

Health and Social Care

Advanced Subsidiary GCE

Unit **F913**: Health and Safety in Care Settings

Mark Scheme for June 2013

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.















All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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Annotations

Annotation	Meaning
	Positive
	Negative
	Benefit of doubt
	Cross
	Example/Reference
	Level 1
	Level 2
	Level 3
	Repeat
	Too vague
	Tick
	Development of point
	Omission mark
	Noted but no credit given

Subject-specific Marking Instructions

- Questions 1ai, 1aii, 1aiii, 2ai, 2aii, 2aiii require a tick or a cross on each answer given.
- Question 4a put L1, L2 or L3 next to each hazard considered depending on how many RA stages covered.
- Insert SEEN at the end of any lengthy passage scoring no marks and on any work on the additional sheets.
- The tick + annotation may be used in extended answers to indicate a section of high quality.

Question			Answer	Marks	Content	Guidance
1	(a)	(i)	A Eye protection/goggles/safety glasses (must be worn) B Wash hands/location of hand-wash facility C Hand protection/gloves (must be worn) D Ear protection (must be worn)	4	1 mark for each identification (4 required)	
		(ii)	Mandatory/safe condition/safety	1		
		(iii)	Blue	1	Accept blue with white writing/signs/pictures	

Question		Answer	Marks	Guidance	
				Content	
1	(b)	<ul style="list-style-type: none"> aim is to ensure employees and others using setting are kept safe by giving a variety of signs to inform and warn defines shape of different signs – people become familiar so don't have to think/worry about meanings defines colours of different types of signs – again for clarity ensures consistency of signs – so everyone knows what they mean throughout UK initially – now in line with all of Europe defines situations/places where signs are required so not up to individual employers – all must legally conform legislation is 'Health and Safety (Signs and Signals) Regulations' 	6	<p>Levels checklist</p> <p><i>Level 3</i> Clear description At least two features</p> <p><i>Level 2</i> Basic description At least two features Sub-max of 3 for one done well</p> <p><i>Level 1</i> Identification/list-like</p> <p>Credit may be given for identifying the legislation</p>	<p>Level 3 (5–6 marks) Candidates give a clear description of at least two features of the legislation which shows a conceptual overview. Answers will be developed logically and show evidence of application of knowledge skills. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 (3–4 marks) Candidates give a basic description of at least two features of the legislation. Answers will show some evidence of application of knowledge. There may be some errors of grammar, punctuation and spelling. <i>Sub-max of 3 for one feature described well and in great detail.</i></p> <p>Level 1 (1–2 marks) Candidates identify possibly only one feature of the legislation. They may provide a simple list of different types of signs. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	
1	(c)	<ul style="list-style-type: none"> ordinary, everyday precautions/likely to be used in every setting eg in you own home to prevent transmission of disease/contamination of food etc. <p>Examples could include any sort of general cleaning/washing/hand washing/cleaning of food preparation areas/dusting/disinfecting toilets/wiping and disinfecting vomit - accept any reasonable suggestion.</p>	3	<p>1 mark for partial explanation 2 marks for detailed explanation 1 mark for relevant example</p> <p>Do not accept specialised PPE. Accept gloves/apron if related to low risk activity eg changing nappy, food preparation etc.</p>	

Question			Answer	Marks	Guidance	
					Content	Levels of response
2	(a)	(i)	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations	1	Accept RIDDOR If both full name and abbreviation are given, accept either if it is correct.	

