OH8)**

Performance criteria

You need to:

- 1 retrieve and make available the correct **patient's charts, records and images** and identify correctly the planned **treatment**
- 2 check with the patient that they have followed the prescribed pre-treatment instructions and report any non-compliance promptly to the appropriate member of the team
- 3 apply **standard precautions for infection control** and take other appropriate **health and safety measures**
- 4 provide appropriate support during the administration of local or regional analgesia
- 5 anticipate, select and arrange the **equipment, instruments, materials and medicaments** in their most likely order of use and easy reach of the chairside in a manner that minimises the possibility of damage and cross-infection
- 6 suitably protect the patient's soft tissues using instruments and materials appropriate to the procedure, irrigate and aspirate the treatment area and maintain a clear field of operation
- 7 continuously monitor the patient, identify any complications and take the necessary actions without delay
- 8 assist the operator in the placement and cutting of sutures (if used), record the sutures correctly and prepare an appropriate post-operative dressing
- 9 provide post-operative instructions or information to the patient on care of the mouth, post-extraction haemorrhage, suture removal (if required), and access to emergency care and advice
- 10 support the patient appropriately throughout and confirm with the operator that the patient is fit to leave the surgery prior to them doing so
- 11 ensure that all charts and records are complete, accurate, and legible following the procedure.

Unit 311 Provide chairside support during the extraction of teeth and minor oral surgery (OH8)

Knowledge and understanding

You need to apply:

Anatomy and physiology

- K1. factual knowledge of the structures of the skull and oral cavity
- K2. factual knowledge of nerve and blood supply to teeth and gingiva
- K3. factual knowledge of morphology of teeth and roots of teeth
- K4. factual knowledge of primary and secondary dentition and the dates of eruption

Equipment, instruments, materials and medicaments

- K5. a working knowledge of the equipment, instruments, materials and medicaments which are used in the following procedures:
 - a) extraction of erupted teeth
 - b) extraction unerupted teeth and rootsincluding local and regional anaesthesia
- K6. a working knowledge of the purpose and correct methods of preparing and handling the range of equipment, instruments, materials and medicaments
- K7. a working knowledge of the relationship of the equipment, instruments, materials and medicaments to the different procedures and the order in which they are likely to be used in each procedure

Extractions

- K8. a working knowledge of the different forms of pain and anxiety control that are available in dentistry (including conscious sedation)
- K9. factual knowledge of the reasons why the extraction of teeth may be necessary
- K10. factual knowledge of the purpose of removing roots and unerupted teeth, the different forms which this may take and its relationship to other forms of dental treatment
- K11. a working knowledge of the purpose and reasons for raising mucoperiosteal flaps and the dental nurse's role in providing chairside support for this procedure
- K12. a working knowledge of the purpose and reason for tooth sectioning or bone removal and the dental nurse's role in providing chairside support for this procedure
- K13. a working knowledge of the potential risks and complications that may arise during and after extractions (including nerve damage, haemorrhage, oral antral fistulas, equipment failure)

Health and safety and infection control

- K14. a working knowledge of standard precautions and quality standards of infection control, and the worker's role in maintaining them
- K15. a working knowledge of what is and is not a sterile field and how the correct level of cleanliness may be maintained for the patient's condition, the treatment and the setting
- K16. a working knowledge of legislation and practice guidelines related to health and safety and control of infection and how these affect the worker's actions (including COSHH and Health and Safety at Work Act)

Providing close support and assistance to the oral health care team

- K17. a working knowledge of the ergonomics of dental practice (eg seating, positioning of the patient and team, instrument passing, suction tip placement)
- K18. a working knowledge of methods of working which will complement the work of the operator and the reasons for this
- K19. a working knowledge of the function, use and maintenance of suction equipment and aspirators
- K20. a working knowledge of methods of protecting and retracting the soft tissues
- K21. a working knowledge of methods of aspirating during treatment
- K22. a working knowledge of methods of facilitating a clear view of the treatment area for the operator and the consequences of doing this incorrectly (such as tissue damage)
- K23. a working knowledge of your role in assisting haemostasis, including assisting the placement and cutting of sutures, preparing packs
- K24. a working knowledge of methods of monitoring the patient
- K25. a working knowledge of how to recognise and respond to actual or potential emergencies
- K26. factual understanding of why the patient should be confirmed as fit prior to leaving the surgery

Communication

- K27. a working knowledge of methods of communicating information clearly and effectively
- K28. a working knowledge of methods of modifying information and communication methods for different individuals including patients from different social and ethnic backgrounds, children (including those with special needs), and the elderly

Records

- K29. a working knowledge of the different types of records used in the organisation (including medical history, personal details, dental charts, radiographs/photographs and study models for assessment and treatment planning) and their purpose
- K30. in-depth understanding of confidentiality in relation to patient records

Unit 311 Provide chairside support during the extraction of teeth and minor oral surgery (OH8)

Unit evidence requirements

Evidence Requirements for this unit:

You must provide your assessor with evidence for **all** the performance criteria and **all** the knowledge and those parts of the scope that are applicable in your work place. The evidence must be provided in the following ways taking into account any of the special considerations below.

Special Considerations:

Simulation **is not permitted** for this unit.

The nature of this unit means that **all** of your evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in oral health care.

Required sources of performance and knowledge evidence:

Observation and/or Expert Witness Testimony is the **required** assessment method to be used to evidence some part of this unit.

If your assessor is unable to observe you s/he will identify an expert witness in your workplace who will provide testimony of your work-based performance. Your assessor or expert witness will observe you in real work activities and this is likely to provide most of the evidence for the performance criteria of this unit. Your assessor will also decide what knowledge and understanding you have demonstrated through your work practice.

