Qualification Specification:

OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland)

- **Qualification No: 610/6351/4**

1. Specification Updates

Key changes have been listed below:

Section	Detail of change	Version and date of Issue
Qualification	Qualification has been updated to incorporate unit content from OCN NI Level 2 Certificate in Safe and Effective Practice	v1.0 -May 2025

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2. Contents

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3. Introduction to Open College Network Northern Ireland (OCN NI)

The Open College Network Northern Ireland (OCN NI) is a UK recognised awarding organisation based in Northern Ireland. We are regulated by CCEA Regulation to develop and award regulated professional and technical (vocational) qualifications from Entry Level up to and including Level 5 across all sector areas. In addition, OCN NI is also regulated by Ofqual to award qualifications in England.

OCN NI is also an educational charity that advances education by developing nationally recognised qualifications and recognising the achievements of learners. We work with centres such as Further Education Colleges, Private Training Organisations, Voluntary and Community Organisations, Schools, SME's and Public Sector bodies to provide learners with opportunities to progress into further learning and/or employment. OCN NI's Strategic Plan can be found on the OCN NI website www.ocnni.org.uk.

For further information on OCN NI qualifications or to contact us, you can visit our website at www.ocnni.org.uk. The website should provide you with details about our qualifications, courses, contact information, and any other relevant information you may need.

OCN NI Contact Details
Open College Network Northern Ireland
Sirius House
10 Heron Road
Belfast
BT3 9LE

Phone: 028 90 463990
Email: info@ocnni.org.uk
Web: **www.ocnni.org.uk**

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4. About this Specification

This specification details OCN NI's specific requirements for the delivery and assessment of the **OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland).**

This specification will provide guidelines for centres to ensure the effective and correct delivery of this qualification. OCN NI qualification specifications are based on research and engagement with the practitioner community to ensure they provide appropriate skills and knowledge for learners.

The qualification specification will detail the following aspects of the **OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland).**

- **Qualification Features**: this includes the key characteristics and features of this qualification, such as its intended audience, purpose, and credit value.

- **Centre Requirements:** this details the prerequisites and obligations that centres must fulfil to be eligible to deliver and assess this qualification. These includes guidelines on staff qualifications, resources, and required procedures.

- **Structure and Content:** this details the structure and content of the qualification including units, and any specific content that learners will be required to study.

- **Assessment Requirements:** this details assessment criteria and assessment methods for this qualification, ensuring that summative assessment approaches are clear.

- **Quality Assurance:** the quality and consistency of delivery and assessment of this qualification are of paramount importance to OCN NI. The mandatory quality assurance arrangements including processes for internal and external verification that all centres offering this qualification must adhere to are detailed.

- **Administration:** guidance on the administrative aspects of delivering this qualification, including registration, certification, and record-keeping.

- Reference to other handbooks and policies as appropriate to the qualification.

It is important to note that OCN NI will communicate any significant updates or changes to this specification in writing to our centres. Additionally, we will make these changes available on our official website at www.ocnni.org.uk.

To stay current, please refer to the online version of this specification as it is the most authoritative and up-to-date publication. Be aware that downloaded and printed copies may not reflect the latest revisions.

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4.1   Additional Support

OCN NI offers a comprehensive range of support services designed to assist in meeting the delivery and quality assurance requirements of OCN NI qualifications. These services include:

- **Learner Assessment Booklets**: These booklets are created to assist learners in demonstrating the fulfilment of assessment criteria and organising the quality assurance prerequisites for each individual unit.

- **Qualification Support Pack**: A support pack has been developed to support centres in the delivery of this qualification. The pack includes planning and assessment templates, guides to best practice, etc.

- **Professional Development for Educators**: OCN NI provides opportunities for professional development tailored to meet the various needs of practitioners and quality assurance staff. Centres can join our training sessions, available in both face-to-face and online formats, or explore a wealth of training materials by visiting www.ocnni.org.uk

- **OCN NI Subject Advisors**: Our team of subject advisors offers vital information and support to centres. They provide guidance on specification details, non-exam assessment advice, updates on resource developments, and various training opportunities. They actively engage with subject communities through an array of networks to facilitate the exchange of ideas and expertise, to support practitioners to provide quality education programs to learners.

All centres can access information, support and guidance to support the delivery and quality assurance of this qualification by contacting their designated Business Development Advisor or by contacting us on Contact Us | OCN NI

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5. About this Qualification

5.1 Qualification Regulation Information

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Operational start date: 15 September 2025
Review date: 14 September 2030

The qualification's operational start and end dates define the regulated qualification's lifecycle. The operational end date is the final date for learner registration, while learners have until the certificate end date to complete the qualification and receive their certificates.

It is important to note that all OCN NI regulated qualifications are listed on the Register of Regulated Qualifications (RQF), which can be found at Ofqual Register. This register is maintained by Ofqual in England and CCEA Regulation in Northern Ireland. It contains information about qualifications that are regulated and accredited. It is a key resource for learners, employers, and educational institutions to verify the status and recognition of qualifications.

Centres must adhere to administrative guidelines diligently, with special attention to the fact that fees, registration, and certification end dates for the qualification may be subject to changes. It is a centre's responsibility to make itself aware of updates on any modifications to ensure compliance with the latest requirements. OCN NI provides centres with timely updates through various channels including website, newsletters and through this specification. Information on qualification fees can be found on the Centre Login section of the OCN NI website www.ocnni.org.uk .

5.2 Sector Subject Area

A subject sector area is a specific category used to classify academic and vocational qualifications. Subject sector areas are part of the educational and qualifications framework to organise and categorise qualifications. The sector subject for this qualification is:

1.3 Health and social care

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This qualification relates to the following National Occupational Standards:

SCDHSC0023 - Develop your own knowledge and practice
SCDHSC0234 – Uphold the rights of individuals
SCDHSC0024 – Support the safeguarding of individuals
SCDHSC0035 - Promote the safeguarding of individuals
SCDHSC0395 - Contribute to addressing situations where there is risk of danger, harm or abuse
SCDHSC0223 - Contribute to moving and positioning individuals
SCDHSC00243 - Support the safe use of materials and equipment
SCDHSC0246 - Maintain a safe and clean environment
SCDHSC0032 - Promote health, safety and security in the work setting
SCDHSC0022 - Support the health and safety of yourself and individuals
SCDHSC00243 - Support the safe use of materials and equipment
SCDHSC0230 - Manage environments and resources for healthcare procedures in social care settings
SCDHSC3122 - Support individuals to use medication in social care settings
SCDHSC0214 - Support individuals to eat and drink
SFHCHS159 - Provide support to individuals to develop their skills in managing dysphagia
SFHCHS160 - Assist others to monitor individuals' attempts at managing dysphagia
PPLHSL30 - Make sure food safety practices are followed in the preparation and serving of food and drink
SCDHSC0213 - Provide food and drink to promote individuals' health and well being
SFHCHS35 Provide first aid to an individual needing emergency assistance
SCDCCLD0201 Support effective communication
SCDHSC0031 Promote effective communication
SCDHSC0025 - Contribute to implementation of care or support plan activities
SCDHSC0233 - Develop effective relationships with individuals
SCDHSC0234 - Uphold the rights of individuals
SCDHSC0022 - Support the health and safety of yourself and individuals
SCDHSC0032 - Promote health, safety and security in the work setting
SCDHSC0033 - Develop your practice through reflection and learning

5.3 Grading
Grading for this qualification is pass/fail.

5.4 Qualification's Aim and Objectives
Qualification's Aim
The aim of the OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland) is to provide the learner with specialist knowledge and skills to enable them to work as a social care worker within health and social care services. This is aligned with Health and Social Care Apprenticeship Framework and is fully endorsed by the Northern Ireland Social Care Council (NISCC).

Qualification's Objectives
The objectives of this qualification are to enable learners to gain knowledge and skills in the following areas related to health and social care practice and support career development in health and social care:

- standards and values underpinning social care practice
- environmental health and safety and adherence to health and safety requirements
- safe moving and handling of individuals
- individual safety and protection

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- safe food handling and dysphagia awareness
- emergency first aid and
- safe medication practice
- communication, recording and information sharing
- values-led practice
- continuing professional development and reflective practice

5.5   Target Learners

This qualification is designed for learners working in health and social care to develop the knowledge, skills and competence required to practice in a range of health and social care settings within Northern Ireland.

5.6   Entry Requirements

The entry requirements for this qualification are that learners must be at least 17 years of age and be employed in relevant health and social care roles.

5.7   Progression

The OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland) qualification will enable learners to progress to further qualifications in the health and social care area including the OCN NI Level 3 Diploma in Health and Social Care (Northern Ireland)

5.8   Delivery Language

This qualification is exclusively available in English. If there is a desire to offer this qualification in Welsh or Irish (Gaeilge), we encourage you to get in touch with OCN NI. They will assess the demand for such provisions and, if feasible, provide the qualification in the requested language as appropriate.

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6. Centre Requirements for Delivering this Qualification

6.1 Centre Recognition

New and existing OCN NI recognised centres must apply for and be granted approval to deliver this qualification prior to the commencement of delivery.

6.2 Qualification Approval

Once a centre has successfully undergone the Centre Recognition process, it becomes eligible to apply for qualification approval. The centre's capability to meet and sustain the qualification criteria will be assessed. Throughout the qualification approval process, OCN NI will aim to ensure that:

- centres possess suitable physical resources (e.g. equipment, IT, learning materials, teaching rooms) to support qualification delivery and assessment
- centre staff involved in the assessment process have relevant expertise and/or occupational experience
- robust systems are in place for ensuring ongoing professional development for staff delivering the qualification
- centres have appropriate health and safety policies concerning learner equipment use
- qualification delivery by centres complies with current equality and diversity legislation and regulations
- as a part of the assessment process for this qualification, learners will have access to a practical work setting

6.3 Centre Staffing

To offer this qualification centres are mandated to establish the following roles as a minimum, although a single staff member may serve in more than one capacity*:

- Centre contact
- Programme Co-ordinator
- Assessor
- Internal Verifier

*Note: An individual cannot serve as an Internal Verifier for their own assessments.

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6.4   Tutor Requirements

Tutors responsible for delivering this qualification are expected to possess a high degree of occupational competency. They should meet the following criteria:

- **Occupational Competency:** Tutors should demonstrate a clear understanding of the subject matter, including up-to-date knowledge of the health and social care sector. This competence should enable them to effectively impart knowledge and practical skills to learners.

- **Qualifications:** Tutors should hold qualifications at a level that is at least one level higher than the qualification they are teaching. This ensures that they have the necessary academic foundation to provide in-depth guidance and support to learners.

- **Relevant Industry Experience:** In addition to academic qualifications, tutors must have a minimum of three years of relevant, hands-on experience in the health and social care sector.

These requirements collectively ensure that learners receive instruction from highly qualified and experienced instructors, thereby enhancing the quality and effectiveness of their educational experience in the health and social care sector.

6.5   Assessor Requirements

The assessment of this qualification takes place within the centre and is subjected to OCN NI's rigorous quality assurance procedures. The achievement of individual units is based on the criteria defined in each unit.

Assessors play a pivotal role in ensuring the validity and fairness of assessments. They are required to meet the following criteria:

- **Occupational Competency:** Assessors should possess a high degree of occupational competency in the relevant subject matter. This expertise enables them to accurately evaluate and measure a learner's knowledge and skills. Additionally, they should hold qualifications at a level that is at least one level higher than the qualification they are assessing, ensuring their in-depth understanding of the subject matter.

- **Relevant Industry Experience:** A minimum of three years of practical experience in the health and social care sector is a prerequisite. This practical background is essential for assessors to effectively evaluate a learner's capabilities in real-world contexts.

- **Assessment Expertise:** Assessors should have direct or related experience in the field of assessment. This includes knowledge of best practices in designing, conducting, and grading assessments. Their expertise ensures that assessments are both fair and valid.

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- **Assessors' Qualifications:** Assessors should hold or be currently undertaking a recognised level 3 assessor's qualification.

- **Comprehensive Assessment Oversight:** Assessors are responsible for evaluating all assessment tasks and activities comprehensively. They must thoroughly review and assess each element to ensure a fair and accurate representation of a learner's skills and knowledge.

These rigorous requirements uphold the quality and integrity of the qualification's assessment process, ensuring that learners receive a fair and reliable evaluation of their health and social care competencies.

6.6 Internal Verifier Requirements

The Internal Verifier plays a crucial role in the centre's internal quality assurance processes. The centre must designate a skilled and trained Internal Verifier who assumes the role of an internal quality monitor responsible for verifying the delivery and assessment of the qualifications.

The Internal Verifier for this qualification must meet the following criteria:
- **Relevant Industry Experience:** A minimum of three years of practical experience in the health and social care sector is a prerequisite. This practical background is essential for internal verifiers to ensure assessment effectively evaluates a learner's capabilities in real-world contexts.
- **Internal Verification Expertise:** Internal Verifiers should have direct or related experience in the field of verification. This includes knowledge of best practices in designing, conducting, and grading assessments. Their expertise ensures that assessments are both fair and valid.
- **Internal Verifiers' Qualifications:** Internal Verifiers should hold or be currently undertaking a recognised level 4 Internal Verifier's qualification.
- **Thorough Evaluation of Assessment Tasks and Activities:** Internal verifiers are tasked with conducting in-depth reviews and assessments of all assessment tasks and activities. Their responsibility is to ensure a comprehensive and meticulous oversight of each element to guarantee a just and precise reflection of a learner's abilities and knowledge and to ensure that all assessment and quality assurance requirements are fulfilled.

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7. Qualification Structure

7.1 Qualification Purpose

The OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland) is designed to equip learners with the knowledge and practical skills to perform competently as a social care worker within health and social care services. Learners will gain insight into social care practice standards and values, health and safety requirements including the safe moving and handling of individuals and individual safety and protection. Learners will also gain an understanding of safe food handling, dysphagia awareness, emergency first aid, safe medication practice, communication, recording and information sharing and continuing professional development and reflective practice.

Qualification's Objectives

The objectives of this qualification are to enable learners to gain knowledge and skills in the following areas related to health and social care practice and support career development in health and social care:

- standards and values underpinning social care practice
- environmental health and safety and adherence to health and safety requirements
- safe moving and handling of individuals
- individual safety and protection
- safe food handling and dysphagia awareness
- emergency first aid and
- safe medication practice
- communication, recording and information sharing
- values-led practice
- continuing professional development and reflective practice

7.2 Qualification Level

In the context of the OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland) it is essential to understand the significance of qualification levels as they play a pivotal role in assessing the depth and complexity of knowledge and skills required for successful attainment. This qualification aligns with Level 2 which signifies a moderate level of difficulty and intricacy. It's important to note that qualification levels in the educational framework range from Level 1 to Level 8, complemented by three 'entry' levels, namely Entry 1 to Entry 3.

7.3 Qualification Size
Total Qualification Time (TQT)

This represents the total amount of time a learner is expected to spend to complete the qualification successfully. It includes both guided learning hours (GLH) and independent study or additional learning time.

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Guided Learning Hours (GLH)

These are the hours of guided instruction and teaching provided to learners. This may include classroom instruction, tutorials, or other forms of structured learning.

OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland)
Total Qualification Time (TQT): 370 hours
Total Credits Required: 37 credits
Guided Learning Hours (GLH): 278 hours

7.4   How to Achieve the Qualification

To achieve the OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland) learners must complete all units – 37 credits.

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8. Assessment Structure

This qualification is assessed through internal assessment and each unit is accompanied by specific assessment criteria that define the requirements for achievement.

8.1   Assessment Guidance: Portfolio

The portfolio for this qualification is designed to provide a comprehensive view of a learner's skills and knowledge. It is an holistic collection of evidence that may include a single piece of evidence that satisfies multiple assessment criteria. There is no requirement for learners to maintain separate evidence for each assessment criterion.

When learners are creating their portfolio, they should refer to the assessment criteria to understand the evidence required.

It is essential that the evidence in the portfolio reflects the application of skills in real-world situations. Learners should ensure that they provide multiple examples or references whenever the assessment criteria require it.

When demonstrating knowledge, learners can draw from their own organisation or another organisation they are familiar with to provide context.

8.2   Understanding the Units

The units outlined in this specification establish clear assessment expectations. They serve as a valuable guide for conducting assessments and ensuring quality assurance efficiently. Each unit within this specification follows a consistent structure. This section explains the operational framework of these units. It is imperative that all educators, assessors, Internal Verifiers, and other personnel overseeing the qualification review and familiarise themselves with this section to ensure a comprehensive understanding of how these units function.

- **Title:** The title will reflect the content of the unit and should be clear and concise.
- **Level:** A unit can have one of six RQF levels: Entry, One, Two, Three, Four or Five. All units within this qualification are level 2.
- **Credit Value:** This describes the number of credits ascribed to a unit. It identifies the number of credits a learner is awarded upon successful achievement of the unit. One credit is awarded for the learning outcomes which a learner, on average, might reasonably be expected to achieve in a notional 10 hours of learning.
- **Learning Outcome:** A coherent set of measurable achievements.
- **Assessment Criteria:** These enable a judgement to be made about whether or not, and how well, the students have achieved the learning outcomes.
- **Assessment Guidance and Methods:** These detail the different assessment methods within the unit that may be used.
- **Unit Content:** This provides indicative content to assist in teaching and learning.
- **Scope:** This provides indicative content to assist in teaching and learning.