Question			Answer	Marks	Guidance	
					Content	Levels of response
2	(a)	(ii)	<ul style="list-style-type: none"> • Acute encephalitis • Acute meningitis • Acute poliomyelitis • Acute infectious hepatitis • Anthrax • Botulism • Brucellosis • Cholera • Diphtheria • Enteric fever (typhoid or paratyphoid fever) • Food poisoning • Haemolytic uraemic syndrome (HUS) • Infectious bloody diarrhoea • Invasive group A streptococcal disease • Legionnaires' Disease • Leprosy • Malaria • Measles • Meningococcal septicaemia • Mumps • Plague • Rabies • Rubella • SARS • Scarlet fever • Smallpox • Tetanus • Tuberculosis • Typhus • Viral haemorrhagic fever (VHF) • Whooping cough • Yellow fever • Occupational dermatitis • Occupational asthma/respiratory sensitisation • Occupational cancer 	4	<p>Four diseases required.</p> <p>This list IS definitive, and no other disease may be accepted.</p> <p>Accept salmonella or e-coli (but only one mark even if both given).</p> <p>Do not accept MRSA or any form of flu (bird, swine) as reports on these go to health protection agencies.</p> <p>Not HIV, unless specified as caused by needlestick injury.</p>	

Question			Answer	Marks	Guidance	
					Content	Levels of response
2	(a)	(iii)	<ul style="list-style-type: none"> • fracture (except fingers, thumbs and toes) • serious scald to patient • fall from height causing serious injury • illness caused at work causing more than 7 days absence from work • back injury due to lifting patient (more than 3 days off work) • serious assault on staff member • amputation • electric shock causing unconsciousness or requiring resuscitation • loss of sight (permanent or temporary) • dislocation of knee, hip shoulder or spine • burn or penetrating injury to eye • injury leading to hypothermia, heat-induced illness or unconsciousness • occupational asthma or respiratory sensitisation • acute illness requiring medical treatment or loss of consciousness due to absorption by inhalation, ingestion, through skin, or by exposure to biological agent • accidental release of serious biological hazard • accidental release of any substance which may damage health • collapse of lifts, etc • explosion of vessels/pipe work • electrical short circuit causing fire or explosion • explosion or fire closing workplace for more than 24 hours • death • serious injury causing more than 7 days off work (allow more than 3) or hospitalisation for more than 24 hours 	4	<p>Examples of accidents or incidents which must be reported (4 required).</p> <p>Accept more than 3 days as this has only recently changed.</p>	