Other sources of performance and knowledge evidence:

The following performance criteria may be difficult to evidence by observation and/or expert witness testimony because they refer to contingencies or infrequently occurring activities:

Performance criteria 2, 4, 8 & 9.

Your assessor will identify other sources of performance and knowledge evidence ensuring the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all the performance criteria and knowledge requirements are met and that the consistency of your performance can be established.

- **Work Products:** These are non-confidential records made, or contributed to, by you, eg practice information, policies etc
- **Confidential Records:** These may be used as evidence but must not be placed in your portfolio. They must remain in their usual location and be referred to in the assessor records in your portfolio eg patient records.
- **Questioning:** Questions may be oral or written. In each case the question and your answer will need to be recorded eg in what circumstances might it be necessary to extract teeth?

- **Professional discussion:** This should be in the form of a structured review of your practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that you know and understand principles which support practice; policies, procedures and legislation, and that you can critically evaluate their application eg describe the potential risks and complications that may arise during and after extractions(k13)
- **Original Certificates:** Certificates of training and records of attendance must be authentic, current and valid. Your assessor will also want to check the content of such training so that this can be matched to the standards and check that you have retained and can apply learning to practice eg First Aid Certificate; record of training in new equipment
- **Case Studies, projects, assignments and candidate/reflective accounts of your work:** These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of your qualification. Occasionally, because an event happens rarely or may be difficult to observe, you may be able to use a candidate/ reflective account to provide some of the performance evidence for this unit eg a reflective account of providing post operative information to a patient
- **Witness Testimony**
Colleagues, allied professionals and individuals with whom you work may be able to provide testimony of your performance. Your assessor will help you to identify the appropriate use of witnesses.

Appendix 1 Key / Core Skills mapping

This qualification provides opportunities to gather evidence for the accreditation of Key /Core Skills. However, to gain Key/ Core Skills certification, the Key/ Core Skills would need to be taken as additional qualifications.

The following two tables show the links between the Dental Nursing National Occupational Standards and the key and core skills developed by QCA and SQA respectively. The tables are intended to be of assistance to those who wish to integrate key and core skills achievements into workplace practice and assessment.

This sign-posting has been completed using QCA and SQA guidance. The analysis is based on the principle that some evidence for one or more of the Key/Core skills is likely to arise when the individual is carrying out the functions described by the national occupational standards.

These links are not necessarily automatic or prescriptive. In some cases, evidence will only apply to some aspects of the Key / Core skill. In others, the generation of evidence for Key/Core skills may depend on the specific processes that an individual follows to achieve the outcomes described in the national occupational standards. This is particularly the case with Information Technology (IT) where, in many instances, the standards do not require the individual to use IT, but they may do so in order to achieve the outcomes described, depending on the resources available to them. Likewise, Application of Number and Numeracy links are not necessarily automatic. Often the opportunity arises for individuals to gather or handle numerical information related to their job or work role. This information will then have to be analysed and the results presented to gain evidence for the Key/Core skills.

It should be noted that this is a new signposting document showing the relationship between the revised Dental Nursing NOS (June 2006) and the revised Key and Core skills specifications. Therefore, the signposting is different to the previous signposting against the Dental Nursing NOS (February 2000).

KEY SKILLS SIGNPOSTING

Units \ Key Skills	Communication	Application of number	Information Technology	Working with others	Problem solving	Improving own learning and performance
OH1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures	3	2	1	3	3	3
OH2 Offer information and support to individuals on the protection of their oral health and methods of caring for dentures and orthodontic appliances	3	2	1	3	3	3
OH3 Provide chairside support during the assessment of patients' oral health	3	2	1	3	3	3
OH4 Contribute to the production of dental images	3	2	1	3	3	3
OH5 Provide chairside support during the prevention and control of periodontal disease and caries, and the restoration of cavities	3	2	1	3	3	3
OH6 Provide chairside support during the provision of fixed and removable prostheses	3	2	1	3	3	3
OH7 Provide chairside support during non-surgical endodontic treatment	3	2	1	3	3	3
OH8 Provide chairside support during the extraction of teeth and minor oral surgery	3	2	1	3	3	3

CORE SKILLS SIGNPOSTING

Units \ Core Skills	Communication	Numeracy	Using information technology	Working with others	Problem solving
OH1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures	H	Int 2	Int 1	H	H
OH2 Offer information and support to individuals on the protection of their oral health and methods of caring for dentures and orthodontic appliances	H	Int 2	Int 1	H	H
OH3 Provide chairside support during the assessment of patients' oral health	H	Int 2	Int 1	H	H
OH4 Contribute to the production of dental images	H	Int 2	Int 1	H	H
OH5 Provide chairside support during the prevention and control of periodontal disease and caries, and the restoration of cavities	H	Int 2	Int 1	H	H
OH6 Provide chairside support during the provision of fixed and removable prostheses	H	Int 2	Int 1	H	H
OH7 Provide chairside support during non-surgical endodontic treatment	H	Int 2	Int 1	H	H
OH8 Provide chairside support during the extraction of teeth and minor oral surgery	H	Int 2	Int 1	H	H

Appendix 2 Summary of assessment requirements

Nvq Dental Nursing Level 3

	Assessment Requirement	Simulation
CORE UNITS		
301	A.O. or EWT required	No simulation
302	A.O. only required	No simulation
303	A.O. or EWT required	Simulation allowed
ALL OPTIONS		
304	A.O. or EWT required	No simulation
305	A.O. or EWT required	Simulation allowed
306	A.O. or EWT required	No simulation
307	A.O. or EWT required	No simulation
308	A.O. or EWT required	No simulation
309	A.O. or EWT required	No simulation
310	A.O. or EWT required	No simulation
311	A.O. or EWT required	No simulation

A.O. = Assessor Observation

EWT = Expert Witness Testimony

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