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9. Qualification Summary by Unit

OCN NI Level 2 Diploma in Health and Social Care (Northern Ireland)
Total Qualification Time (TQT) for this qualification: 370 hours
Guided Learning Hours (GLH) for this qualification: 278 hours

To achieve this qualification learners must successfully complete all eleven units – 37 credits.

Unit Reference Number	OCN NI Unit Code	Unit Title	Credit Value	GLH	Level
L/651/3034	CBG634	Standards and Values Underpinning Social Care Practice	2	16	Two
M/651/3035	CBG635	Understand Safeguarding in Social Care Services	3	24	Two
R/651/3036	CBG636	Safe Moving and Positioning of Individuals in Social Care Services	2	16	Two
T/651/3037	CBG637	Environmental Health and Safety in Social Care Services	3	24	Two
Y/651/3038	CBG638	Understand Safe Medication Practice in Social Care	5	40	Two
A/651/3039	CBG639	Safe Food Handling and Dysphagia Awareness in Social Care Services	3	24	Two
H/651/3040	CBG640	Emergency First Aid in Social Care Services	2	16	Two
Y/651/7567	CBG787	Understand Communication, Recording and Information Sharing in Health and Social Care Services	3	24	Two
J/651/7570	CBG788	Implementing Values-led Practice in a Health and Social Care Context	6	40	Two

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L/651/7572	CBG789	Adhering to Health and Safety Requirements in a Health and Social Care Context	5	30	Two
M/651/7573	CBG790	Continuing Professional Development and Reflective Practice In Health and Social Care	3	24	Two

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10.Unit Content

Standards and Values Underpinning Social Care Practice

Title	Standards and Values Underpinning Social Care Practice
Level	Two
Credit Value	2
Guided Learning Hours (GLH)	16
OCN NI Unit Code	CBG634
Unit Reference No	L/651/3034
Learn Direct Code	PA1
Links to NOS	SCDHSC0023 - Develop your own knowledge and practice SCDHSC0234 – Uphold the rights of individuals

Unit purpose and aim(s): This unit will enable the learner to understand the responsibilities of a registered social care worker, including the values required to work in the social care sector, as well as the importance of a person-centred approach to practice.

Learning Outcomes	Assessment Criteria
1. Understand the regulatory responsibilities of a registered social care worker.	1.1. Outline the role of the regulatory body with responsibility for the registration of social care workers. 1.2. Summarise the Standards of Conduct and Practice associated with the registration of social care workers. 1.3. Explain why adherence to the Standards is essential. 1.4. Identify possible consequences of non-adherence.
2. Understand the values that underpin a person-centred approach to social care practice.	2.1. Define the values that underpin social care practice. 2.2. Explain what is meant by a person centred approach and why it is important in social care. 2.3. Outline how using a person centred approach can promote an individual's sense of identity and self-esteem. 2.4. Describe examples of how person-centred values are practiced.

Additional teaching and assessment advice:

A range of assessment methods may be used, determined by the requirement for a learner to show understanding.
Written or verbal Questions [with accompanying assessor records] or Assignment/Workbook may be used for Learning Outcomes 1 and 2.
When examples are asked for learners should give 2 or more examples.

When answering learners should reflect on own service user group and organisational context.

Assessment Criteria for 1.1 should include:
As a regulator, everything the Northern Ireland Social Care Council (Social Care Council) does is focused on care. As a public body established by the Department of Health (Health and Personal Social Service Act (NI) 2001 to support high quality standards of social work and social care.

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The Social Care Council make a difference to the quality of social care services by regulating workforce standards and promoting continuous learning and development. Through this work The Social Care Council supports the development of a strong and professional social work and social care workforce providing quality care and the best outcomes for people who use services and their carers.

The Social Care Council is responsible for:
Maintaining a register of Social Workers and Social Care Workers in Northern Ireland
Setting standards for Social Workers and Social Care Workers for their conduct, training and practice
Setting standards for and regulating social work and social care education and training in Northern Ireland

Assessment Criteria for 1.2 should include:
A summary of the 6 conducts of practice and the 6 standards of conduct
All social Workers should receive a copy of the standards when they start work or have access to them via the Social Care Council's website: **Standards-of-Conduct-and-Practice-for-Social-Care-Workers.pdf (niscc.info)**

Assessment Criteria for 1.3 might include:
The standards are binding on all social care workers registered with the Social Care Council, irrespective of employment status or work setting.
The standards are intended to reflect existing good practice and public expectations of the behaviour and practice of social care workers.
They form part of the wider package of legislation, regulatory requirements, practice standards and employers' policies and procedures that social care workers must meet.
Standards of Conduct Standards of Practice Baseline for judging conduct and practice Social care workers are accountable for their practice which means that they are responsible for ensuring their conduct and practice does not fall below the standards set out in this document and that no action or omission on their part harms the wellbeing of service users or carers.
The standards provide social care workers with clear criteria to guide their practice and to check that they are working to standard.
They are intended to be a support to registrants in their day to day practice. The standards provide service users and carers with a clear understanding of how a social care worker should behave towards them and the standards of care they can expect to receive.
Consistent application of these standards by social care workers will benefit service users and carers.
Employers of social care workers are expected to take account of the standards in making decisions about the conduct and competence of their staff.

Assessment Criteria for 1.4 might include:
A social care worker's fitness to practise will be judged against these standards and failure to comply could put their registration at risk.
If someone raises a concern about a social care worker's conduct or practice, it will be considered against these standards when deciding if we need to take any action.
For more detailed information on 'possible consequences of non-adherence' to the standards see **Fitness to Practise - NISCC**

Assessment Criteria for 2.1 might include:
Respect the rights, dignity and inherent worth of individuals
Work in a person-centred way
Treat people respectfully and with compassion
Support and promote the independence and autonomy of service users
Act in the best interests of service users and carers
Uphold and promote equality, diversity and inclusion
Ensure the care they provide is safe and effective and of a high quality

Assessment Criteria for 2.2 might include:
Person Centre Approach may include:
People's values and putting people at the centre of care
Taking into account people's preferences and chosen needs
Ensuring people are physically comfortable and safe
Emotional support involving family and friends

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Making sure people have access to appropriate care that they need, when and where they need it

Ensuring people get all the information they need, in a way that is accessible for them, to make decisions for their care and support.

For more information see Social Care Workers Standards of Conduct and Practice – Standard 3 of both the standards of conduct and standards of practice

Assessment Criteria for 2.3 might include:

a) Social Care Workers Standards of Conduct and Practice **–** Standard 3 of both the standards of conduct and standards of practice

b) Supports people get the care they need when they need it

Help people be more active in looking after themselves

Care tailored to the individual

Care delivered with the person not 'to' the person

Person included in the development and review of care and support plans that meet their needs

Assessment Criteria for 2.4 might include:

How individuals are involved in all aspects of their care including developing and reviewing care plans.

How individuals can request for reviews of care and support plans.

Assessment Guidance

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

Unit Content Overview

Useful Resources may include the following:

Northern Ireland Social Care Council (NISCC)

Learning Zone

This unit maps directly into the current Level 2 Diploma Principles and Values Learning outcomes 2 and CPD in the Context of Health and Social Care LO 5

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Understand Safeguarding in Social Care Services

Title	Understand Safeguarding in Social Care Services
Level	Two
Credit Value	3
Guided Learning Hours (GLH)	24
OCN NI Unit Code	CBG635
Unit Reference No	M/651/3035
Learn Direct Code	PA1
Links to NOS	SCDHSC0024 – Support the safeguarding of individuals SCDHSC0035 - Promote the safeguarding of individuals SCDHSC0395 - Contribute to addressing situations where there is risk of danger, harm or abuse

Unit purpose and aim(s): This unit will enable the learner to understand their responsibilities in relation safeguarding individuals.

Learning Outcomes	Assessment Criteria

1. Know how to recognise signs of abuse.	1.1. Define the following types of abuse:
	    a) physical abuse
	    b) sexual violence and abuse
	    c) emotional / psychological abuse
	    d) financial abuse
	    e) institutional abuse
	    f) neglect (self and others)
	    g) exploitation
	    h) domestic violence and abuse
	    i) human trafficking / modern slavery
	    j) hate crime
	1.2. Identify signs and indicators often associated with each of the above types of abuse.

2. Know how to respond to suspected or alleged abuse.	2.1. Describe actions to take in your role, if there are suspicions that an individual is being abused. 2.2. Describe actions to take in your role, if an individual alleges that they are or have been abused. 2.3. Outline ways to ensure that evidence of suspected abuse is preserved.
3. Understand the use of restrictive practices in social care.	3.1. Describe what is meant by the term restrictive practices. 3.2. Summarise key principles, organisational policies and procedures that inform the use of restrictive practices in social care. 3.3. Outline examples of situations where restrictive practices might need to be used.
4. Know how to recognise and report unsafe practices.	4.1. Describe unsafe practices that may affect the well-being of individuals. 4.2. Outline actions to take in your role in relation to unsafe practices. 4.3. Define the term whistleblowing. 4.4. Describe the responsibilities of the Social Care worker in relation to whistleblowing.
5. Understand capacity and informed consent when providing care or support.	5.1. Identify legislation, policies and procedures relating to an individual's capacity. 5.2. Define the term informed consent. 5.3. Describe the importance of establishing informed consent when providing care and support.

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| | 5.4. Outline ways to obtain informed consent. |
| | 5.5. Describe the steps to be taken if informed consent cannot be obtained. |

Additional teaching and assessment advice:

A range of assessment methods may be used, determined by the requirement for a learner to either show understanding or to demonstrate competence.
- Written or verbal Questions [with accompanying assessor records] or Assignment may be used for Learning Outcomes 1, 2, 3 and 4.
  Scenarios relevant to job role and context may be helpful for learners in relation to AC 2.3, 3.3, 4.1 and 4.2

When answering learners should reflect on own service user group and organisational context

Assessment Criteria 1.1 might include:
Physical Abuse defined as:
The use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Sexual violence and abuse defined as:
Any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material or being made to watch sexual activities.

Emotional and psychological abuse defined as:
Behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation, or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial abuse defined as:
Actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion, or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional abuse defined as:
The mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts, or curtails privacy, dignity, choice and independence.

Neglect (self and others) defined as:
To others: Occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous.

To self: lack of self-care to an extent that it threatens personal health and safety by neglecting to care for one's personal hygiene, health or surroundings. This may include the failure to seek help or access services to meet health and social care needs and/or the inability or unwillingness to manage one's personal affairs.

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Exploitation defined as:
Deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

Domestic violence and abuse defined as:
Threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another.

Human trafficking /modern slavery defined as:
The acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

Hate crime defined as:
Any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Assessment Criteria 1.2 might include:
Physical Abuse
- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Failure to seek medical treatment or frequent changes of GP

Sexual Violence and abuse
- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Reluctance to be alone with a particular person

Emotional and psychological abuse
- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Low self-esteem
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

Financial abuse
- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- The family or others show unusual interest in the assets of the person
- Rent arrears and eviction notices

Institutional abuse
- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care

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- Lack of personal clothing and possessions and communal use of personal items

Neglect (self and others)
- Very poor personal hygiene, unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Non-compliance with health or care services

Exploitation
- Friendships, relationships or association with controlling individuals or groups
- Isolation from peers and social networks
- Unexplained injuries, ill health, or suspicion of assault
- Changes in behaviour and lifestyle, secretiveness
- Unexplained acquisition, or loss, of money and personal items

Domestic violence and abuse
- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention

Human trafficking and modern slavery
- Acts as if instructed by another, as though they are forced or coerced to carry out specific activities
- Demonstrates signs of physical or psychological abuse, such as lacking self-esteem, seeming anxious, bruising or untreated medical conditions
- Has little or no contact with family or loved ones
- Has threats made against themselves or family members
- Is not in possession of their own legal documents

Hate crime
- Feeling isolated and vulnerable
- Feeling as though your self-respect has been taken from you
- A breakdown in family relationships
- Finding it difficult to cope, having a sense of despair
- Finding that nobody believes you

Assessment Criteria 2.1 might include:
- Always report concerns following your policy and procedures
- Report concerns to the manager or safeguarding lead
- Make a written report of your concerns
- In an emergency protect the safety and well-being of the individual
- If medical help is needed contact emergency services
- If concerns are not being taken seriously or not being dealt with quickly enough you should escalate concerns with senior management
- If you feel management are involved in suspicions of abuse you should escalate concerns to an external agency (Social Service)

Assessment Criteria 2.2 might include:
- Stay calm and listen attentively
- Express concern and acknowledge what is being said
- Reassure the person – tell the person that s/he did the right thing in telling you
- Let the person know that the information will be taken seriously and provide details about what will happen next, including the limits and boundaries of confidentiality
- If urgent medical/police help is required, call the emergency services
- Ensure the immediate safety of the person

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- If you think a crime has occurred be aware that medical and forensic evidence might be needed. Consider the need for a timely referral to the police service and make sure nothing you do will contaminate it
- Let the person know that they will be kept involved at every stage
- Record in writing (date and sign your report) and report to the Line Manager/person in charge/Adult Safeguarding Champion at the earliest possible time
- Act without delay.

Assessment Criteria 2.3 might include:
- Leave the scene of the abuse untouched
- Secure the room or area to prevent other people going near it
- In cases of sexual abuse, underwear and bedding should not be washed
- The person should be advised not to bathe or shower
- If you must handle evidence, use plastic gloves, where possible
- In cases of neglect, living conditions may be photographed
- In cases of financial abuse, bank statements and credit/debit cards should be secured until given to the police using gloves to avoid finger prints
- Provide previous reports and records or suspicions or allegations

Assessment Criteria 3.1 might include:
The use of methods used to restrain an individual. This may be any practice that restricts the rights and freedom of movement of a person, such as physical restraint, medical restraint, environmental restraint or seclusion.

Assessment Criteria 3.2 might include:
Key principles for any use of restrictive practices include:
- Decisions to use restrictive practices must be supported by robust justification
- Restrictive interventions, restraint and seclusion should not be used for reasons related to disability
- Any use of restrictive practices must only be considered as a last resort
- Initial attempts of restraint should as far as possible be non-physical
- There must be a real possibility of imminent harm to the person or to staff, the public or others if no action is undertaken
- The nature of the technique used must be proportionate to the risk of harm and the seriousness of that harm and be the least restrictive option that will meet the need
- Any restriction should be imposed for no longer than absolutely necessary
-

Local and organisational policy frameworks should be co-produced and must include as a minimum:
- Organisational values that underpin the approach to minimising restrictive interventions
- Detail of the organisational vision and strategy for minimising restrictive interventions
- Roles within the organisations with specific restrictive practice responsibility and accountability
- Communication requirements and strategies
- Standard definitions
- Clear professional/clinical guidance
- Reference to working within current legislative frameworks and professional registration requirements
- Emphasis on positive, proactive, preventative and evidence-based interventions and strategies
- How the Three Steps to Positive Practice Framework as the organisational methodology for considering and reviewing the use of restrictive interventions is embedded and operationalised
- Details of accredited training required, including training required for specific interventions
- Details of interfaces with other regional and local policies, agreed protocols and any associated requirements
- Reference to clear recording, reporting, monitoring and governance arrangements
- Support mechanisms for those who are subject to restrictive interventions
- Support mechanisms for staff who restrict, restrain and/or seclude those in their care

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Assessment Criteria 3.3 may include:
- If a person requires emergency treatment
- If a person is at risk from seriously harming themselves or others
- If a person with a diagnosis of dementia would go out a door and get lost, it may be reasonable to lock a door

Assessment Criteria 4.1 might include:
Unsafe practices are ways of working that could jeopardise the safety and well-being or cause potential harm to individuals that are receiving care such as
- Not following policies and procedures
- Not following the individuals care plan
- Using equipment incorrectly
- Not using PPE when required
- Not providing drinks to a person who is unable to get a drink for themselves

Assessment Criteria 4.2 might include:
- Do not carry out unsafe practices
- Report unsafe practices to your line manager
- Follow your organisations policy and procedures to report and record unsafe practices
- You have a duty of care to ensure action has been taken on the unsafe practices you have reported

Assessment Criteria 4.3 might include:
The term whistleblowing is used to describe a situation where a worker makes a protected disclosure about a wrongdoing in their workplace. The concerns may include malpractice, risk (for example about patient safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

Assessment Criteria 4.4 might include:
- Report any concerns to the Line Manager, or senior Management
- Follow the organisations internal polices about reporting concerns
- Keep an accurate record of your concerns and action taken
- Managers should deal quickly and effectively with concerns from workers
- If the concerns are not responded to in a timely manner, concerns may be raised through NISCC

Assessment Criteria 5.1 might include:
- The Mental Capacity Act (NI) 2016
- The Mental Capacity (Deprivation of Liberty) (No. 2) Regulations (Northern Ireland) 2019
- Mental Capacity (Research) Regulations (Northern Ireland) 2019
- Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance' September 2006
- The Mental Health (Northern Ireland) Order 1986

Assessment Criteria 5.2 might include:
- Consent given only after having been informed of the facts, benefits, risks, and alternatives.
- Informed consent is the act of agreeing to allow something to happen, or to do something, with a full understanding of all the relevant facts, including risks, and available alternatives.