Question		Answer	Marks	Guidance	
				Content	Levels of response
2	(b)	<ul style="list-style-type: none"> • must provide a first aid/medical kit • must be adequately stocked/up to date • first aid kit must be fully labelled • must provide information on whereabouts of first aid kit • must have a person to take charge in an emergency (approved person) • notice stating who is approved/appointed person • accident book provided • notice stating location of accident book • information on how to use accident book • Health and Safety Policy in place • only accept first aider or first aid room if the candidate specifies that this is present only because the workplace gives rise to particular hazards or for the first aider that there are a large number of employees (25+) • legislation is 'Health and Safety (First Aid) Regulations' 	6	<p>The underlying principle is that employees must have access to suitable first aid treatment to deal with any injuries they are likely to encounter in their work place. The employer should carry out a risk assessment in order to reach a judgement as to what is required. Provision will depend upon risk. However, most candidates are likely to deal with specifics such as those outlined</p> <p>Levels checklist</p> <p><i>Level 3</i> Clear description At least two requirements High QWC</p> <p><i>Level 2</i> Attempt at description At least two requirements Mid-QWC</p> <p><i>Level 1</i> List-like Low QWC</p>	<p>Level 3 (5–6 marks) Candidates can give a clear description of at least two requirements for the provision of first aid. There will be few, if any, errors of grammar, punctuation or spelling.</p> <p>Level 2 (3–4 marks) Candidates give a basic account of at least two requirements for first aid. Answers will show some evidence of application of knowledge. There may be some errors of grammar, punctuation and spelling. <i>Sub-max of 3 for one requirement done well.</i></p> <p>Level 1 (1–2 marks) Candidates can give a basic list of things to be provided for first aid provision. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
3	(a)	<ul style="list-style-type: none"> • fire closing doors/closing doors or windows manually – reduces oxygen available to flames – thus reducing fire’s ability to spread giving more time for evacuation • sprinkler system (linked with smoke alarm) – puts out smouldering before fire proper breaks out – prevents fire becoming larger and spreading so longer to evacuate • fire retardant doors – take a long time to burn through, thus slowing the fire’s spread into adjacent rooms allowing more time • fire retardant furniture – prevent rapid combustion and spread is slowed due to slow burning • fire extinguishers/fire blanket – allows extinguishing of fire before it becomes too large • good housekeeping eg keeping exits clear, not storing flammables under stairs etc. – reduces availability of flammable material to fuel fire • no smoking policies/restricted area in which residents may smoke – reduces risk of smouldering cigarettes starting a fire <p><i>Accept other reasonable and reasoned arguments.</i></p>	10	<p>Levels checklist</p> <p><i>Level 3</i> Detailed explanation Procedures and equipment covered High QWC</p> <p><i>Level 2</i> Attempt at explanation Sub-max of 5 if only procedures or equipment is given Mid-QWC</p> <p><i>Level 1</i> List-like Low QWC</p> <p>Only accept fire alarms if linked to making it easier to tackle the fire and so extinguishing it or slowing its spread – the alarm alone does not meet the requirements of the question.</p>	<p>Level 3 (8–10 marks) Candidates give a detailed explanation of procedures and equipment that could slow the spread of fire and allow more time for evacuation. Answers will be logical and show application of knowledge. There will be few, if any, errors of spelling, punctuation and grammar.</p> <p>Level 2 (5–7 marks) Candidates give some explanation of the procedures and/or equipment that could slow the spread of fire and allow more time for evacuation. There will be some evidence of application of knowledge. There may be some errors of spelling, punctuation and grammar. <i>Sub-max of 5 if only procedures or equipment is given.</i></p> <p>Level 1 (1–4 marks) Candidates give a basic description of the equipment and/or procedures that could slow the spread of fire and allow more time for evacuation. Answers may be list-like and muddled. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
3	(b)	<p>Practitioners</p> <ul style="list-style-type: none"> staff know clearly what to do in an emergency – increased competence and confidence staff have opportunity to find out specific problems with individual service users and to write alterations into plan staff can make knowledge semi-automatic – so don't hesitate if real thing happens allows for new staff/temporary staff to learn drill – increases safety for residents staff being aware frequently of escape routes, means they are less likely to leave obstacles on evacuation routes <p>Pwus</p> <ul style="list-style-type: none"> if confused (residential home) – frequent practice may aid retention of system in memory frequent practice means service users less likely to panic in case of real fire (quite likely with young children or the elderly – reduces risk in case of