



Oxford Cambridge and RSA

Cambridge Technicals Health and Social Care

Unit 3: Health, safety and security in health and social care

Level 3 Cambridge Technical in Health and Social Care

05830 - 05833 & 05871

Mark Scheme for January 2024

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

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

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

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MARKING INSTRUCTIONS

PREPARATION FOR MARKING

RM ASSESSOR

1. Make sure that you have accessed and completed the relevant training packages for on-screen marking: *RM Assessor Assessor Online Training*; *OCR Essential Guide to Marking*.
2. Make sure that you have read and understood the mark scheme and the question paper for this unit. These are posted on the RM Cambridge Assessment Support Portal <http://www.rm.com/support/ca>
3. Log-in to RM Assessor and mark the **required number** of practice responses (“scripts”) and the **number of required** standardisation responses.

MARKING

1. Mark strictly to the mark scheme.
2. Marks awarded must relate directly to the marking criteria.
3. The schedule of dates is very important. It is essential that you meet the RM Assessor 50% and 100% (traditional 40% Batch 1 and 100% Batch 2) deadlines. If you experience problems, you must contact your Team Leader (Supervisor) without delay.
4. If you are in any doubt about applying the mark scheme, consult your Team Leader by telephone or the RM Assessor messaging system, or by email.
5. **Crossed Out Responses**
Where a candidate has crossed out a response and provided a clear alternative then the crossed out response is not marked. Where no alternative response has been provided, examiners may give candidates the benefit of the doubt and mark the crossed out response where legible.

Rubric Error Responses – Optional Questions

Where candidates have a choice of question across a whole paper or a whole section and have provided more answers than required, then all responses are marked and the highest mark allowable within the rubric is given. Enter a mark for each question answered into RM assessor, which will select the highest mark from those awarded. *(The underlying assumption is that the candidate has penalised themselves by attempting more questions than necessary in the time allowed.)*

Multiple Choice Question Responses

When a multiple choice question has only a single, correct response and a candidate provides two responses (even if one of these responses is correct), then no mark should be awarded (as it is not possible to determine which was the first response selected by the candidate). *When a question requires candidates to select more than one option/multiple options, then local marking arrangements need to ensure consistency of approach.*

Contradictory Responses

When a candidate provides contradictory responses, then no mark should be awarded, even if one of the answers is correct.

Short Answer Questions (requiring only a list by way of a response, usually worth only **one mark per response**)

Where candidates are required to provide a set number of short answer responses then only the set number of responses should be marked. The response space should be marked from left to right on each line and then line by line until the required number of responses have been considered. The remaining responses should not then be marked. Examiners will have to apply judgement as to whether a 'second response' on a line is a development of the 'first response', rather than a separate, discrete response. *(The underlying assumption is that the candidate is attempting to hedge their bets and therefore getting undue benefit rather than engaging with the question and giving the most relevant/correct responses.)*

Short Answer Questions (requiring a more developed response, worth **two or more marks**)

If the candidates are required to provide a description of, say, three items or factors and four items or factors are provided, then mark on a similar basis – that is downwards (as it is unlikely in this situation that a candidate will provide more than one response in each section of the response space.)

Longer Answer Questions (requiring a developed response)

Where candidates have provided two (or more) responses to a medium or high tariff question which only required a single (developed) response and not crossed out the first response, then only the first response should be marked. Examiners will need to apply professional judgement as to whether the second (or a subsequent) response is a 'new start' or simply a poorly expressed continuation of the first response.

6. Always check the pages (and additional objects if present) at the end of the response in case any answers have been continued there. If the candidate has continued an answer there, then add a tick to confirm that the work has been seen.

7. Award No Response (NR) if:
- there is nothing written in the answer space

Award Zero '0' if:





- anything is written in the answer space and is not worthy of credit (this includes text and symbols).

Team Leaders must confirm the correct use of the NR button with their markers before live marking commences and should check this when reviewing scripts.