Assessment Criteria 5.3 might include:
- It is an ethical and legal responsibility
- It supports a person-centred approach
- It respects the person and their choices
- It empowers a person and their right to make decisions
- It promotes independence and dignity

Assessment Criteria 5.4 might include:
- Make sure all the correct information is available to the person
- Make sure the information is communicated in a way the person understands e.g. through words and/or pictures

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- Outline the benefits and the risks
- Remain impartial and do not give your personal beliefs/preferences
- Present information at a time that suits the individual best
- Provide information in a suitable environment e.g. so the person can hear what is being said and is not distracted by others or noise around them

Assessment Criteria 5.5 might include:
- Follow the organisations policy and procedures on supported decision making
- Involve the person as much as possible in all decisions about their care and treatment
- Consider the persons past and present wishes and feelings
- Consider the opinions of other relevant persons e.g. Nominated person, advocate
- Ensure the decisions made are the least restrictive
- Follow care plans, risk assessments and decision-making agreements

Assessment Guidance

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

Unit Content Overview

Safeguarding:
[referenced to NIASP Training Framework Level 2]
- Underpinning legislative and policy frameworks
- Values and principles of safeguarding and best practice
- Essential causes and indicators of abuse
- Organisational policies and procedures, including reporting procedures
- Capacity, consent and the use of restrictive practices

Useful Resources may include the following:
NISCC Learning Zone
SCIE
Department of Health

This unit maps directly into the current Level 2 Diploma Theme 3: Principles and Values
Learning Outcomes 7, 8,9,and 10

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Safe Moving and Positioning of Individuals in Social Care Services

Title	Safe Moving and Positioning of Individuals in Social Care Services
Level	Two
Credit Value	2
Guided Learning Hours (GLH)	16
OCN NI Unit Code	CBG636
Unit Reference No	R/651/3036
Learn Direct Code	PA1
Links to NOS	SCDHSC0223 - Contribute to moving and positioning individuals SCDHSC00243 - Support the safe use of materials and equipment

Unit purpose and aim(s): This unit will enable the learner to understand their responsibilities in relation to providing appropriate support when moving and positioning individuals.

Learning Outcomes	Assessment Criteria
1. Understand own responsibilities and accountability in relation to moving and positioning individuals.	1.1. Identify policies, procedures, and guidelines in relation to moving and assisting individuals. 1.2. Describe health and safety considerations in relation to moving and positioning individuals 1.3. Identify sources of information and support in relation to moving and positioning individuals. 1.4. Describe ways to maintain dignity when moving and positioning individuals. 1.5. Identify specific health conditions and ways in which they may impact on the moving and positioning of individuals.
2. Be able to undertake moving and positioning tasks safely in accordance with organisational policies and procedures.	2.1. Prepare the environment to ensure the safe moving and positioning of an individual. 2.2. Communicate effectively with the individual throughout the task, encouraging their active participation. 2.3. Move and position the individual using the agreed ways of working.
3. Know how to recognise and report unsafe practices.	3.1. Describe unsafe practices in moving and positioning that may affect the well-being of individuals. 3.2. Explain actions to take in your role, in relation to unsafe practices in moving and positioning individuals.

Additional teaching and assessment advice:

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

- Written or verbal Questions [with accompanying assessor records] or Assignment/Workbook may be used for Learning Outcomes 1 and 3.
- Simulation, assessed by an assessor or expert witness [with accompanying report] may be used for Learning Outcome 2.

When answering learners should reflect on own service user group and organisational context

Assessment Criteria 1.1. might include:
- Health and Safety at Work etc. Act 1974 (HSWA)
- Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002)
- The Management of Health and Safety at Work Regulations 1999

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- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Getting to grips with hoisting people – Health and Safety Executive (HSE) Information Sheet
- Organisation policies and procedures
- Northern Ireland Social Care Council Standards of Practice for social care workers standard 5.1 'Applying your organisation's policies and procedures in relation to moving and handling service users'

Assessment Criteria 1.2 might include:
- Has a risk assessment been carried out?
- Has the risk assessment been seen, read and understood
- What is in the individual's care plan in relation to moving and positioning, e.g. does the individual need to be assisted by 1 or 2 people
- Is there any equipment* available and has the person been trained to use it?
- What is the individual's current mobility
- Is there a decline in the individual's health both physical and/or emotional/mental?

*Equipment could be a Hoist, Sara Steady Stand Aid, Sliding Sheets or Wendy Sheets

Assessment Criteria for 1.3 might include:
- Care Plans
- Legislation
- Policies and Procedures
- Risk assessment
- Other colleagues
- Manager

Assessment Criteria for 1.4 might include:
Active participation is a way of working that regards individuals as active partners in their own care or support rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible. Active participation when moving and position an individual receiving care ensures dignity and respect for the individual. This can be done by:
- Speaking to the individual before you start any part of the moving and positioning task
- Explaining what you going to do and why
- Listening to what the individual is saying
- Looking for Non-verbal signs someone may be in pain including:
  - facial grimacing or a frown
  - writhing or constant shifting in bed
  - moaning, groaning, or whimpering
  - restlessness and agitation
  - appearing uneasy and tense, perhaps drawing their legs up or kicking
  - guarding the area of pain or withdrawing from touch to that area
  - respecting their privacy
  - being compassionate
  - making sure the person is competent to carry out the task, have they had the right training for the task

Assessment Criteria for 1.5 might include:
There may be many health conditions which may impact on the moving and positioning of individuals. The list below identifying a number of health conditions is not exhaustive, the individual being supported may have a health condition not on the list however the condition should be described and its impact answering the question.

Arthritis – impact may be:
- Joint pain, tenderness and stiffness
- Inflammation in and around the joints
- Restricted movement of the joints
- Weakness and muscle wasting
- Warm red skin over the affected joint

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Amputation – impact may be:
- Limited flexibility at joints where a limb has been amputated. The person being supported may use prosthetics and have different levels of mobility

Cerebral Palsy – impact may be:
- Muscle spasms
- Different levels of muscle control
- Balance and co-ordination maybe affected

Dementia – impact may be:
- Memory loss
- Confusion
- Suffer from fragility
- Have other health conditions e.g. Arthritis

Stroke – impact may be:
- Muscles maybe weak
- No movement on one side of the body
- Difficulty communicating

Muscular Dystrophy – impact may be:
- Muscle weakness
- Limited mobility

Sensory Loss – impact may be:
- Sight or hearing or both
- Difficulty communicating
- Need additional reassurance

Parkinson's Disease – impact may be:
- Limb rigidity
- Slower reaction times

Tissue Viability – impact may be:
- Pain on movement
- Pain when changing position

Assessment Criteria for 2.1. might include:
- Checking the individual's care plan and the moving and handling risk assessment prior to commencing any moving and handling
- Removing potential hazards and prepare the immediate environment
- Making sure there is enough space around you for the move to take place
- Removing any obstacles in the way?
- Removing any trip hazards
- Asking for advice and/or help
- If using equipment checking its condition and ensure it is working correctly

Assessment Criteria for 2.2. might include:
- Introducing oneself to the individual
- Explaining any actions about to be undertaken
- Asking for their consent before carrying out the actions
- Asking if there is anything they are concerned about with the actions
- Reassuring the individual that if they are uncomfortable or in pain during the task it will be stopped until they are safe and comfortable
- Asking about what position they feel most comfortable in or which body parts are painful.

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- Having confidence in performing actions and reassuring the individual being helped
- Using positive language and providing words of affirmation throughout the process
- Effective use of dialogue with the individual is essential for any successful transfer, ensuring everything runs smoothly and safely

Assessment Criteria for 2.3 might include:
- Reading and following an individual's care plan and risk assessment
- Following organisational policies and procedures and guidelines for moving and positioning
- Asking for help from colleagues if unsure about a moving and handling task
- Raising any concerns with a manager
- Ensuring training has been undertaken and being competent in the task being undertaken
- Undertaking task as directed by trainer and under their supervision, guidance and assessment

Assessment Criteria for 3.1 might include:
Not following individual's care plan and risk assessment for moving and positioning, and moving and handling can include:
- Injury to both the person being moved and the employee
- Causing back pain and musculoskeletal disorders
- Causing discomfort and/or pain
- Leading to a lack of dignity for the person being moved
- Cause distress
- Intrusion on an individual's privacy
- Affecting the individual's well-being and mental health

Assessment criteria for 3.2 might include:
- Unsafe practice must be challenged immediately, they should not be allowed to continue.
- Following own organisation's policy and procedures for reporting unsafe or harmful practice
- Reporting your concerns to your manager
- Keeping an accurate record of your concerns and action taken.
- Under the Northern Ireland Social Care Council's Standards of Conduct for Social Care Workers (which are binding on all social care workers registered with the Social Care Council, irrespective of employment status or work setting) if a care worker witnesses unsafe practice the care worker must follow standards -
  - 3.4 Bringing to the attention of your employer or the appropriate authority, without delay, resource or operational difficulties that might get in the way of the delivery of safe care
  - 3.5 Informing your employer or an appropriate authority, without delay, where the practice of colleagues or others may be unsafe or adversely affecting standards of care

Assessment Guidance

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log

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Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

Unit Content Overview

Additional resources may include the following:
Moving and Handling Individuals
Health and Safety Executive NI

This unit maps directly into the current Level 2 Diploma Health and Well-being unit Learning outcome 4
Be able to move and handle equipment and other objects safely

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Environmental Health and Safety in Social Care Services

Title	Environmental Health and Safety in Social Care Services
Level	Two
Credit Value	3
Guided Learning Hours (GLH)	24
OCN NI Unit Code	CBG637
Unit Reference No	T/651/3037
Learn Direct Code	PA1
Links to NOS	SCDHSC0246 - Maintain a safe and clean environment SCDHSC0032 - Promote health, safety and security in the work setting SCDHSC0022 - Support the health and safety of yourself and individuals SCDHSC00243 - Support the safe use of materials and equipment SCDHSC0230 - Manage environments and resources for healthcare procedures in social care settings

Unit purpose and aim(s): This unit will enable the learner to understand their responsibilities in relation to controlling substances hazardous to health, fire safety and infection prevention and control.

Learning Outcomes	Assessment Criteria

1. Know how to store, use and dispose of hazardous substances and material.	1.1. Identify hazardous substances and materials that may be found in the work setting.
	1.2. Describe safe practices in relation to each of the following:
	  a) storage of hazardous substances
	  b) use of hazardous substances
	  c) disposal of hazardous substances and materials

2. Understand Fire safety procedures.	2.1. Outline workplace fire safety procedures and your role within them.
	2.2. Describe practice that prevents fires from:
	  a) starting
	  b) spreading

3. Be able to use prevention and control measures to reduce the spread of infection.	3.1. Identify legislation in relation to infection prevention and control. 3.2. Outline organisational policies and procedures for the prevention and control of infection. 3.3. Identify the ways an infective agent might enter the body. 3.4. Demonstrate the recommended method for hand washing. 3.5. Outline the potential impact of an outbreak of infection on both the individual **and** the organisation. 3.6. Describe best practice to reduce the spread of infection. 3.7. Identify poor practices that may lead to the spread of infection.

Additional teaching and assessment advice:

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.
- Written or verbal Questions or Assignment/Workbook [with accompanying assessor records] may be used for Learning Outcomes 1 and 2 and for 3.1, 3.4, 3.5 and 3.6
- Observation should be used for 3.4 and 3.6 in relation to handwashing and best practice to reduce the spread of infection.

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- Work setting can be any social care setting, including an individual's home
- When asked to identify/describe learners should identify /describe 2 or more

When answering learners should reflect on own service user group and organisational context

Assessment Criteria 1.1 might include:
Any substance that can damage health or cause illness such as:
- Cleaning products (e.g. bleach, oven cleaner, toilet cleaner)
- Clinical waste (e.g. used dressings, soiled pads)
- Bodily fluids (e.g. saliva, mucus, blood)
- Medication
- Contaminated bedding
- Dust (e.g. Building works)
- Fumes (e.g. vehicles)

Assessment Criteria 1.2 might include:
A) Storage of Hazardous Substances
- Must be stored securely and in a specified area (e.g. locked room, access by key or code)
- Must be stored in accordance with substance instructions, (e.g. at room temperature, well-ventilated area)
- Stored in original containers
- Do not stockpile hazardous substances, only store them to meet your requirements.

B) Use of hazardous substances
- Always use in accordance with manufacturer's instructions
- Some substances are only used by those who are trained to do so
- If required use Personal Protective Equipment (PPE)
- Do not leave substances unattended
- After use, return to the correct storage area

C) Disposal of hazardous substances and materials
- Dispose as directed by the manufacturer's instructions
- Clinical waste must be kept separate from general waste
- Clinical waste, e.g. dressing, used gloves, should be sealed, labelled, and stored until disposed of correctly
- Unused medication should be returned to the pharmacy from which it was collected
- Contaminated bedding should be washed immediately

Assessment Criteria 2.1 might include:
- Each workplace will have a risk assessment of fire hazards and will document procedures to reduce risk of fire starting and give instructions what to do if a fire starts
- Necessary equipment and training will be provided
- It is the employee's responsibility to be familiar with the procedures and attend the training provided e.g. all employees should use the nearest fire exit and assemble at the agreed fire assembly point
- Follow the correct procedure for evacuating vulnerable individuals to the fire assembly point
- Following a fire related incident, it is important to reflect on what happened, what worked well and what did not work well and implement control measures to reduce the likelihood of further fire hazards

Assessment Criteria 2.2 might include:
A) Prevent fires from starting
- Store flammable materials correctly
- Test electrical equipment regularly and unplug when not in use
- Report faulty equipment and do not use until repaired or replaced
- Do not leave cooking food unattended
- Only smoke in designated areas
- Following employers agreed ways of working

B) Prevent fires from spreading
- Regularly check fire alarms
- Close doors and windows

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- Ensure you have the appropriate training
- Use fire safety equipment, e.g. fire extinguishers, fire blankets.
- Have regular fire drills

Assessment Criteria 3.1 might include:
- The Public Health (Control of Diseases) Act 1984
- Control of substances hazardous to health COSHH 2002
- The Public Health (Infectious Diseases) Regulations 1988
- Food Safety Act 1990
- The Management of Health and Safety at Work (Amendment) Regulations 2006
- The Health Protection (Notification) Regulations 2010
- Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013
- Health and Safety at Work Act 1974
- The personal protective Equipment at work Regulations 1992 (PPE)

Assessment Criteria 3.2 might include:
- Risk assessment and management
- Correct storage, use and disposal of hazardous substances
- Using Personal Protective Equipment (PPE)
- Training for staff/agency workers
- How to prevent and manage outbreaks of infection
- How to respond to people with symptoms of transmissible infection
- Dealing with visitors to prevent catching and spreading infection
- Hand washing procedure

Assessment Criteria 3.3 might include:
- Respiratory system – inhalations, breathing in an airborne bacterium
- Digestive system – ingested, eating contaminated food
- Breaks in the skin – direct contact with cuts and grazes, surgical wounds
- Urinary, genital tract and conjunctiva

Assessment Criteria 3.4 might include:
Demonstration using water and liquid soap
- Wet hands under running water and apply liquid soap
- Rub hands together, ensuring all areas are covered (palms, backs, between fingers, knuckle grip, thumbs and web, fingertips and wrists)
- Dry hands thoroughly using a disposable paper towel
- Dispose of used paper towel in appropriate waste bin – waste bins may be foot operated pedal bins – this will prevent recontamination of your hands by lifting the lid of the bin

Demonstration using hand sanitiser
- Apply hand sanitiser to dry hands
- Rub hands together, ensuring all areas are covered (palms, backs, between fingers, knuckle grip, thumbs and web, fingertips and wrists)
- Allow hand sanitizer to dry on your hands

Assessment Criteria 3.5 might include:
- Cause ill health to varying degrees
- Can lead to isolation from others
- Can prevent a person being active or maintain relationships with others
- Can lead to death if not detected and treated quickly
- Can lead to staff shortages if they become infected
- Can lead to additional workload for staff
- Can result in having to recruit agency staff unknown to individuals supported

Assessment Criteria 3.6 might include.
- Steps in Correct hand washing
- Correct use of PPE including donning and doffing
- Correct method for waste disposal

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- Good education for all
- Covering coughs and sneezes
- Avoid touching your face
- Clean and disinfect surfaces

Assessment criteria 3.7 might include:
- Lack of or poor hand hygiene
- Lack of or incorrect use of personal protective equipment (PPE)
- Not washing or changing gloves between patients or clients
- Not storing or cooking food correctly
- Incorrect disposal of waste
- Contaminated bed linen or clothing not washed separately
- Poor hygiene or living standards
- Poor ventilation for airborne infection

Assessment Guidance

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

Unit Content Overview

COSHH, Fire Safety and Infection control referenced to current Level 2 Diploma in Health and Social Care Health and Well-being Unit

Additional resources may include the following:
COSHH Basics from Health and Safety Executive
Fire Safety from Health and Safety Executive
NISCC Learning Zone – Infection Control

This unit maps directly into the current Level 2 Diploma Theme 2 Health and Wellbeing -Learning Outcomes 1 (1,6 and 1.7), all of learning outcome 3 and 5.