real emergency) knowledge of drills increases confidence on part of service users and their relatives/parents (as appropriate) individuals have opportunity to identify particular problems they have eg inability to hear fire alarm/difficulty moving down steps – gives chance to amend procedure to suit individuals – gives opportunity to allocate named workers to assist those with difficulties <p>All</p> <ul style="list-style-type: none"> reduce risk of death – applicable to all frequent drills means that alarm system is tested regularly – benefits everyone – increased confidence in system 	10	<p>Levels checklist</p> <p><i>Level 3</i> Detailed discussion of values Practitioners and pwus mentioned explicitly High QWC</p> <p><i>Level 2</i> Some attempt at discussion Relates to pwus and practitioners generally Mid-QWC Sub-max 5 if only relating to one group</p> <p><i>Level 1</i> List-like Limited link to settings or people Low QWC</p> <p>No negatives asked for as not evaluation, but perfectly acceptable if given.</p>	<p>Level 3 (8–10 marks) Candidates can give a detailed discussion of the value of holding regular fire drills. The benefits will apply to both pwus and practitioners. Answers will be developed logically and show evidence of application of knowledge skills. There will be few, if any, errors of grammar punctuation and spelling.</p> <p>Level 2 (5–7 marks) Candidates can give a basic discussion of the benefits of regular fire drills. The value may be generic and not well related to either pwus or practitioners clearly. Answers will show some evidence of application of knowledge. There may be some errors of grammar punctuation and spelling. <i>Sub-max of 5 if only one of pwus and practitioners done well.</i></p> <p>Level 1 (1–4 marks) Candidates may simply list why fire drills are good without any logical argument. There may be no relating of this information to care setting, service users or care workers. They may simply state what should happen during a fire drill. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
4	(a)	<ul style="list-style-type: none"> • kitchen –pwus may access and burn themselves on cooker/cut themselves on knives etc. – door should be closed/stable door gate locked to keep pwus out/use kitchen under supervision • electric sockets – pwus may poke fingers in and be electrocuted – socket safety covers • radiators –may burn themselves if hot – covers to distance pwus from them • no fire extinguisher shown – risk of everyone being trapped in case of fire – put one (or more) in setting, probably in kitchen • one first aid box shown in kitchen – risk of any injuries worsening if it takes a long time to reach – candidates could argue that this is sufficient for size of setting, or could argue to the contrary – accept either within the usual marking constraints • garden shed with tools – pwus may cut themselves etc. on tools – needs securing to prevent unsupervised access • raised beds – some plants poisonous - pwus may not understand danger & poison themselves – careful selection of plants • toilet next to kitchen – possible contamination if hand washing not adequate - supervise pwus before going into kitchen/cooking activity • fire exit in front of activity area– may cause trips etc in emergency – may have pwus in wheelchairs - change layout to have clearer area in front of fire exit • danger of pwus ‘escaping’ from any external exit – may be harmed by traffic/wander off alarmed doors or high fastenings recommended or additional secure fence around building 	15	<p>Levels checklist</p> <p><i>Level 3</i> Three stages of RA linked clearly to at least two hazards Clear understanding of needs of pwus High QWC</p> <p><i>Level 2</i> Two stages of RA linked but possibly not all three for at least two hazards Mid-QWC</p> <p><i>Level 1</i> Basic attempt List-like Low QWC</p> <p>Accept other reasonable points based loosely on the plan.</p>	<p>Level 3 (11–15 marks) Candidates make detailed and well argued judgements showing clear links between the hazards, the pwus and/or care workers and the risks to them, and indicate consideration of precautions that are already in place. Answers will be developed logically and show evidence of application of knowledge skills. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 (6–10 marks) Candidates identify hazards and make sound links between the pwus (and possibly care workers) and the risks. They will show some consideration of precautions already in place. Answers will show some evidence of application of knowledge. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1 (1–5 marks) Candidates identify hazards but make few links between the pwus and the specific risks. The work may consist of a simple list of hazards with little awareness shown of the precautions already in place. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