8. The RM Assessor **comments box** is used by your team leader to explain the marking of the practice responses. Please refer to these comments when checking your practice responses. **Do not use the comments box for any other reason.** If you have any questions or comments for your team leader, use the phone, the RM Assessor messaging system, or e-mail.
9. *Assistant Examiners will send a brief report on the performance of candidates to their Team Leader (Supervisor) via email by the end of the marking period. The report should contain notes on particular strengths displayed as well as common errors or weaknesses. Constructive criticism of the question paper/mark scheme is also appreciated.*
10. For answers marked by levels of response:
- To determine the level** – start at the highest level and work down until you reach the level that matches the answer
 - To determine the mark within the level**, consider the following

Descriptor	Award mark
On the borderline of this level and the one below	At bottom of level
Just enough achievement on balance for this level	Above bottom and either below middle or at middle of level (depending on number of marks available)
Meets the criteria but with some slight inconsistency	Above middle and either below top of level or at middle of level (depending on number of marks available)
Consistently meets the criteria for this level	At top of level

11. These are the annotations to be used when marking Unit 3.

Annotation	Meaning
	Tick – correct answer
	Cross – incorrect answer
+	To be used for analyse question denoting pros
-	To be used for analyse questions denoting cons
L1	Level 1
L2	Level 2
L3	Level 3
BOD	Benefit of doubt (This does count as a mark – so do not 'tick' as well)
	Omission mark
TV	Too vague
REP	Repeat
SEEN	To acknowledge additional pages/ notes were read
BP	Blank Page
	Not Relevant - 'noted but no credit given'

Question		Answer	Marks	Guidance	
1	(a)	Type of environment Health Environment	5 (5x1)	ACCEPT other relevant environments Accept nursing home in both health and care environments DO NOT ACCEPT: Health environment <ul style="list-style-type: none"> GP' or 'surgery' on its own Child care environment <ul style="list-style-type: none"> Secondary school Answers <u>must relate</u> to a specific named environment / setting	
		Care Environment			Hospital GP surgery Nursing home Dental surgery / Dentist Birthing and maternity centre / maternity hospital Chiropodist Clinic Drop-in centre / walk-in centre Health centre Hospice Medical centre Mental health hospital / clinic Mobile health screening unit Nursing home Optician Pharmacy Podiatrist Sexual health clinic
		Child Care Environment			Residential care home / Residential home / Residential care setting / residential care environment Care home Individual's home Community centre Day care Hostel Homeless shelter
		Public Environment – places where large crowds of people gather			Nursery School / Primary school Pre-school Childminder Creche After school club/breakfast club Shopping centre Park Library Museum Religious places of worship Cinema
		Transport			Ambulance Car Minibus Coach

Question		Answer	Marks	Guidance
1	(b)	<p>ANY ONE FROM:</p> <ul style="list-style-type: none"> • Avoid unnecessary / hazardous manual handling, e.g. When a resident is transferring to a wheelchair encourage independence whenever possible • Do not carry out manual handling unless trained to do so, e.g. do not use lifting equipment / hoists or move residents if not qualified • All manual handling should be risk assessed, e.g. to ensure hazards have been identified, risks reduced and control measures put in place • Measures to reduce risk are taken, e.g. good practice is to have two people, suitable equipment, relevant training • Ensure lifting equipment is safe, e.g. carry out equipment checks • Assess manual handling you cannot avoid – the postures adopted, frequency of the task, workers strength, fitness and underlying medical conditions • Measures to reduce the risk of injury – improve the environment (more space) better flooring and lighting, have completed training / good practice to have two people • Good manual handling technique adopted / how to lift safely – move smoothly, bend the knees rather than the back, put down and then adjust • Training – on correct postures to adopt, how to use a hoist / lifting equipment and how to assess risk • Reporting and recording procedures – broken equipment / any injuries that may have occurred • Review policy and amend if needed, e.g. legislation change 	<p>3 (1 x 3)</p>	<p>THREE MARKS: Detailed description of one procedure that uses correct terminology for manual handling procedures</p> <p>TWO MARKS: Brief description of one procedure that uses some correct terminology for manual handling procedures</p> <p>ONE MARK: Identification of one procedure with little to no description.</p> <p>Answers must be in the context of manual handling, do not accept equipment on its own – must refer to lifting equipment / hoists</p> <p>Please note:</p> <p>Only assess the first answer provided. Refer to marking instructions on page 3</p>