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Understand Safe Medication Practice in Social Care

Title	Understand Safe Medication Practice in Social Care
Level	Two
Credit Value	5
Guided Learning Hours (GLH)	40
OCN NI Unit Code	CBG638
Unit Reference No	Y/651/3038
Learn Direct Code	PA1
Links to NOS	SCDHSC3122 - Support individuals to use medication in social care settings

Unit purpose and aim(s): This unit will enable the learner to understand their responsibilities in relation to managing medication safely.

Learning Outcomes	Assessment Criteria
1. Understand the legislative framework for the use of medication in social care settings.	1.1. Identify legislation that covers the use of medication in social care settings. 1.2. Identify key guidance and standards that covers the use of medication in social care settings. 1.3. Explain why it is important to adhere to legislative and guidance requirements. 1.4. Outline the legal classification system for medication.
2. Know about common types of medication, their purpose, possible adverse reactions, how to access support and common medication routes for administration.	2.1. Describe common types of medication used in social care settings and their purpose. 2.2. Outline possible changes to an individual's physical or mental well-being that may indicate adverse reactions to common types of medication. 2.3. Identify what actions should be taken if an adverse reaction is recognised. 2.4. Explain when and how to access further information and support about the use of medication. 2.5. Explain the routes by which medication can be administered.
3. Understand the role and responsibility of a social care worker in the use of medication in a social care setting.	3.1. Explain why it important to follow: a) care and support plans and b) policies and procedures 3.2. Describe the role and responsibility of a social care worker in the use of medication in a social care setting. 3.3. Explain the importance of the following principles of care in the use of medication: a) consent b) self-medication or active participation c) dignity and privacy d) confidentiality e) team work f) risk assessment
4. Understand the role and responsibility of others in the use of medication in a social care setting.	4.1. Identify others who have a role and responsibility in the use of medication in a social care setting. 4.2. Describe the roles and responsibilities of those identified in AC 4.1 in the use of medication in social care settings.
5. Understand how to order, receive, store and dispose of medication supplies safely.	5.1. Identify process for ordering, receiving and recording supplies of medication in a social care setting. 5.2. Describe how to store medication safely in a social care setting.

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		5.3.	Describe how and when to dispose of unused or unwanted medication safely in a social care setting.
6.	Understand how to prepare and administer, record and report.	6.1.	Identify steps to take in advance of administering medication.
		6.2.	Identify the 7 steps to administering medication
		6.3.	Describe how to accurately record administration of medication including any changes for an individual related to it.
		6.4.	Describe how to maintain the security of medication records.
		6.5.	Identify steps to take following the administration of medication.

Additional teaching and assessment advice:

A range of assessment methods may be used, determined by the requirement for a learner to show understanding. Written or verbal Questions or Assignment/Workbook [with accompanying assessor records] may be used for all Learning Outcomes. Having a folder of evidence sample forms to demonstrate how they are used could be useful.

When answering learners should reflect on own service user group and organisational context

Assessment Criteria 1.1 might include:
- The Medicines Act (1968)
- The Misuse of Drugs Act (1971)
- The Misuse of Drugs Regulations (2001)
- The Hazardous Waste Regulations (2005)
- The Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007)
- Health and Safety at Work etc. Act 1974
- Data Protection Act 1998
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- The Human Medicines Regulations (2012)
- The Human Rights Act 1998
- Mental Capacity Act (NI) 2016

Assessment Criteria 1.2 might include:
- RQIA Guidance on standard operating procedures for the safer management of controlled drugs
- RQIA Minimum standards
- Department of Health – Guideline for Safe Handling, Administration, Storage and Custody of Medicinal Products in the Health and Personal Social Services
- Northern Ireland Social Care Council Social Care Workers Standards of Conduct and Practice

Policies and procedures for the safe handling of medicines by all workers – prescribing, dispensing, administration, storage and disposal .

Assessment Criteria for 1.3 might include:
Protect service users from harm through the inappropriate use of drugs:
- Provide all health care professionals with a comprehensive framework on which to base their clinical practice
- Reduce the risk of misuse of prescribed drugs which are addictive. These require extra safe prescribing, handling, storage and disposal and are called Controlled Drugs
- Protect the public and the environment from potentially damaging methods of disposal of medicines.

Assessment Criteria for 1.4 might include:
- Prescription-Only Medicine (POM) - has to be prescribed by a doctor or other authorised health professional and it has to be dispensed from a pharmacy or from another specifically licensed place

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- Pharmacy (P) - an intermediate level of control, can be bought only from pharmacies and under a pharmacist's supervision
- General Sales List (GSL) - may be bought from retail stores, such as a newsagent, a supermarket or a vending machine in a shop

Assessment Criteria 2.1 might include:
Common types of medication and their uses including:
- Antibiotics used to fight infection
- Analgesics used to relieve pain
- Antihistamines used to relieve allergy symptoms, e.g. hay fever
- Antacids used to relieve indigestion
- Anticoagulants used to prevent blood clotting, e.g. following heart attack, thrombosis, some surgical procedures
- Psychotropic medicine used to treat depression
- Diuretics used to get rid of excess fluids in the body
- Laxatives used to alleviate constipation
- Hormones, e.g. insulin, contraceptives, steroids, hormone replacement therapy (HRT)
- Cytotoxic medicines used to treat some forms of cancer

Assessment Criteria for 2.2 might include:
- Rashes
- Breathing Difficulties
- Allergic Skin Reaction
- Tachycardia/Bradycardia
- Anaphylaxis
- Hypertension/Hypotension
- Swellings
- Nausea
- Vomiting
- Diarrhoea
- Stiffness
- Shaking
- Headaches
- Drowsiness
- Constipation
- Weight gain

Assessment Criteria for 2.3 might include:
When?
- You are unsure what the medication is used for
- The person taking the medication wants more information about their medication
- You need to know how the medication should be administered
- The instructions are unclear if the medication should be taken with or before food

How?
- From the Patient information leaflet (PIL)
- From an updated copy of a BNF
- From the Person themselves
- From the senior manager /team leader
- Ask for more training

Assessment criteria for 2.4 might include:
- Reporting (manager/senior/supervisor/GP)
- Recording adverse reactions
- Reassurance of individual
- Monitoring the wellbeing of the individual
- Observation of the individual's condition

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- Emergency medical treatment if necessary

Assessment Criteria 2.5 might include:
- Inhalation – use of inhalers, nasal or oral = Volumatic spacer
- Injection – by piercing the skin = Sterile wipes, gloves, cotton pad, plaster
- Ingestion – medicines/tablets taken orally, including under the tongue = cup of water, straw, drinking cup, medication cup
- Topical – application of creams, lotions, ointments = gloves, apron
- Infusion – intravenous drips
- Instillation – administration of drops to ears/nose/eyes = eye drop dispensing aids
- PR (per rectum) – enemas, suppositories
- PV (per vagina) – pessaries, creams

Assessment Criteria 3.1 might include:
- Person centred approach to supporting a person with tier medication
- Provides understanding of each person and their preferences, needs, individuality
- Includes a risk assessment which indicates what the risks may be, i.e., swallowing difficulties and how to avoid harm

Assessment Criteria for 3.2 might include:
- To ensure they have received the appropriate training
- To ensure that they are confident and competent to carry out their role
- To say if they do not feel they are able to carry out the role of administering medication for any reason
- To ensure the principles of care while supporting the use of medication – privacy, choice, control, independence, etc.
- To be aware of the boundaries of their role and specifically what they are not able to do. e.g. Administer medication covertly without the agreement of the medical professionals involved.

Assessment Criteria for 3.3 might include:
a) Consent - everyone has the right to make decisions about their care and treatment. If a person finds it difficult to make these decisions they are entitled to help and support to do so, e.g. Making a using a decision-making agreement. Consent should always be obtained before administering medication
b) Self-medication or active participation, the best person to administer their medication is the person themselves. Some people need a little to help to do this but with the right support and equipment they are able to self-medicate. Self-medication supports a person to remain or gain independence, be in control of their health matters and direct the support they need.
c) Dignity and privacy - dignity is valuing people that are receiving care as unique individuals and respecting their opinions, preferences and choices, even if you do not agree with them. Privacy is keeping private information about the individuals that you care for confidential and ensuring that they have time and space to themselves whenever they want it
d) Confidentiality - the definition of confidentiality in health and social care is keeping sensitive information private and respecting someone's wishes. It means that professionals shouldn't share personal details about someone with others, unless that person has said they can or it's absolutely necessary.
e) Team work - teamwork ensures quality and safety of care delivery by ensure good communication and consistency of support
f) Risk assessment - risk management plans are an important part of an persons care or support plan. If a person wishes to manage their own medication but there are some areas that pose a risk, a risk assessment identifies the risk, looks for possible solutions and identifies a plan of steps to take to minimise the risk while making sure the person remains as independent as possible.

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Assessment Criteria for 4.1 might include:
- GP
- Other medical practitioners including:
  - District Nurse
  - Nurse Prescriber
  - Dentist
  - Optometrist
  - Palliative care team
  - Pharmacist – both dispensing and GP based
  - Service manager

Assessment Criteria for 4.2 might include:
- Prescribing
- Pharmacy dispensing
- Specific care and treatment regarding PEG tube - intravenous injections, invasive procedures
- Reviewing medication
- Monitoring and changing insulin medication
- Eye care
- Mouth and dental care
- Administration
- Storage and Disposal
- Training
- Policies and Procedures
- Care/support plans/risk assessment

Assessment Criteria for 5.1 might include:
Process for ordering:
- Current stock levels prior to ordering to avoid any unnecessary waste.
- Any excess stock should be carried forward onto the next cycle with clear documentation on the MAR chart.
- Medication should be ordered at 28-day intervals (or as dictated by organisation procedure) allowing sufficient time for prescriptions to be issued, dispensed, checked and delivered.
- The pharmacy should be alerted to any medicines which have been discontinued to enable this to be removed from MAR chart

Process for receiving and recording:
- Receipt of medication should be signed for by a competent member of staff.
- Controlled drugs received must be signed by a member of staff trained and competent with controlled drugs (or may state signed in by 2 members of staff)
- Any controlled drugs received must be stored as per legal requirements.
- Medicines requiring storage within the medicines fridge should be stored immediately as per manufacturer's instructions.
- Staff receiving the order is responsible for checking the order against the original order and highlighting any discrepancies before the medicines are due to be administered.
- Medications should be checked against the new and current MAR chart ensuring that the person's name, DOB, allergy status and medicines intolerances are all clearly documented.
- Stock should be counted and checked before storing securely – the staff member (or 2 members of staff) completing this duty should sign and highlight the quantity of the medicine on the MAR chart clearly
- Checking care plans
- Checking medication record sheets
- Checking medication policies and procedures
- Physical check on medication available
- Job role of staff member who has overall responsibility

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Assessment Criteria for 5.2 might include:
- Only trained and competent staff should have medicine cabinet keys in their possession
- The clinic room, medicines trolley and medicines cabinets must be locked at all times when not in use
- Where medicines trolleys are used to store medication, they must be locked and securely attached to a wall in a suitable place such as the clinic room
- Medicines cabinets must be sited away from sources of heat, moisture and direct sunlight
- All medicines cabinets should be securely fixed to a wall
- Medication should be stored as advised by manufacturer's instructions
- All medicines received into the care setting must be checked, booked in and stored securely within locked medicines cabinets or in compliance with the misuse of drugs act as soon as possible (within 24 hours). No medicines should be left unattended without being stored securely unless there is a risk assessment in place to reflect this (including emollients)

Assessment Criteria for 5.3 might include:
A record of the medication for disposal must be kept by the provider. It is the responsibility of all trained staff returning medication to record clearly and detail the below as a minimum:
- The date
- The name of the service user
- Product name, form, strength and quantity
- Reason for disposal or return
- Signature of the member of staff returning the medicine
- The medication must then be stored securely until it is collected by the pharmacy and a signature of the member of staff from the community pharmacy should be recorded to show which items have been received

Assessment Criteria for 6.1 might include:
- Ensure you have the appropriate training and competency to do the task
- The use of personal protective equipment (PPE).
- Recommended method for handwashing following the correct procedure
- Ensure the environment of free of distraction, allows for privacy and is safe
- Assemble any equipment that may be required e.g. spoons, water, cups, etc.

Assessment Criteria for 6.2 might include:
Consent must always be obtained by the person before any medicines are administered.
Follow the 7 rights to administering medication:
- The right Person
- The right Medication
- The right Time
- The right Dose
- The right Route
- The right Equipment
- The right Records

Assessment Criteria for 6.3 might include:
Medication ordered received, administered, refused and disposed must be recorded on organisation documents. Records include:
- Which medicines are prescribed for the person?
- The quantity of any medications received
- The time medicines are to be administered
- The dose of the medication
- Any special administration requirements
- Medicines recorded immediately once administered.
- Record any medications not given and the reason – use the agreed codes as identified on the mar chart.
- Balance of medication remaining after each time medication is administered

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Assessment Criterial for 6.4 might include:
Reference to Data Protection Act 2018 regarding how you obtain, store, share, and use personal data

Assessment Criteria for 6.5 might include:
- Ensure all records have been completed
- Do an audit of medication stock if outlined in the organisation's policy
- Ensure all medication and records are stored away correctly
- Wash or dispose of equipment, PPE and wash hands
- Ensure the keys of the medication trolley, cupboard or room are securely in the hands of the designated person

Assessment Guidance

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

Unit Content Overview

Medication referenced to Unit M/618/4784 *Support the use of medication in social care settings* from Level 2 Diploma in Healthcare and Social Care (OCNNI) – knowledge learning outcomes only.

Additional resources may include the following:
NISCC Learning Zone resources on medication management
RQIA Guidance on use of medication
Guidance pages from the National Institute for Health and Care Excellence

This unit maps directly into the current Level 2 Diploma Theme 2 Health and Wellbeing Learning Outcome 1 (1.3)

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Safe Food Handling and Dysphagia Awareness in Social Care Services

Title	Safe Food Handling and Dysphagia Awareness in Social Care Services
Level	Two
Credit Value	3
Guided Learning Hours (GLH)	24
OCN NI Unit Code	CBG639
Unit Reference No	A/651/3039
Learn Direct Code	PA1
Links to NOS	SCDHSC0214 - Support individuals to eat and drink SFHCHS159 - Provide support to individuals to develop their skills in managing dysphagia SFHCHS160 - Assist others to monitor individuals' attempts at managing dysphagia PPLHSL30 - Make sure food safety practices are followed in the preparation and serving of food and drink SCDHSC0213 - Provide food and drink to promote individuals' health and well being

Unit purpose and aim(s): This unit will enable the learner to understand basic food safety practices, as well as the nature of dysphagia; and their responsibilities in relation to supporting individuals who have swallowing difficulties.

Learning Outcomes	Assessment Criteria

1. Understand the importance of personal and environmental cleanliness and hygiene, when engaging in food handling.	1.1. Identify potential food safety hazards when engaging in food handling.
	1.2. Identify personal hygiene practices when engaging in food handling, in relation to:
	   a) personal presentation
	   b) hand washing
	   c) cuts or wounds
	   d) personal illness
	1.3. Explain the importance of maintaining good personal hygiene practices when engaging in food handling.
	1.4. Explain the importance of keeping food handling work surfaces and equipment clean and tidy.

2. Understand the importance of safe food practices.	2.1. Explain the importance of following safe food handling practices for:
	   a) preparing
	   b) cooking
	   c) reheating food
	2.2. Describe practices for storing different types of food safely.
	2.3. Explain the importance of following safe practices in the disposal of food waste.
	2.4. Describe the potential consequences of not following safe food practices

3. Understand dysphagia and its associated risks.	3.1. Define what is meant by dysphagia.
	3.2. Identify signs that could indicate:
	   a) a swallowing difficulty
	   b) a change in a pre-existing swallowing difficulty
	3.3. Identify risks associated with dysphagia.
	3.4. Outline health conditions often associated with dysphagia.

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4. Understand how to support individuals to manage dysphagia in line with local and national guidelines and good practice.	4.1. Outline the key aspects of each level of the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework. 4.2. Describe safe swallowing procedures at mealtimes including: a) **P**ositioning b) **A**lertness c) **T**extures d) **H**elp 4.3. Describe reporting and recording responsibilities associated with own job role, in relation to dysphagia related incidents. 4.4. Describe assessment documents for individuals that should be followed if an individual has swallowing difficulties.

Additional assessment advice:

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

When answering learners should reflect on own service user group and organisational context.