4	(b)	<ul style="list-style-type: none"> provides source of reference to staff for answering uncertainties reference source for staff training provides evidence for what has been done in case required after an accident starting point for review process – prevents duplication of effort increased staff confidence of risk reduction – increased job satisfaction ensure that best practice/current guidelines being met reduces risk of pwus and/or staff being hurt setting can demonstrate they are complying with legislation etc. in case of inspection <p>Accept other reasonable points</p>	5	<p>Levels checklist</p> <p><i>Level 2</i> Detailed analysis Two benefits High QWC</p> <p><i>Level 1</i> Limited, more descriptive May only be one benefit List-like Low QWC</p> <p>Do not give credit for indicating that writing it down ensures safety or ensures that changes are made.</p>	<p>Level 2 (4–5 marks) Candidates give a detailed analysis of at least two benefits to the care setting of documenting the findings of the risk assessment. Answers will be developed logically and demonstrate application of knowledge skills. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 1 (1–3 marks) Candidates show limited understanding of the value to the setting of documenting the findings of risk assessment. Answers are likely to be muddled and may be list-like. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
5	(a)	<ul style="list-style-type: none"> elderly residents with dementia may wander off – locked doors to prevent this monitoring of coming and goings to check who is where monitoring of visitors – to ensure residents' wishes are respected and to prevent unscrupulous individuals taking advantage residents may need to be restricted in their movements if they are a danger to themselves CRB/security checks on staff to safeguard vulnerable adults identity cards for staff/visitors, enables challenging unauthorised people/allows pwus and family to recognise staff residents may be too trusting of staff or visitors – may need to have money 'controlled' to prevent them being taken advantage of residents with memory impairment may not remember if their rights have been violated, so systems need to be of high quality and rigorously monitored data protection, confidentiality – password protection, locked filing cabinets, protection from identity theft <p>Accept other reasonable points</p>	8	<p>Levels checklist</p> <p><i>Level 3</i> Detailed explanation Two measures Related to pwus High QWC</p> <p><i>Level 2</i> Simple explanation Two measures Sub-max of 4 marks for one feature done well. Mid-QWC</p> <p><i>Level 1</i> List generic security measures Low QWC</p> <p>Answers which imply that all elderly people should be kept prisoner are not acceptable. Candidates must make clear that only certain vulnerable individuals require such a high level of protection.</p> <p>Do not accept purely safety measures such as fire safety</p>	<p>Level 3 (7–8 marks) Candidates explain in detail at least two measures that might be present to protect the security of the service users in a Residential home. There is some reference made to the special needs/particular vulnerability of the service users. Answers will be developed logically and show evidence of application of knowledge skills. There will be few, if any, errors of grammar punctuation and spelling.</p> <p>Level 2 (4–6 marks) Candidates will give some explanation of at least two measures they discuss which will be linked closely to the setting. Answers will show some evidence of application of knowledge. There may be some errors of grammar punctuation and spelling. <i>Sub-max of 4 marks for one feature done well.</i></p> <p>Level 1 (1–3 marks) Responses may simply list generic security measures with little or no explanation. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
	(b)	<p>Pwus</p> <ul style="list-style-type: none"> • treatment likely to be high standard – increases well-being • consistent approach/level of care from staff./increased confidence in care provider • informed how to complain – increased autonomy/feel valued <p>Practitioner</p> <ul style="list-style-type: none"> • procedures to followed clear - no confusion about how to proceed correctly • consistent approach- no conflict between different staff approaches • clear hierarchy- staff know where to go for support/information so increased confidence • best practice likely as current guidelines used to draw up policy – gives staff job satisfaction as they are doing their best • review built into policy- staff feel valued as they will be consulted <p>Both</p> <ul style="list-style-type: none"> • shared expectations – leads to improved relationships 	7	<p>Candidates may not refer specifically to a particular setting, or may refer to several. The answer, if general in nature, should be judged against the levelling criteria. Candidates may write about more than one care setting in their answer, which is perfectly acceptable.</p> <p>Levels checklist</p> <p><i>Level 3</i> Detailed analysis of benefits to pwus and practitioners specifically High QWC</p> <p><i>Level 2</i> Some analysis More descriptive Sub-max 4 if only one of pwus and practitioner described Mid-QWC</p> <p><i>Level 1</i> List-like Low QWC</p>	<p>Level 3 (6–7 marks) Detailed analysis showing a clear awareness of the benefits to pwus and practitioners of having health and safety policies in a care setting. Answers will be developed logically and show evidence of application of knowledge skills. There will be few, if any, errors of grammar punctuation and spelling.</p> <p>Level 2 (4–5 marks) Some analysis of benefits to pwus and practitioners of having health and safety policies in a care setting, Answers will show some evidence of application of knowledge. There may be some errors of grammar, punctuation and spelling. <i>Sub-max of 4 if only one of pwus or practitioners mentioned, or if answer is entirely generic.</i></p> <p>Level 1 (1–3 marks) Responses may simply list contents of a security policy generically, but will not clearly show understanding of the benefits to service users. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