Assessment Criteria 1.1 might include:
Microbiological
- Bacteria
- Parasites
- Fungi
- Viruses

Chemical
Mycotoxins - are a group of naturally occurring chemicals produced by certain moulds. They can grow on a variety of different crops and foodstuffs including cereals, nuts, spices, dried fruits, apple juice and coffee, often under warm and humid conditions.
- Heavy metals – such as lead and mercury
- Organic pollutants - dioxins
- Acrylamide - which may result from food being processed

Physical
objects getting into food e.g.
- Hair
- Bandages
- Jewellery
- Glass
- Pieces of cooking equipment

Allergenic
In the UK, food businesses must inform you under food law (ref: Food Standards Agency - Food allergy and intolerance) if they use any of the 14 allergens as ingredients in the food and drink they provide. This list has been identified by food law as the most potent and prevalent allergens.
- Celery
- Cereals containing gluten (such as barley and oats)
- Crustaceans (such as prawns, crabs and lobsters)
- Eggs
- Fish
- Lupin
- Milk
- Molluscs (such as mussels and oysters)
- Mustard
- Peanuts

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- Sesame
- Soybeans
- Sulphur dioxide and sulphites (at a concentration of more than ten parts per million) a
- Tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

Assessment Criteria 1.2 might include:
To keep food safe, every person working in a food-handling area must maintain a high level of personal hygiene.

A) Personal Presentation
must wear clothing that is:
- Suitable
- Clean
- Protective

must:
- Keep hair tied back and wear a suitable head covering, e.g. hat or hair net
- Not wear watches or jewellery (except a wedding band)
- Not touch their face and hair, smoke, spit, sneeze, eat or chew gum

B) Handwashing - Effective handwashing is extremely important to help prevent harmful bacteria from spreading from peoples' hands. All staff that work with food must wash their hands:
- When in the kitchen or preparation area
- Before preparing food
- After touching raw food
- After handling food waste or emptying a bin
- After cleaning
- After blowing their nose
- After touching phones, light switches, door handles and cash registers

Handwashing Steps
1. Wet your hands with water.
2. Apply enough soap to cover your hands.
3. Rub your hands together.
4. Use one hand to rub the back of the other hand and clean in between the fingers. Do the same with the other hand.
5. Rub your hands together and clean in between your fingers.
6. Grip the fingers of each hand together with the backs of your fingers against the palms of your other hand. Rub your fingertips together and rub the back of your fingers against your palms.
7. Rub one thumb using your other hand. Do the same with the other thumb.
8. Rub the tips of your fingers on the palm of your other hand. Do the same with other hand.
10. Rinse your hands with water.
11. Dry your hands completely with a disposable towel.
12. Use the disposable towel to turn off the tap

It is recommended to wash your hands for the amount of time it takes to sing "Happy Birthday" twice (around 40 seconds in total).

Identify personal hygiene practices when engaging in food handling, in relation to:

C) Cuts Or Wounds
Cover all cuts and wounds with a waterproof, brightly coloured bandage and a glove. The bright colour makes it easier to find if it drops in the food and the glove will stop it falling into the food.

D) Personal Illness
Diarrhoea and/or vomiting are the main symptoms of illnesses that can be transmitted through food.
- Staff handling food or working in a food handling area must report these symptoms to management immediately.
- Managers must exclude staff with these symptoms from working with or around open food, normally for 48 hours from when symptoms stop naturally. (Food Standards Agency - Regulatory Guidance and Best Practice Advice for Food Business Operators 2009 page 1)

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Additional Advice/Guidance

SYMPTOMS OF GASTROINTESTINAL INFECTION

- **The most common symptoms of an infection are:**
    - Diarrhoea
    - Vomiting
- **Other symptoms can include:**
    - Stomach cramps or pain
    - Nausea
    - Fever

Although diarrhoea is a very common condition in the community, it is difficult to define so as to exclude all normal variations of bowel habit. It usually implies a change in bowel habit with loose or liquid stools which are being passed more frequently than normal. Three or more loose stools in 24 hours is a very general indication of diarrhoea that may be infectious, but this can vary. If this is not followed by any more symptoms or further diarrhoea then it is not likely to be infectious.

To prevent this:

- Tell the manager immediately if you are ill
- Wash and dry your hands with soap and warm water, especially after going to the toilet
- You can affect the safety of food when working with or around food. Your hands and clothes can spread harmful bacteria or viruses to food or surfaces that will come into contact with food. These bacteria or viruses can come from you if you are ill.
- Tell the manager if you have:
    - Diarrhoea or vomiting
    - Stomach pain, nausea, fever or jaundice
    - Someone living with you with diarrhoea or vomiting
    - Infected skin, nose or throat
- If you fall ill at work:
    - Seek to leave the food handling area and tell your manager what has happened
- When returning to work after an illness:
    - Take extra care when washing your hands
    - Tell the manager if they don't know you were ill, for example if you were ill on holiday
- Wash and dry your hands thoroughly with soap and warm water before working with any food, especially after going to the toilet:
    - Also wash your hands after handling anything that might be contaminated and throughout the day.
    - Avoidance is better than removal – where practical try not to touch things that might require you to then wash your hands. (Food Standards Agency - Regulatory Guidance and Best Practice Advice for Food Business Operators 2009 Page 16)

Assessment Criteria for 1.3 might include:

Personal hygiene is anyone handling food importance for food to ensure safe food. It is a fundamental aspect of food safety, and it can prevent cross-contamination of harmful bacteria and viruses. This is because our bodies have trillions of bacteria living on or in us. Food handlers therefore must maintain the highest possible standards of personal hygiene. Your employer has a responsibility to ensure you are trained in the importance of personal hygiene and hygienic practices when working with food.   Cross-contamination can occur when harmful bacteria or viruses are transferred from one surface to another, or from one food item to another. This can happen during food preparation when food handlers touch their face, hair, or clothing and then touch food without washing their hands. It can also happen when food handlers touch raw foods and then do not wash their hands before touching cooked or ready-to-eat foods. Poor food handling practices can result in unsafe food leading to food poisoning. It is for this reason that hand washing is so important. Effective and regular hand washing can prevent the spread of harmful bacteria and viruses, and cross-contamination and ultimately it can prevent food poisoning. It is essential that food handlers wash their hands regularly and effectively as part of safe food handling practices.

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Assessment Criteria for 1.4 might include:
Effective cleaning removes bacteria on hands, equipment and surfaces. This helps to stop harmful bacteria and viruses from spreading onto food (Ref Food Standards Agency/Cleaning).

Effective Cleaning:
- Removes disease causing organisms (pathogens), helping to prevent food poisoning
- Helps prevent infestation of pests such as mice, rats, flies, cockroaches and birds
- Cleaning and disinfection will remove food debris on which pests can live, as well as removing pathogens which pests could have brought onto the premises
- Reduces the risk of cross contamination by pathogens, for example from the indirect transfer of food poisoning bacteria from raw foods or meats to ready to eat foods
- Reduces the risk of food contamination from allergens such as nuts and seeds. •
- To reduce the risk of physical contaminants getting into the food to be eaten. Examples could be dirt, hairs or remnants from packaging materials.
- Reduces the risk of accidents, such as tripping on spillages and food waste/debris
- Creates a pleasant working environment
- Complies with the food hygiene laws

Assessment Criteria for 2.1 might include:
Preparing, knowing and using the right preparation methods can:
- Avoid cross contamination – chopping boards should be coloured coded so that raw meat is never cut on the same board as fruit and vegetables. Utensils should be washed after being in contact with raw meat to avoid cross-contamination. Keeping work surfaces clean –it is important for food safety that all worktops are kept clean and free of bacteria to avoid cross contamination
- Prevent the risk of spreading harmful bacteria such as E. coli
- Prevent harmful bacteria by following defrosting foods guidelines - when defrosting your food, make sure it has been fully defrosted, as partially defrosted food may not cook evenly. harmful bacteria could survive the cooking process. Once food has been defrosted, cook it within 24 hours (Ref Food Standards Agency/Chilling)
- Cooking and reheating Foods that aren't cooked, stored and handled correctly can cause food poisoning and other conditions. Temperature control when cooking food – all foods should be cooked for the correct amount of time and temperature. A food thermometer is the only safe way to check the core temperature of a food to ensure safety - especially when cooking meat, poultry and seafood. The core temperature of a food should reach 75°C instantaneously. The equivalent – for example 70°C for two minutes – is acceptable. Follow label instructions – when cooking food, it is important to follow the cooking instructions displayed on the label. This is especially important for foods cooked in the microwave as stirring and standing times are vital to ensure the core of the food has reached the required temperature.
- Reheating foods – When reheating a food, it should reach a core temperature of 70°C for two minutes. This destroys pathogens that cause food-borne illnesses and ensures Food Safety Food should not be reheated more than once. (Ref www.food.gov.uk/ Safe Method: Cooking and Reheating Safely). Thorough cooking kills harmful bacteria. It is also very important to reheat food properly to kill harmful bacteria that may have grown since the food was cooked.

Assessment Criteria for 2.2 might include:
- Refrigerate or freeze perishables right away. Foods that require refrigeration should be put in the refrigerator as soon as you get them home. Stick to the "two-hour rule" for leaving items needing refrigeration out at room temperature. Never allow meat, poultry, seafood, eggs, or produce or other foods that require refrigeration to sit at room temperature for more than two hours. This also applies to items such as leftovers and take-out foods. Also, when putting food away, don't crowd the refrigerator or freezer so tightly that air can't circulate.
- Keep your appliances at the proper temperatures. Keep the refrigerator temperature at or below 40° F (4° C). The freezer temperature should be 0° F (-18° C). Check temperatures periodically. Appliance thermometers are the best way of knowing these temperatures and are generally inexpensive.
- Check storage directions on labels. Many items other than meats, vegetables, and dairy products need to be kept cold. If you've neglected to properly refrigerate something, it's usually best to throw it out.
- Use ready-to-eat foods as soon as possible. Refrigerated ready-to-eat foods such as luncheon meats should be used as soon as possible. The longer they're stored in the refrigerator, the more chance

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Listeria, a bacterium that causes foodborne illness, can grow, especially if the refrigerator temperature is above 40° F (4° C).

- Be alert for spoiled food. Anything that looks or smells suspicious should be thrown out. Mould is a sign of spoilage. It can grow even under refrigeration. Mould is not a major health threat, but it can make food unappetizing. The safest practice is to discard food that is mouldy.
- Be aware that food can make you very sick even when it doesn't look, smell, or taste spoiled. That's because foodborne illnesses are caused by pathogenic bacteria, which are different from the spoilage bacteria that make foods "go bad." Many pathogenic organisms are present in raw or undercooked meat, poultry, seafood, milk, and eggs; unclean water; and on fruits and vegetables. Keeping these foods properly chilled will slow the growth of bacteria.

Refrigeration Tips
- Marinate food in the refrigerator. Bacteria can multiply rapidly in foods left to marinate at room temperature. Also, never reuse marinating liquid as a sauce unless you bring it to a rapid boil first.
- Clean the refrigerator regularly and wipe spills immediately. This helps reduce the growth of Listeria bacteria and prevents drips from thawing meat that can allow bacteria from one food to spread to another. Clean the fridge out frequently.
- Keep foods covered. Store refrigerated foods in covered containers or sealed storage bags, and check leftovers daily for spoilage. Store eggs in their carton in the refrigerator itself rather than on the door, where the temperature is warmer.
- Check use by dates. A "use by" date means that the manufacturer recommends using the product by this date for the best flavour or quality. The date is not a food safety date. At some point after the use-by date, a product may change in taste, colour, texture, or nutrient content, but the product may be wholesome and safe long after that date. If you're not sure or if the food looks questionable, throw it out.

Freezer Facts
- Food that is properly frozen and cooked is safe. Food that is properly handled and stored in the freezer at 0° F (-18° C) will remain safe. While freezing does not kill most bacteria, it does stop bacteria from growing. Though food will be safe indefinitely at 0° F, quality will decrease the longer the food is in the freezer. Tenderness, flavour, aroma, juiciness, and colour can all be affected. Leftovers should be stored in tight containers. With commercially frozen foods, it's important to follow the cooking instructions on the package to assure safety.
- Freezer burn does not mean food is unsafe. Freezer burn is a food-quality issue, not a food safety issue. It appears as grayish-brown leathery spots on frozen food. It can occur when food is not securely wrapped in air-tight packaging and causes dry spots in foods.
- Refrigerator/freezer thermometers should be monitored. Refrigerator/freezer thermometers may be purchased in the housewares section of department, appliance, culinary, and grocery stores. Place one in your refrigerator and one in your freezer, in the front in an easy-to-read location. Check the temperature regularly—at least once a week.

Tips for Non-Refrigerated Items
- Check canned goods for damage. Any can damage is shown by swelling, leakage, punctures, holes, fractures, extensive deep rusting, or crushing or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener. Stickiness on the outside of cans may indicate a leak. Newly purchased cans that appear to be leaking should be returned to the store for a refund or exchange. Otherwise, throw the cans away.
- Keep food away from poisons. Don't store non-perishable foods near household cleaning products and chemicals.

Assessment Criteria for 2.3 might include:
Poorly managed waste can lead to contamination incidents and pose a risk to food safety it can create the perfect environment for bacterial growth. While this alone can be harmful to health, the waste also attracts vermin and rodents. These contract and spread disease and infections far beyond the disposal zone. Similarly, the re-entry of food waste into the supply chain, such as using food waste as farm animal feed, can cause disease among livestock. This includes foot and mouth disease, classical swine fever and avian influenza. As well as disrupting the supply chain, contamination puts the food industry workers and end consumers at serious risk of fatal infection.
- **Putting food waste into landfill** - Some companies try to reduce their disposal costs by sending food waste to a landfill. But as food waste decomposes, it releases methane gas into the atmosphere and contributes to global warming. This in turn drives extreme weather, rising sea levels, environmental degradation, and food and water insecurity that threaten lives and communities across the planet.

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- **How to safely dispose of food waste**. You must remove food waste and other rubbish from rooms where food is present as quickly as possible, to avoid them building up. Food waste and other rubbish must be put into sealable containers. You can use other types of containers or systems to throw out your food waste if your local authority is satisfied with it. These containers must be:
  - solid and strong
  - kept in sound condition
  - easy to clean and to disinfect

Assessment Criteria for 2.4 might include:
Food poisoning is the one of the key consequences that comes from improper food handling. It could be the food not being properly cooked (or at the right serving temperature), food left to defrost too long, food being handled with unclean hands, cross contamination, and so on. As mentioned, many of the poor food handling practices that allow for bacterial growth and cross contamination will also be the same practices that lead to food poisoning.

There are many variants of food poisoning, from nausea and vomiting to far more severe outcomes such as seizures, brain damage or even death. Different people respond to food poisoning in different ways, and certain types of foods can be tied to specific forms of food poisoning such as Salmonella and E. coli. But regardless of the form of food poisoning or how it affects different individuals, it is still the most common and concerning consequence of poor food handling.

Other consequences:
- A black mark on reputation
- Fines for breaches of proper health and safety practices
- Legal proceedings
- Loss of business

Assessment Criteria 3.1 might include:
Dysphagia is where you have problems swallowing. It's usually caused by certain medicines or another condition, such as acid reflux or a stroke. (ref NHS – A-Z Health)

Assessment Criteria 3.2 might include:
Some people with dysphagia have problems swallowing certain foods or drinks, while others cannot swallow at all.

Signs of dysphagia include:
- Coughing or choking when eating or drinking
- Bringing food back up, sometimes through the nose
- A feeling that food is stuck in your throat or chest
- A gurgly, wet-sounding voice when eating or drinking
- Individuals may also drool and have problems chewing your food
- Over time, dysphagia can also cause symptoms such as weight loss, dehydration and repeated chest infections. (ref NHS – Health A- Z)

Assessment Criteria 3.3 might include:
Complications of dysphagia
The main complication of dysphagia is coughing and choking, which can lead to pneumonia.
- Coughing and choking - If [an individua has] [...] dysphagia, there's a risk of food, drink or saliva going down the 'wrong way'. It can block [...] airway[s], making it difficult to breathe and causing [...] [an individual to] cough or choke. If [...] [an individual has] dysphagia, [...] they may also develop a fear of choking. However, it's very important [...] hey don't avoid eating and drinking, as it could cause dehydration and malnutrition. If [...] they often choke on [...] food because of dysphagia, [...] they may also be at an increased risk of developing a condition called aspiration pneumonia.

- Aspiration pneumonia- Aspiration pneumonia is a chest infection that can develop after accidentally inhaling something such as a small piece of food. It causes irritation in the lungs or damages them. Older people are particularly at risk of developing aspiration pneumonia.