6	(a)	<ul style="list-style-type: none"> • wear disposable gloves – prevent contamination of hands by microbes from waste – microbes can enter through cuts in skin or by hand to mouth cross-contamination • keep waste in sealed, labelled containers – prevents accidental exposure by opening bag in error – inhaling of airborne pathogens • dispose of soiled waste in correctly coloured/labelled containers – prevents accidental contamination since labelling cannot be missed • fluid spillages cleaned with disinfectant plus absorbent material – prevents spread further/prevents airborne spread • wearing face masks if dealing with serious infection that is air-borne – prevents accidental inhalation • sharps placed immediately after use in suitable bin – prevents accidental injury to care worker including needle-stick injuries • ask advice/follow instructions relating to specific contaminants which hold particular risks – follow best practice & reduce infection risk however caused • wash hands after handling – prevents spread through hand to mouth transfer or via cuts in skin etc in case some transfer to hands has occurred <p>Accept other valid points.</p>	8	<p>Levels checklist</p> <p><i>Level 3</i> Detailed analysis At least two procedures Refers to risk of personal infection Clinical waste and instruments High QWC</p> <p><i>Level 2</i> Some analysis At least two procedures Clinical waste and instruments Sub-max of 4 if only waste or instruments mentioned Sub-max 4 for one procedure analysed very well Mid-QWC</p> <p><i>Level 1</i> List-like Low QWC</p> <p>Negatives/positives not required as 'analysis' is command verb, but accept if given</p>	<p>Level 3 (7–8 marks) Candidates will give a detailed analysis of at least two procedures that could protect practitioners when dealing with clinical waste and instruments. They will include some information relating to transmission methods. Answers will be developed logically and show evidence of application of knowledge skills. There will be few, if any, errors of grammar punctuation and spelling.</p> <p>Level 2 (4–6 marks) Candidates will analyse at least two procedures that could protect practitioners when dealing with clinical waste and instruments. Answers will show some evidence of application of knowledge. There may be some errors of grammar, punctuation and spelling. <i>Sub-max of 4 if only one of clinical waste or instruments is covered well or Sub-max 4 for one procedure analysed very well.</i></p> <p>Level 1 (1–3 marks) Candidates will identify procedures that could be used but are unlikely to explain how they protect the practitioner. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
6	(b)	<ul style="list-style-type: none"> • hand washing – hands contain largest amount of bacterial infection – prevents bacterial transfer from hands to patients/hand to mouth • hygiene after toileting – prevents faecal transfer, especially to mouth – especially important in ensuring young children do this as they are least likely to wash effectively, and most likely to contaminate their food etc. • general cleanliness – prevents transfer of infections • not working when ill – avoids infection spreading amongst vulnerable service users • covering coughs/sneezes – prevents airborne contamination • clean hair tied back (especially in early years setting – reduces risk of head lice etc. • no jewellery – dirt/bacteria may get trapped in crevices <p>Other valid points to be accepted</p>	7	<p>Levels checklist</p> <p><i>Level 3</i> Detailed explanation Clear links between hygiene practices and infection spread High QWC</p> <p><i>Level 2</i> Basic explanation Some links between hygiene practices and infection spread Mid-QWC</p> <p><i>Level 1</i> Minimal explanation List-like Low QWC</p> <p>Use of any PPE, including aprons and gloves is of limited value.</p>	<p>Level 3 (6–7 marks) Candidates give a detailed explanation of the value of personal hygiene to the control of infection in a care setting. Candidates may access level 3 without explicit reference to practitioners or pwus. Answers will be developed logically and show evidence of application of knowledge skills. There will be few, if any, errors of grammar punctuation and spelling.</p> <p>Level 2 (4–5 marks) Candidates will give a basic explanation of the value of personal hygiene to the control of infection in a care setting. Answers will show some evidence of application of knowledge. There may be some errors of grammar punctuation and spelling.</p> <p>Level 1 (1–3 marks) Candidates will identify some aspects of personal hygiene. The answer may simply be a list of hygiene procedures. Errors of grammar punctuation and spelling may be noticeable and intrusive.</p> <p>0 – response not worthy of credit.</p>

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