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The symptoms of aspiration pneumonia include:

- A cough – this may be a dry cough, or you may produce phlegm that's yellow, green, brown, or bloodstained
- A high temperature of 38C (100.4F) or over
- Chest pain
- Difficulty breathing – [...] breathing may be rapid and shallow and [...] they may feel breathless, even at rest (ref NHS Inform)

Assessment criteria for 3.4 might include:
Dysphagia is usually caused by another health condition and can happen at any age.
Common causes of swallowing problems include:
- Some medicines, such as antipsychotics
- Having a learning disability
- A cleft lip and palate in babies
- Heartburn and acid reflux, especially in children or people who have gastro-oesophageal reflux disease
- Problems with your breathing caused by conditions like chronic obstructive pulmonary disease (COPD)
- A condition that affects the nervous system or brain, such as cerebral palsy, a stroke, dementia or multiple sclerosis
- Cancer, such as mouth cancer or oesophageal cancer (Ref NHS – Health A – Z)

Assessment Criteria for 4.1 might include:

Key Aspects of Levels:

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0 THIN

Description/ Characteristics	• **Flows like water** • **Fast flow** • **Can drink through any type of teat/nipple, cup or straw as appropriate for age and skills**
Physiological rationale for this level of thickness	• Functional ability to safely manage liquids of all types

1 SLIGHTLY THICK

Description/ Characteristics	• **Thicker than water** • **Requires a little more effort to drink than thin liquids** • **Flows through a straw, syringe, teat/nipple** • **Similar to the thickness of most commercially available 'Anti-regurgitation' (AR) infant formulas**
Physiological rationale for this level of thickness	• Often used in the paediatric population as a thickened drink that reduces speed of flow yet is still able to flow through an infant teat/nipple. Consideration to flow through a teat/nipple should be determined on a case-by-case basis. • Also used in adult populations where thin drinks flow too fast to be controlled safely. These slightly thick liquids will flow at a slightly slower rate.

2 MILDLY THICK

Description/ Characteristics	• **Flows off a spoon** • **Sippable, pours quickly from a spoon, but slower than thin drinks** • **Mild effort is required to drink this thickness through standard bore straw (standard bore straw = 0.209 inch or 5.3 mm diameter)**
Physiological rationale for this level of thickness	• If thin drinks flow too fast to be controlled safely, these Mildly Thick liquids will flow at a slightly slower rate • May be suitable if tongue control is slightly reduced.

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3 LIQUIDISED

3 MODERATELY THICK

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

Description/characteristics	• Can be drunk from a cup • Moderate effort is required to suck through a standard bore or wide bore straw (wide bore straw = 0.275 inch or 6.9 mm) • Cannot be piped, layered or molded on a plate because it will not retain its shape • Cannot be eaten with a fork because it drips slowly in dollops through the prongs • Can be eaten with a spoon • No oral processing or chewing required – can be swallowed directly • Smooth texture with no 'bits' (lumps, fibers, bits of shell or skin, husk, particles of gristle or bone)
Physiological rationale for this level of thickness	• If tongue control is insufficient to manage Mildly Thick drinks (Level 2), this Liquidised/Moderately thick level may be suitable • Allows more time for oral control • Needs some tongue propulsion effort • Pain on swallowing

4 PUREED

4 EXTREMELY THICK

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

Description/characteristics	• Usually eaten with a spoon (a fork is possible) • Cannot be drunk from a cup because it does not flow easily • Cannot be sucked through a straw • Does not require chewing • Can be piped, layered or molded because it retains its shape, but should _not_ require chewing if presented in this form • Shows some very slow movement under gravity but cannot be poured • Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate • No lumps • _Not_ sticky • Liquid must not separate from solid
Physiological rationale for this level of thickness	• If tongue control is significantly reduced, this category may be easiest to control • Requires less propulsion effort than Minced & Moist (level 5), Soft & Bite-Sized (Level 6) and Regular and Regular Easy to Chew (Level 7) but more than Liquidised/Moderately thick (Level 3) • No biting or chewing is required • Increased oral and/or pharyngeal residue is a risk if too sticky • Any food that requires chewing, controlled manipulation or bolus formation are _not_ suitable • Pain on chewing or swallowing • Missing teeth, poorly fitting dentures

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5 MINCED & MOIST

IDDSI
International Dysphagia Diet
Standardisation Initiative
www.iddsi.org

Description/characteristics	• Can be eaten with a fork or spoon
	• Could be eaten with chopsticks in some cases, if the individual has very good hand control
	• Can be scooped and shaped (e.g. into a ball shape) on a plate
	• Soft and moist with no separate thin liquid
	• Small lumps visible within the food
	  ➢ *Paediatric, equal to or less than 2 mm width and no longer than 8mm in length*
	  ➢ *Adult, equal to or less than 4mm width and no longer than 15mm in length*
	• Lumps are easy to squash with tongue

Physiological rationale for this level of thickness	• Biting is not required • Minimal chewing is required • Tongue force alone can be used to separate the soft small particles in this texture • Tongue force is required to move the bolus • Pain or fatigue on chewing • Missing teeth, poorly fitting dentures

6 SOFT & BITE-SIZED

IDDSI
International Dysphagia Diet
Standardisation Initiative
www.iddsi.org

Description/characteristics	• Can be eaten with a fork, spoon or chopsticks
	• Can be mashed/broken down with pressure from fork, spoon or chopsticks
	• A knife is not required to cut this food, but may be used to help load a fork or spoon
	• Soft, tender and moist throughout but with no separate thin liquid
	• Chewing is required before swallowing
	• 'Bite-sized' pieces as appropriate for size and oral processing skills
	  ➢ *Paediatric, 8mm pieces (no larger than)*
	  ➢ *Adults, 15 mm = 1.5 cm pieces (no larger than)*

Physiological rationale for this level of thickness	• Biting is not required • Chewing is required • Food piece sizes designed to minimize choking risk • Tongue force and control is required to move the food and keep it within the mouth for chewing and oral processing • Tongue force is required to move the bolus for swallowing • Pain or fatigue on chewing • Missing teeth, poorly fitting dentures

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▼ 7 EASY TO CHEW

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

Description/characteristics	• Normal, everyday foods of *soft/tender textures* that are developmentally and age appropriate
	• Any method may be used to eat these foods
	• Sample size is not restricted at Level 7, therefore, foods may be of a *range of sizes*
	    ➢ Smaller or greater than 8mm pieces (Paediatric)
	    ➢ Smaller or greater than 15 mm = 1.5 cm pieces (Adults)
	• Does not include: hard, tough, chewy, fibrous, stringy, crunchy, or crumbly bits, pips, seeds, fibrous parts of fruit, husks or bones
	• May include 'dual consistency' or 'mixed consistency' foods and liquids if also safe for Level 0, and at clinician discretion. If unsafe for Level 0 Thin, liquid portion can be thickened to clinician's recommended thickness level

Physiological rationale for this level of thickness	• Requires the ability to bite soft foods and chew and orally process food for long enough that the person forms a soft cohesive ball/bolus that is 'swallow ready'. Does not necessarily require teeth.
	• Requires the ability to chew and orally process soft/tender foods without tiring easily
	• May be suitable for people who find hard and/or chewy foods difficult or painful to chew and swallow
	• This level could present a choking risk for people with clinically identified increased risk of choking, because food pieces can be of *any* size. Restricting food piece sizes aims to minimize choking risk (e.g. Level 4 Pureed, Level 5 Minced & Moist, Level 6 Soft & Bite-sized have food piece size restrictions to minimize choking risk)
	• This level may be used by qualified clinicians for developmental teaching, or progression to foods that need more advanced chewing skills
	• **If the person needs supervision to eat safely, before using this texture level consult a qualified clinician to determine the person's food texture needs, and meal time plan for safety**
	    • People can be unsafe to eat without supervision due to chewing and swallowing problems and/or unsafe mealtime behaviours. Examples of unsafe mealtime behaviors include: not chewing very well, putting too much food into the mouth, eating too fast or swallowing large mouthfuls of food, inability to self-monitor chewing ability.
	    • Clinicians should be consulted for specific advice for patient needs, requests and requirements for supervision.
	    • **Where mealtime supervision is needed, this level should only be used under the strict recommendation and written guidance of a qualified clinician**

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7 REGULAR

IDDSI — International Dysphagia Diet Standardization Initiative — www.iddsi.org

Description/characteristics
 	
There are **NO** texture restrictions at this level
	• Normal, everyday foods of various textures that are developmentally and age appropriate
	• Any method may be used to eat these foods
	• Foods may be hard and crunchy or naturally soft
	• Sample size is not restricted at Level 7, therefore, foods may be of a *range of sizes*
	  ➤ Smaller or greater than 8mm pieces (Paediatric)
	  ➤ Smaller or greater than 15 mm = 1.5 cm pieces (Adults)
	• Includes hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy, or crumbly bits
	• Includes food that contains pips, seeds, pith inside skin, husks or bones
	• Includes 'dual consistency' or 'mixed consistency' foods and liquids

Physiological rationale for this level of thickness	• Ability to bite hard or soft foods and chew them for long enough that they form a soft cohesive ball/bolus that is 'swallow ready' • An ability to chew all food textures without tiring easily • An ability to remove bone or gristle that cannot be swallowed safely from the mouth

Assessment Criteria for 4.2 might include:
P.A.T.H. Guidance

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The PATH to safe swallowing at meal times

Swallow Aware

P Position — ensure an upright position

A Alert — ensure the person is alert and awake

T Textures — check the fluid and the food are the right textures

H Help — check if the person needs help to eat and drink

Adapted with permission from a poster developed by the BHSCT. Produced by the Public Health Agency www.publichealth.hscni.net

HSC Health and Social Care

Assessment Criteria for 4.3 might include:

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Assessment Criteria for 4.4 might include:

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Swallow Aware

Swallowing Difficulties Observational Checklist

This checklist can be used to help you identify adults with swallowing difficulties or someone whose pre-existing swallowing difficulty may have changed.

OBSERVATIONS

→ Coughing during or after meals or drinks

→ Choking during or after meals or drinks

→ Recurrent or regular chest infections – not accompanied by symptoms of the cold

→ Change in voice quality during or after eating and drinking – e.g. "gurgly" or wet voice when speaking

→ Change in breathing when eating and drinking e.g. wheezy, shortness of breath or gasping for air

→ Change of colour in the face when eating or drinking

→ Pieces of food found inside of the person's mouth after eating

→ High risk behaviours when eating and drinking – e.g. cramming food in the mouth, not chewing food, holding food in the mouth, eating or drinking very quickly

If you notice any of these signs, please speak to a healthcare professional e.g.
→ Nursing staff
→ Speech & Language Therapist
→ Medical staff
→ Dietitian

HSC Public Health Agency

HSC Health and Social Care

Produced for the Public Health Agency, 12-22 Linenhall Street, Belfast BT2 8BS. Tel: 0300 555 0114 (local rate). www.publichealth.hscni.net

Assessment Guidance		
The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.		

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion

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	A collection of documents containing work that shows the learner's progression through the course	
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

Unit Content Overview

Food Safety:
- The importance of personal hygiene and best practice.
- The importance of food safety procedures and practices, including keeping work surfaces and equipment clean and reducing contamination risks.
- Contamination, cross-contamination – sources, risks and controls.
- Reporting food safety hazards and legal responsibilities.
- Safe practices for storing, preparing, cooking, chilling, reheating and serving food.

Additional resources may include the following:
Food Standards Agency - Safer Food, Better Business/Safer Food, Better Business Supplement for Residential Care Homes
NISCC Learning Zone – Supporting Health and Well-being

Dysphagia Awareness:

- Understanding dysphagia and associated health risks
- Recognising signs of dysphagia and associated risks.
- Understanding own and others' roles in good management of dysphagia, including when and how to seek support.
- Knowing how to safely assist a person with meals and drinks.
- Understanding how texture modified diets and drinks help with safer swallowing and how to describe them, in accordance with IDDSI framework.
- Understand the 'Safety Pause' and Mealtimes Matter framework.

Additional resources may include the following:
NISCC Learning Zone – Dysphagia Awareness
Dysphagia NI - Dysphagia Care and Training Guidance
Health Education England - Dysphagia Guide

This unit maps directly into the current Level 2 Diploma Theme 2 Health and Wellbeing -Learning Outcomes 3 and 11.

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Emergency First Aid in Social Care Services

Title	Emergency First Aid in Social Care Services
Level	Two
Credit Value	2
Guided Learning Hours (GLH)	16
OCN NI Unit Code	CBG640
Unit Reference No	H/651/3040
Learn Direct Code	PA1
Links to NOS	SFHCHS35 Provide first aid to an individual needing emergency assistance

Unit purpose and aim(s): This unit will enable the learner to understand their responsibilities in relation to delivering Emergency First Aid.

Learning Outcomes	Assessment Criteria
1. Understand the role and responsibilities of an emergency first aider.	1.1. Outline the role and responsibilities of an emergency first aider. 1.2. Outline the need for consent to provide emergency first aid. 1.3. Describe the first aid equipment available within a social care work setting. 1.4. Describe how to minimize the risk of infection and injury to self and others.
2. Know how to assess an incident.	2.1. Outline how to conduct a scene survey to ensure the safety of self and others. 2.2. Describe how to make a primary survey of an individual 2.3. Outline when and how to call for appropriate assistance.
3. Be able to provide first aid to an unresponsive individual who is breathing normally.	3.1. Demonstrate how to assess a casualty's level of consciousness. 3.2. Demonstrate how to check a casualty's airway and breathing. 3.3. Explain why it is important to place an individual casualty into the recovery position that maintains an open airway. 3.4. Demonstrate placing an unconscious individual into the recovery position that maintains an open airway. 3.5. Outline how to treat a casualty who is having a seizure.
4. Be able to provide first aid to an unresponsive individual who is not breathing normally.	4.1. Demonstrate how to administer effective Cardiopulmonary Resuscitation (CPR) using a manikin. 4.2. Describe how to apply and use automated external defibrillation equipment.

5. Be able to provide first aid to an individual who is choking	5.1. Identify when choking is:
	   a) mild
	   b) severe
	5.2. Demonstrate how to assist an individual who is choking.
	5.3. Outline the aftercare necessary for an individual post choking.

6. Be able to provide first aid to an individual who is displaying signs and symptoms of a potential stroke.	6.1. Identify signs and symptoms of a stroke. 6.2. Demonstrate how to assist an individual who is having a potential stroke.
7. Be able to provide first aid to an individual who has chest pain.	7.1. Identify potential causes of chest pain 7.2. Demonstrate how to assist an individual who is experiencing chest pain.

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	7.3. Outline the importance of establishing if the individual with chest pain has prescribed angina medication.
8. Be able to provide first aid to an individual who is bleeding externally.	8.1. Demonstrate how to control both mild and severe external bleeding. 8.2. Outline when and how to call for appropriate assistance.
9. Be able to provide first aid to an individual who is potentially in shock.	9.1. Describe signs, symptoms and the potential impact of shock. 9.2. Demonstrate how to administer emergency first aid to an individual who is potentially in shock.

10. Be able to care for an individual with a minor injury.	10.1. Demonstrate how to care for an individual with each of the following:
	   a) small cuts, grazes and bruises
	   b) minor burns and scalds
	   c) small splinters and minor irritations
	10.2. Outline when and how to seek further appropriate assistance.

Additional assessment advice:

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

- Written or verbal Questions or Assignment/Workbook [with accompanying assessor records] may be used for Learning Outcome 1, 2, 3, 5, 6 and 8.
- Simulation should be used for Learning Outcomes 3, 4, 5, 6, 7, 8 and 9 in relation to Cardio Pulmonary Resuscitation, blocked airway, controlling external bleeding and dealing with shock.

When answering learners should reflect on own service user group and organisational context.

The guidance below is an extract from the Health and Executive Information Sheet 'Selecting a First Aid Training Provider – A Guide for Employers - (HSE - Selecting A Training Provider)

Class Sizes
page 5 paragraph 20 (HSE - Selecting A Training Provider)
'Training organisations should demonstrate that class size is appropriate. For example, where first aid training is provided in class sizes of greater than 12, unless additional trainers and/or assessors are provided there may be concerns over addressing the training needs of individual candidates or adequately assessing their competence'

Trainers and Assessors
Page 4 paragraph 14 (HSE - Selecting A Training Provider)
Trainers/assessors should have knowledge and competence in first aid, as demonstrated by:
- A current, valid FAW certificate; or
- Being registered and licensed as a doctor with the General Medical Council; or
- Current registration as a nurse with the Nursing and Midwifery Council; or
- Current registration as a paramedic with the Health and Care Professions Council; and
- A knowledge and competence in training and/or assessing, demonstrated by holding a training/ assessing qualification such as those listed [in table below]

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Qualification	Train	Assess
A1 (D32/33) – Assess candidates using a range of methods	-	✓
A2 (D32) – Assess candidates' performance through observation	-	✓
Cert Ed, PGCE, B Ed, M Ed	✓	✓
CTLLS/DTLLS	✓	✓
English National Board 998	✓	✓
Further and Adult Education Teacher's Certificate	✓	✓
IHCD Instructional Methods	✓	✓
IHCD Instructor Certificate	✓	✓
Learning and Development Unit 9D – Assess workplace competence using direct and indirect methods	-	✓
Learning and Development Unit 9D1 – Assess workplace competence using direct and indirect methods	-	✓
Nursing mentorship qualifications	✓	✓
PTLLS	✓	-
PTLLS with unit 'Principles and Practice of Assessment'	✓	✓
QCF Qualifications based on the Learning and Development NOS for assessors	-	✓
S/NVQ level 3 in training and development	✓	✓
S/NVQ level 4 in training and development	✓	✓
TQFE (Teaching Qualification for Further Education)	✓	✓
Training Group A22, B22, C21, C23, C24	✓	-
Level 3 Award in Education and Training	✓	✓
Level 4 Certificate in Education and Training	✓	✓
Level5 Diploma in Education and Training	✓	✓

Resource requirements

Page 6 paragraph 23 (HSE - Selecting A Training Provider)
Is first aid taught in accordance with currently accepted first-aid practice?
Training organisations should teach the first-aid management of injuries and illness, in relation to the topics covered in FAW/EFAW training courses, in accordance with:
- Current guidelines published by the Resuscitation Council (UK); and
- The current edition of the first-aid manual of the Voluntary Aid Societies (St John Ambulance, British Red Cross, St Andrew's First Aid); or
- Other published guidelines, provided they are in line with the two above or supported by a responsible body of medical opinion

Centres should use specially designated areas within a centre to assess a learner, where the use of particular equipment is required, for example, using a resuscitation mannequin.
The equipment and materials must meet industry standards and be capable of being used under normal working conditions to allow a learner to demonstrate their ability to act safely, promptly and effectively when an emergency occurs at work.

Equipment and Venue requirements (Ref - Training standard for delivery of emergency first aid at work courses for the purposes of the Health and Safety (First Aid) Regulations 1981 A guide for awarding bodies)

Paragraph 21
Training equipment
It is important there is a sufficient range of equipment to support all elements of the training. Where appropriate, there should be procedures in place for maintaining hygiene when using equipment. There should be one CPR manikin to every four students and a sufficient quantity of dressings/ bandages for the number of students being trained.

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Paragraph 22
Training venue
The premises should be conducive to learning. Training centres do not need to use their own training premises. Using hired premises or client facilities is acceptable. Training centres should ensure that all premises used are fit for purpose.

Assessment Guidance

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

Unit Content Overview

Useful Resources:

https://www.hse.gov.uk/pubns/books/l74.htm guidance for employers on First Aid at work regulations
https://www.redcross.org.uk/first-aid Red Cross resources for First Aid training.
(No direct mapping into the current Level 2 Diploma in Health and Social Care)

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Understand Communication, Recording and Information Sharing in Health and Social Care Services

Title	Understand Communication, Recording and Information Sharing in Health and Social Care Services
Level	Two
Credit Value	3
Guided Learning Hours (GLH)	24
OCN NI Unit Code	CBG787
Unit Reference No	Y/651/7567
Learn Direct Code	PA1
Links to NOS	SCDCCLD0201 Support effective communication SCDHSC0031 Promote effective communication

Unit purpose and aim(s): This unit will enable the learner to understand their responsibilities in relation to effective communication, recording and information sharing.

Learning Outcomes	Assessment Criteria
1. Understand the importance of effective communication.	1.1. Explain the importance of effective communication with: a) individuals b) colleagues c) others 1.2. Explain how effective communication supports partnership working. 1.3. Identify at least one barrier to communication from each of the following categories and describe how to overcome each of the identified barriers: a) personal b) linguistic c) cultural d) environment
2. Understand the legal and organisational requirements for recording and sharing information.	2.1. Identify legislation and organisational policies and procedures that govern recording and sharing information. 2.2. Explain the terms: a) data protection b) confidentiality 2.3. Describe your responsibilities in order to adhere to agreed ways of working in relation to: a) data protection b) confidentiality 2.4. Explain the principles of good record keeping in health and social care. 2.5. Describe two examples of when and how to seek advice or guidance in relation to confidentiality and / or record keeping. 2.6. Explain own responsibilities in relation to an individual or others making a complaint.

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Teaching and Assessment Guidance

A range of assessment methods may be used, determined by the requirement for the learner to show understanding. Centres may use written or verbal questions, with accompanying assessor records, or centre devised assignments or workbooks.

When answering, learners should reflect on own service user group and organisational context.

Assessment Criteria 1.1:
- '**Individuals**' refers to people in receipt of care / support services (usually meaning the person / people supported by the learner).

- '**Others**' include carers / family / advocates / other professionals / community services etc.

Assessment Criteria 1.3:
- '**Personal** barriers' may include psychological e.g. lack of confidence or fear; lack of understanding or knowledge; physical or cognitive impairment

- '**Linguistic** barriers' may include poor literacy skills; use of jargon or unfamiliar words / vocabulary

- '**Cultural** barriers' may include differences in cultural norms, values, language and non-verbal cues; preconceptions about other cultures

- '**Environmental** barriers' may include physical barriers e.g. time, place, space, climate, noise; busyness; technological barriers e.g. poor connections; lack of accessible tools e.g. loop system.

Assessment Criteria 2.3:
- '**Responsibilities**' include those specified within the NISCC Standards of Conduct and Practice relevant to data protection and confidentiality.

Assessment Criteria 2.4:
- '**Principles of good record keeping**' may include full, clear, and accurate records; completed promptly and kept up to date; signed/ dated for accountability (paper or electronic); kept securely and accessible only to those with authorised access; easily retrievable when needed; retained for the appropriate period.

Assessment Criteria 2.6:
- '**Responsibilities**' may include the required actions or signposting, in accordance with organisational policy and procedures.

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable	Record of observation Learner notes/written work Learner log

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	learners to practise and apply skills and knowledge	
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

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Implementing Values-led Practice in a Health and Social Care Context

Title	Implementing Values-led Practice in a Health and Social Care Context
Level	Two
Credit Value	6
Guided Learning Hours (GLH)	40
OCN NI Unit Code	CBG788
Unit Reference No	J/651/7570
Learn Direct Code	PA1
Links to NOS	SCDHSC0025 - Contribute to implementation of care or support plan activities SCDHSC0233 - Develop effective relationships with individuals SCDHSC0234 - Uphold the rights of individuals

Unit purpose and aim(s): This unit will enable the learner to demonstrate their communication skills and social care values, when providing care / support to individuals in accordance with care / support plans and agreed ways of working.

Learning Outcomes	Assessment Criteria
1. Be able to establish the support required by an individual, in accordance with their care / support plan and own role and responsibilities.	1.1. Demonstrate how to access information about an individual's care / support, using their care/ support plan, risk assessment(s) and agreed ways of working. 1.2. Establish with the individual the appropriate level and type of support / care, in accordance with their needs and wishes. 1.3. Demonstrate how to obtain consent for an activity or action, in accordance with the individual's care/ support plan. 1.4. Explain actions to take if consent cannot be readily secured. 1.5. Explain how and when to access support and guidance in order to deal with conflicts that may arise when providing care / support for individuals.
2. Be able to work in a person-centred way.	2.1. Demonstrate person-centred values when implementing an individual's care / support plan. 2.2. Interact with the individual in ways that respect their equality and diversity. 2.3. Demonstrate interactions with the individual that are empathetic and support a positive sense of identity and self-esteem.
3. Be able to meet the communication and language needs, wishes and preferences of individuals.	3.1. Demonstrate the use of appropriate verbal and non-verbal communication when communicating with individuals, in accordance with their needs, wishes and preferences. 3.2. Demonstrate how to reduce barriers to communication. 3.3. Demonstrate ways to check that communication has been understood.
4. Be able to apply principles and practices relating to record keeping and handling information.	4.1. Ensure that records comply with legal and organisational requirements. 4.2. Maintain accurate, complete, retrievable and up to date records, in accordance with agreed ways of working.

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	4.3. Demonstrate confidentiality in day-to-day communication and record keeping, in line with agreed ways of working.
	4.4. Contribute to the ongoing monitoring and review of the care / support plan.
	4.5. Demonstrate the appropriate and safe use of digital communication systems.

Teaching and Assessment Guidance

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

Primary assessment method(s) for LO 1, 2, 3 and 4:
- Direct Observation of the learner in their work setting; review of work products and associated questioning.
- **All ACs in this unit must be assessed and evidenced on at least two separate occasions.**
- Skills based assessment must include direct observation as the main source of evidence and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who are in receipt of care / support, their families and carers.

When answering, learners should reflect on own service user group and organisational context.

Assessment Criteria 1.4:
- '**Actions**' may include providing explanation; discussing options and implications; negotiation; rescheduling; seeking support; involving third parties, etc.

Assessment Criteria 2.1:
- '**Demonstrate person-centred values**' may include supporting the individual to engage in activities or actions that are meaningful to them; supporting the individual to maximise their decision making, choice and control; developing trust and rapport with the individual; maintaining the privacy and dignity of the individual.

  Note: developing rapport may be evidenced through appropriate introduction to the individual, establishing and using the individual's preferred name / salutation; use of appropriate conversation, etc.

Assessment Criteria 2.2:
- '**Areas of equality/ diversity** may include lifestyle choices, beliefs, cultures, values and preferences.

Assessment Criteria 3.1:
- '**Non-verbal communication**' may include appropriate use of silence, proximity; body language, eye contact, facial expressions; gestures, nods etc.

Assessment Criteria 4.5:
- '**Digital communication systems**' may include the use of mobile or other permitted devices for work purposes such as phone calls, emails; access to workplace apps, digital documents, information management systems or collaboration tools e.g. MS Teams / Zoom etc.

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion

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	the learner's progression through the course	
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

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Adhering to Health and Safety Requirements in a Health and Social Care Context

Title	Adhering to Health and Safety Requirements in a Health and Social Care Context
Level	Two
Credit Value	5
Guided Learning Hours (GLH)	30
OCN NI Unit Code	CBG789
Unit Reference No	L/651/7572
Learn Direct Code	PA1
Links to NOS	SCDHSC0022 - Support the health and safety of yourself and individuals SCDHSC0032 - Promote health, safety and security in the work setting

Unit purpose and aim(s): This unit will enable the learner to demonstrate their implementation of health and safety requirements, when providing care / support to individuals in accordance with care / support plans, risk assessments and agreed ways of working.

Learning Outcomes	Assessment Criteria
1. Be able to contribute to preparing the environment for an activity or action, in accordance with the individual's support plan, risk assessment(s) and agreed ways of working.	1.1. Demonstrate how to identify risks or difficulties in the environment that may be associated with an agreed activity or action. 1.2. Demonstrate how to prepare the environment, equipment or resources to be used during an agreed activity or action, in order to minimise risk and maximise the individual's active participation and independence.
2. Be able to apply health and safety measures relevant to a specific health and social care setting and an agreed activity or action.	2.1. Implement measures to protect own safety and security and the safety and security of others, in own work environment. 2.2. Adhere to fire safety requirements in own work environment. 2.3. Move and handle equipment, objects or loads safely and in accordance with agreed ways of working. 2.4. Demonstrate safe practices for storing, using and disposing of hazardous substances.
3. Be able to follow infection prevention and control procedures.	3.1. Demonstrate effective hand hygiene using appropriate products and methods. 3.2. Demonstrate good hygiene practice in relation to own role and responsibilities. 3.3. Use personal and protective equipment, as appropriate for an agreed activity or action. 3.4. Demonstrate how to ensure the safe disposal of waste materials, in order to avoid the spread of infection or cross-contamination.

Teaching and Assessment Guidance

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

Primary assessment method(s) for LO 1, 2 and 3:

- Direct Observation of the learner in their work setting; review of work products and associated questioning.
- **All ACs in this unit must be assessed and evidenced on at least two separate occasions.**

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- Skills based assessment must include direct observation as the main source of evidence and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who are in receipt of care / support, their families and carers.

When answering, learners should reflect on own service user group and organisational context.

Assessment Criteria 2.1:
- **'Measures'** may include ensuring own whereabouts are clearly communicated and in line with agreed ways of working; use of ID; use of mobile devices; visibility, etc.
- **'Work environment'** may include the individual's own home; health and social care settings; places visited when supporting individuals e.g. community-based services and facilities.

Assessment Criteria 3.2:

- '**Good hygiene practice'** may include adhering to workplace expectations in relation to dress code, hair, nails, jewellery, etc.

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary
E-assessment	The use of information technology to assess learners' work	Electronic portfolio E-tests

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Continuing Professional Development and Reflective Practice In Health and Social Care

Title	Continuing Professional Development and Reflective Practice In Health and Social Care
Level	Two
Credit Value	3
Guided Learning Hours (GLH)	24
OCN NI Unit Code	CBG790
Unit Reference No	M/651/7573
Learn Direct Code	PA1
Links to NOS	SCDHSC0023 - Develop your own knowledge and practice SCDHSC0033 - Develop your practice through reflection and learning

Unit purpose and aim(s): This unit will enable the learner to demonstrate their engagement in continuing professional development (CPD) and reflective practice, in order to improve social care practice.

Learning Outcomes	Assessment Criteria
1. Be able to work in ways that are agreed with the employer.	1.1. Explain why it is important to adhere to the agreed scope of own job role. 1.2. Access full and up to date details of agreed ways of working. 1.3. Outline own responsibilities when you become aware of changes in an individual's needs or risks that may require support beyond the agreed scope of own job role.
2. Understand the importance of reflective practice and continuing professional development (CPD) for social care workers.	2.1. Define the term 'reflective practice'. 2.2. Explain the importance of reflective practice and CPD. 2.3. Identify ways to engage in reflective practice in order to support own development.
3. Be able to participate in CPD in accordance with job role and organisational requirements.	3.1. Provide access to records that demonstrate engagement in CPD in order to meet organisational and job role requirements. 3.2. Provide access to a record of a current development plan to support own CPD.
4. Be able to participate in reflective practice in order to improve health and social care practice.	4.1. Reflect on an aspect of recent learning in order to describe its impact on: a) your own development b) individuals or others 4.2. Use examples from your work environment in order to reflect on how your own practice: a) has improved b) may need to improve

Teaching and Assessment Guidance

A range of assessment methods may be used, determined by the requirement for a learner to show understanding or to demonstrate competence.

Primary assessment method(s) for LO 1:
- Direct Observation of the learner in their work setting; review of work products and associated questioning.
- Skills based assessment must include direct observation as the main source of evidence and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who are in receipt of care / support, their families and carers.

Primary assessment method(s) for LO 3:

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- Review of work products and associated questioning.

Primary assessment method(s) for LO 2 and LO4, determined by the requirement for a learner to show understanding – including:

- Written or verbal questions, with accompanying assessor records, or Centre devised assignments or workbooks.

When answering, learners should reflect on own service user group and organisational context.

Assessment Criteria 1.2:
- **'Agreed ways of working'** must be in line with policies and procedures of the setting.

Assessment Criteria 1.3:
- **'Responsibilities'** may include escalation to family / carers / line manager; referral; specialist or emergency intervention, etc.

Assessment Criteria 3.1:
- **'Records'** may include supervision documentation; appraisal documentation; competence assessments; training records / certificates; NISCC PRTL records, etc.

Assessment Criteria 3.2:
- **'Development plan'** may be documented as part of induction, supervision, appraisal or other performance management processes.

Assessment Criteria 4.1:
- **'Learning'** may include mentoring; in-house training; learning from others at team meetings / case discussions; attending formal training or conferences; distance learning; use of NISCC Learning Zone; internet research; own reading and research.

Assessment Criteria 4.2:
- **'Improved Practice'** may include areas of understanding, skills or values that underpin best practice; and align with sectoral standards and agreed ways of working.

The following assessment method/s may be used to ensure all learning outcomes and assessment criteria are fully covered.

Assessment Method	Definition	Possible Content
Portfolio of evidence	A collection of documents containing work undertaken to be assessed as evidence to meet required skills outcomes OR A collection of documents containing work that shows the learner's progression through the course	Learner notes/written work Learner log/diary Peer notes Record of observation Record of discussion
Practical demonstration/assignment	A practical demonstration of a skill/situation selected by the tutor or by learners, to enable learners to practise and apply skills and knowledge	Record of observation Learner notes/written work Learner log
Coursework	Research or projects that count towards a learner's final outcome and demonstrate the skills and/or knowledge gained throughout the course	Record of observation Learner notes/written work Tutor notes/record Learner log/diary

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11. Quality Assurance of Centre Performance

11.1 Internal Assessment

When delivering and assessing this qualification, centres must align with stakeholders' expectations and address learners' needs by implementing a practical and applied programme. Centres have the flexibility to customise programmes to meet local requirements and establish connections with local employers and the broader vocational sector.

The Assessor should work with the Internal Verifier to ensure that the assessment is planned in line with OCN NI requirements. Assessment Plans must be developed and approved by the Internal Verifier prior to the delivery of the qualification.

All units within this qualification must undergo internal assessment. Learners must provide evidence that they have appropriately met all assessment criteria required for that grade.

The assessment format for all units involves a task conducted after the delivery of the unit's content, or part of it, if multiple tasks are used. Tasks may exhibit in various forms, encompassing practical and written types. Please refer to 'OCN NI's Assessment Definitions Guide' for additional details.

A task constitutes a distinct activity completed independently by learners, separated from teaching, practice, exploration, and other activities guided by tutors. Tasks are assigned to learners with a specified start date, completion date, and explicit requirements for the evidence to be produced. Some tasks may include observed practical components and require diverse forms of evidence.

A valid assignment will enable a clear and formal assessment outcome, which meets the requirements of the assessment criteria. Assessment decisions are based on the specific assessment criteria given in each unit and set at each grade level. The way in which individual units are written provides a balance of assessment of understanding, practical skills and vocational attributes appropriate to the purpose of qualifications.

It is the Assessor's role to ensure that learners are appropriately prepared for assessment, this begins from induction onwards. Assessors should ensure that learners understand how assessment tasks are used to determine the award of credit, the importance of meeting assessment timelines, and that all learners work must be independently created, where source documents are used this should be appropriately referenced, learners should be aware of what would constitute plagiarism and the possible consequences.

When conducting the assessment, Assessors must ensure they do not provide direct input, instructions or specific feedback which may compromise the authenticity of the work submitted.

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Once the Assessor has authenticated the learners work, they must transparently demonstrate the rationale behind their assessment decisions. Once a learner completes all assigned tasks for a unit, the Assessor will allocate a grade for the unit. Refer to the 'Unit Grading Matrix' for additional information on the grading process.

Once the Assessor has completed the assessment process for the task, the assessment decision is recorded formally, and feedback is provided to the learner. The feedback should show the learner the outcome of the assessment decision, how it was determined or where the criteria has been met, it may indicate to the learner why achievement of the assessment criteria has not been met. It must be clear to the learner that this Assessment outcome is subject to verification.

For further information on assessment practice, please see the 'OCN NI Centre Handbook'. Assessment Training is also available and can be booked through the OCN NI Website.

11.2   Internal Quality Assurance

The role of the Internal Quality Assurer is to ensure appropriate internal quality assurance processes are carried out. The Internal Quality Assurer must oversee that assessments are conducted in accordance with relevant OCN NI policies, regulations, and this specification.

The Internal Quality Assurer must ensure assessments are fair, reliable, and uniform, thereby providing a consistent standard for all learners.

Internal Quality Assurers are required to provide constructive feedback to Assessors, identifying areas of strength and those that may require improvement. This feedback contributes to the ongoing professional development of Assessors.

Contributing to the standardisation of assessment practices within the centre is an important function of this role. This entails aligning assessment methods, grading criteria, and decision-making processes to maintain fairness and equity.

Internal Quality Assurers will actively engage in the sampling and monitoring of assessments to ensure the consistency and accuracy of assessment decisions. This process helps identify trends, areas for improvement, and ensures the robustness of the overall assessment system.

For further information on Internal Quality Assurance practice, please see the 'OCN NI Centre Handbook'. Internal Quality Assurance Training is also available and can be booked through the OCN NI Website.
For further information on internal verification practice, please see the 'OCN NI Centre Handbook'. Internal Verification Training is also available and can be booked through the OCN NI Website.

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11.3   Documentation

For internal quality assurance processes to be effective, the internal assessment and internal verification team needs to keep effective records.

- The programme must have an assessment and internal verification plan. When producing a plan, they should consider:
    - the time required for training and standardisation activities
    - the time available to undertake teaching and carry out assessment,
    - consider when learners may complete assessments and when quality assurance will take place
    - the completion dates for different assessment tasks
    - the date by which the assignment needs to be internally verified
    - sampling strategies
    - how to manage the assessment and verification of learners' work so that they can be given formal decisions promptly
    - how resubmission opportunities can be scheduled

11.4   External Quality Assurance

All OCN NI recognised centres are subject to External Quality Assurance. External quality assurance activities will be conducted to confirm continued compliance with CCEA Regulation General Conditions of Recognition, OCN NI terms and conditions and the requirements outlined within this qualification specification.

The External Quality Assurance is assigned by OCN NI. The External Quality Assurer will review the delivery and assessment of this qualification. This will include, but is not limited to, the review of a sample of assessment evidence and evidence of the internal verification of assessment and assessment decisions. This will form the basis of the External Quality Assurance report and will help OCN NI determine the centre's risk.

The role of the External Quality Assurer serves as an external overseer of assessment quality, working to uphold consistency, compliance, and continuous improvement within the assessment process. Their role is crucial in ensuring that assessments are valid, reliable, fair, and aligned with the required standards and regulations.

For further information on OCN NI Centre Assessments Standards Scrutiny (CASS) Strategy, please see the OCN NI Centre Handbook.

11.5   Standardisation

As a process, standardisation is designed to ensure consistency and promote good practice in understanding and the application of standards. Standardisation events:

- make qualified statements about the level of consistency in assessment across centres delivering a qualification
- make statements on the standard of evidence that is required to meet the assessment criteria for units in a qualification

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- make recommendations on assessment practice
- produce advice and guidance for the assessment of units
- identify good practice in assessment and internal verification

Centres offering this qualification must carry out internal standardisation activities prior to the claim for certification.

Centres offering units of an OCN NI qualification must attend and contribute assessment materials and learner evidence for standardisation events if requested.

OCN NI will notify centres of the nature of sample evidence required for standardisation events (this will include assessment materials, learner evidence and relevant Assessor and Internal Verifier documentation). OCN NI will make standardisation summary reports available and correspond directly with centres regarding event outcomes.

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12. Administration

12.1 Registration

A centre must register learners for this qualification within 20 days of commencement of the delivery of the programme.

For further information on learner registration please see the OCN NI Centre Handbook and the QuartzWeb Manual, available through the Centre Login section of the OCN NI website. Administration training is also available and can be booked through www.ocnni.org.uk.

12.2 Certification

Once all internal quality assurance activities have been successfully completed, the centre can claim certification for the learner(s).

Certificates will be issued to centres within 20 working days from completion of a satisfactory external quality assurance activity, if appropriate, alternatively from the submission of an accurate and complete marksheet.

It is the responsibility of the centre to ensure that certificates received from OCN NI are held securely and distributed to learners promptly and securely.

For further information on the uploading of results please see the QuartzWeb Manual for guidance, administration training is also available and can be booked through OCN NI

12.3 Charges

OCN NI publishes all up-to-date qualification fees in its Fees and Invoicing Policy document. Further information can be found on the centre login area of the OCN NI website.

12.4 Equality, Fairness and Inclusion

OCN NI's are committed to ensuring all learners have an equal opportunity to access our qualifications and assessment, and that our qualifications are awarded in a way that is fair to every learner.

OCN NI is committed to making sure that:

- learners with a protected characteristic are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve for undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers

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For information on reasonable adjustments and special considerations please see the OCN NI Centre Handbook and Reasonable Adjustments and Special Considerations Policy held in the back office of the OCN NI website.

12.5 Retention of Evidence

OCN NI has published guidance for centres on the retention of evidence. Details are provided in the OCN NI Centre Handbook and can be accessed via the OCN NI website.

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Operational start date: 15 September 2025
Review date: 14 September 2030

Open College Network Northern Ireland (OCN NI)
Sirius House
10 Heron Road
Belfast
BT3 9LE

Phone: 028 90 463990
Email: info@ocnni.org.uk
Web: **www.ocnni.org.uk**

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12.6   Appendix 1 - Definition of OCN NI's Assessment Verbs

The following verbs are working definitions of those used in OCN NI assessments with examples of how they can be applied and used in different but equally valid contexts.

Verb	Definition	Example
Access	The ability to locate, retrieve, and use information, items or equipment efficiently and accurately to perform tasks or solve problems.	The learner will be expected to identify information, items, or equipment needed requiring a clear understanding of the task or problem at hand, allowing them to determine the relevant resources required. The learner will be expected then to locate and obtain the necessary resources. This involves navigating various systems or environments, such as databases, physical storage, or digital platforms. After retrieval, the learner must effectively use the acquired information, items, or equipment to perform the given task or solve the problem.
Adhere	To consistently follow, comply with, and maintain the standards, rules, or procedures set forth by an organisation or regulatory body.	The learner will be expected to comprehend and internalize the rules or standards and recognise the purpose and importance of adherence then accurately implement each step as specified without deviations ensuring tasks are completed following the established guidelines. This will include maintaining adherence across all relevant situations, developing habits of following procedures reliably over time with attention to detail following each procedure meticulously. The learner will be expected to regularly check for compliance and evaluate the effectiveness and accuracy of adherence.
Communicate	To convey information, ideas, or feelings effectively and clearly through verbal, written, or other means of expression.	The learner will be expected to convey information, ideas, or opinions clearly and effectively using appropriate language and communication techniques. This may include presenting information, participating in discussions, interacting with others or delivering a presentation or message. The learner should demonstrate the ability to organise thoughts logically, use suitable vocabulary for the audience, and engage listeners or readers effectively.
Contribute	Active participation and positive input in a group activity, working collaboratively to achieve a	The learner will be expected to demonstrate active participation in group discussions and activities showing enthusiasm and commitment to the

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Verb	Definition	Example
	common goal	group's objectives. The learner will be expected to collaborate with group members, sharing ideas and resources, offering support and assistance to others as needed. They will provide positive input providing valuable contributions, such as suggestions, feedback, and insights and encouraging and motivating other group members to achieve the common goal. They will take responsibility of assigned tasks and complete them to a high standards ensuring reliability and dependability in fulfilling group responsibilities. The learner will be expected to communicate clearly and effectively with group members and facilitate open and respectful dialogue to foster teamwork.
Define	Description of what a term means and its application i.e. to specify meaning	The learner will be expected to explain and provide a clear definition of key terms or concepts within a subject area. This may involve describing the meaning of a specific term, concept, or idea and illustrating its application in relevant contexts. The learner should demonstrate understanding by accurately defining terms and their significance or relevance
Demonstrate	Undertake an activity with a system or process showing skills and knowledge in more than one area and/or context.	The learner will be expected to perform a task or activity that requires the application of skills and knowledge across multiple areas or contexts. This may involve executing a process, using tools or techniques, and showcasing competence through practical application. The learner will be expected to apply learned skills and knowledge effectively in practical situations, showcasing competence through hands-on application and demonstrating proficiency.
Describe	To paint a full picture of a concept, process or thing in words.	The learner will be expected to explore a concept, process, or object and provide a detailed verbal or written account that includes significant features, characteristics, and relevant details. The learner should be able to demonstrate the ability to convey a comprehensive understanding and include all key components, stages and/or features of concept, process, or object being described.

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Verb	Definition	Example
Ensure	To verify, confirm, and guarantee the accuracy, correctness, and appropriateness of information, items, or equipment used to perform a specific activity.	The learner will be expected to check and confirm the accuracy and validity of the information, item, or equipment before use this involves cross-referencing with reliable sources, guidelines, or standards to ensure correctness. The learner will be expected to confirm through provision of evidence or assurance that the information, item, or equipment meets the required standards or specification which may include conducting tests, inspections, or assessments to confirm correctness. The learner must take responsibility for ensuring that the information, item, or equipment is appropriate and fit for purpose and involves being accountable for the accuracy and reliability of the resources used in the activity.
Establish	To identify, verify, and substantiate information or facts with evidence to ensure accuracy and reliability	The learner will be expected to locate and identify relevant information or facts that are pertinent to the task or problem at hand. This involves discerning what information is needed and where it can be found. The learner must confirm the accuracy and validity of the identified information or facts. This involves cross-referencing with reliable sources, checking for consistency, and ensuring that the information is credible. The learner must provide evidence to support the established information or facts. This involves presenting data, references, or documentation that backs up the claims made.
Explain	Make clear a given subject matter and / or give reasons for and/or the procedure in a given situation or regarding a given subject matter / Setting out purposes or reasons	The learner will be expected to examine a topic or process and provide clear and detailed clarification that includes the key aspects, reasons, and purposes. The learner should be able to articulate the underlying principles or rationale and provide detail on how something works or why it occurs in a particular way, ensuring clarity and thorough understanding.

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Verb	Definition	Example
Identify	To select and list appropriate items from information that you have been given or collected.	The learner will be expected to review a set of data, information or items, and accurately select and list the required individual elements of data, information or items. The learner should be able demonstrate the ability to filter relevant information from a broader set, showing comprehension and attention to detail.
Implement	To effectively carry out and execute processes, procedures, or plans, ensuring they are completed as intended	The learner will be expected to have a clear comprehension of the process or procedure to be implemented. This involves understanding the steps, objectives, and expected outcomes. The learner must develop a plan to execute the process. This involves organising resources, setting timelines, and preparing for potential challenges. The learner must carry out the process according to the plan. This involves following the steps meticulously and ensuring that each action is performed correctly.
Interact	To engage and communicate effectively with others, fostering positive and productive relationships in various social and professional settings.	The learner will be expected to communicate clearly, effectively, and appropriately with others. This involves both verbal and non-verbal communication, active listening, and the ability to convey ideas and information accurately. The learner actively engages with others, participating in discussions, activities, and collaborative efforts being considerate, respectful, and supportive. The learner works collaboratively with others, contributing to group efforts, sharing responsibilities, and working towards common goals. This involves teamwork, cooperation, and a willingness to compromise. The learner effectively manages and resolves conflicts that may arise during interactions.
Maintain	To keep information, items, or equipment in good condition, ensuring they remain functional, accurate, and up-to-date over time	The learner will be expected to conduct routine checks and inspections to identify any signs of wear, damage, or inaccuracies. The learner takes preventive actions to avoid potential issues. This includes cleaning, calibrating, updating, or servicing the items, equipment or information as appropriate regularly to ensure they remain in optimal condition. The

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Verb	Definition	Example
		learner addresses any issues promptly by performing necessary repairs or updates. The learner keeps accurate records of maintenance activities. This includes documenting inspections, repairs, updates, and any changes made to the information, items, or equipment. The learner follows established guidelines, standards, or procedures for maintenance.
Move and handle	To safely and efficiently transport and manipulate loads, items, or equipment while following proper techniques and protocols.	The learner will be expected to understand and apply safety protocols to prevent injuries and accidents. This involves knowledge of ergonomics, proper lifting techniques, and the use of personal protective equipment (PPE). The learner demonstrates the correct methods for lifting, carrying, pushing, pulling, and setting down loads. This includes maintaining proper posture, using appropriate tools or equipment, and ensuring stability and balance. The learner performs the moving and handling tasks efficiently, minimizing unnecessary movements and effort. The learner assesses the load to determine the best approach for moving and handling it. The learner collaborates effectively with others when moving and handling loads that require multiple people.
Move and position	To safely adjust and place an object or person in a specified location or posture, ensuring proper technique and consideration of relevant guidelines or health and safety protocols.	The learner will be expected to follow appropriate procedures and use correct techniques to move and position an item or individual in a specific place or orientation, ensuring safety and compliance with relevant guidelines. Thie learner will be able to demonstrate the ability to handle materials or assist individuals carefully and effectively, with an understanding of safety protocols, ergonomic principles safe and efficient and safe use of lifting techniques and equipment.
Outline	To give general idea and overview without going into detail.	The learner will be expected to review a topic or concept and provide a brief summary that highlights the main points or key elements, without delving into detailed explanations or analysis. The learner should be able to demonstrate the ability to understand and convey the essence

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Verb	Definition	Example
		of a subject clearly and concisely.
Prepare	To gather necessary materials, plan steps, and organise resources in advance to ensure readiness for a task or activity, following specified procedures and guidelines	The learner will be expected to organise and arrange the necessary components or materials, create a step-by-step plan, and ensure all resources are available and ready for a specific task or activity. The learner will be able to demonstrate the ability to systematically plan ahead, coordinate elements effectively, and adhere to any required guidelines or protocols demonstrating readiness and a clear understanding of the preparation process required for successful task completion.
Provide (information)	To supply or deliver information or items to another person in a clear, accurate, and timely manner	The learner will be expected to ensure that the information or items supplied are presented in a clear and understandable manner. The learner must verify that the information or items provided are correct and reliable. This involves cross-checking facts, ensuring the quality of items, and being precise in the delivery. The learner must ensure that the information or items supplied are relevant to the recipient's needs and context. The learner must provide the information or items within an appropriate timeframe. The learner must effectively communicate the provided information or items, ensuring that the recipient understands how to use or act upon them.
Reflect	To critically analyse and evaluate own performance, activities, knowledge, or viewpoints to gain insights, identify areas for improvement, and enhance personal and professional development.	The learner will be expected to demonstrate an understanding of their own actions, thoughts, and feelings. The learner critically evaluates their own performance, activities, knowledge, or viewpoints. The learner gains insights from their reflection, understanding the reasons behind their successes and failures. The learner sets specific, measurable, achievable, relevant, and time-bound (SMART) goals for improvement based on their reflection. The learner applies the insights and goals from their reflection to future activities or situations.

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Verb	Definition	Example
Summarise	To provide a brief account giving the main points of a topic or range of topics.	The learner will be expected to examine a topic or set of information and condense it into a concise summary that captures the essential points, themes, or arguments, without including unnecessary details. The learner should be able to demonstrate the ability to distill complex or extensive information into its core components and present it in a clear and coherent manner focusing on the most significant aspects and omitting extraneous details.
Use	Operate a system or process showing skills and knowledge in more than one area and/or contexts and generally carried out on at least three occasions.	The learner will be expected to use a system, process or tool in a practical assessment activity requiring them to apply theoretical knowledge or skills in real-world scenarios to demonstrate competency and understanding.

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