Question	Answer/Indicative content	Marks	Guidance
1	<p>(c)*</p> <p>Level 3 (6–7 marks) Detailed explanation of <u>how</u> a safeguarding policy protects adults with learning disabilities. AND Clear understanding of safeguarding policies is demonstrated through <u>examples</u>.</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–5 marks) Sound explanation of <u>how</u> a safeguarding policy protects adults with learning disabilities. AND Sound understanding of safeguarding policies is demonstrated through <u>examples</u>.</p> <ul style="list-style-type: none"> • Sub max of 4 for one example done well <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Level 1 (1–3 marks) Basic attempt at an explanation of how a safeguarding policy protects adults with learning disabilities – answers may be generic AND Answer provides little or no reference to examples in a safeguarding policy.</p> <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks <i>No response worthy of credit.</i></p>	7	<p>How a safeguarding policy protects adults with learning difficulties:</p> <ul style="list-style-type: none"> • Staff will be DBS checked e.g. to ensure they have not been barred from working with vulnerable adults • Staff are trained e.g. to spot signs of abuse; <u>how to report</u> concerns; so, they understand safeguarding procedures • Designated safeguarding officers are appointed to take responsibility for the safety of the adults with learning difficulties and will coordinate needed responses and be the person to refer to other agencies, e.g. social services • Set procedure for staff to respond to concerns – this will enable that the appropriate actions are taken to support the adults with learning difficulties • Set procedures for supervision of anyone who does not have DBS clearance – this could be with any visitors and any work placement students – this will ensure that actions are monitored to avoid any safeguarding issues from occurring • Set procedures for supervision of staff – to talk through practice / procedures. Enables staff resilience • Roles and responsibilities will be clear e.g. staff must report concerns, safeguarding officers investigate allegations • Due to the vulnerability of adults with learning difficulties key procedures are all in place (see above) – due to the risk of abuse (physical, sexual, emotional, financial); neglect (poor standards of care); discrimination and so set procedures are needed to minimise risks • Simplified Information can be made available / all adults are assigned a key worker who they can talk to - to inform adults with learning difficulties how to stay safe, how to report abuse – this empowers them and allows them to report concerns to staff <p>Do not accept – risk assessments / health and safety issues</p>


Question		Answer	Marks	Guidance
1	(d)	<p>ANY THREE FROM:</p> <ul style="list-style-type: none"> • Accidents ✓ • Aggressive and dangerous encounters ✓ • Bomb threat ✓ • Epidemic, e.g. flu, measles ✓ • Exposure to chemicals ✓ • Exposure to infections / disease ✓ • Fire ✓ • Flood ✓ • Gas leak ✓ • Intruders ✓ • Loss of water supply ✓ • Power cut ✓ • Toxic spillages ✓ • A child could go missing ✓ 	<p>3 (3 x 1)</p>	<p>DO NOT ACCEPT:</p> <ul style="list-style-type: none"> • Spillages • Abuse • Answers linked to lack of security, e.g. doors being left open • Serious injuries <p>Do not accept repeats, e.g. if two answers provide examples of accidents</p> <p>Accept examples that are linked to accidents, e.g. breaking a bone when falling off play equipment / allergic reactions due to inadvertently consuming incorrect food / choking whilst eating</p>


Question	Answer/Indicative content	Marks	Guidance
2	<p>(a)*</p> <p>Level 3 (7–9 marks) Detailed description of how the Health and Safety at Work Act improves fire safety in a health care setting AND Demonstrates clear knowledge of at least three specific ways in which fire safety is managed</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–6 marks) Sound description of how the Health and Safety at Work Act improves fire safety in a health care setting AND Demonstrates some knowledge of at least two specific ways in which fire safety is managed</p> <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Level 1 (1–3 marks) Basic description of how the Health and Safety at Work Act improves fire safety in a health care setting AND Limited knowledge of ways in which fire safety is managed <i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks <i>No response worthy of credit.</i></p>	9	<p>How the Health and Safety at Work Act improves the fire safety in a health care setting</p> <ul style="list-style-type: none"> • Procedures / guidance to reduce the risks of fire, e.g. safe storage of flammables, regular PAT tests of electrical equipment, smoking ban • Evacuation procedures; fire assembly point, registers, personal emergency evacuation plans (PEEPs), not returning for personal possessions • Measures to reduce the spread and intensity of fire, e.g. non-flammable building materials, fire doors, providing specialist fire equipment • Risk assessments / Identified ways a fire could break out / fire hazards and control measures put in place e.g. flammable liquids, gases, electrical equipment, smoking. Control measures – lockable storage / only trained staff to handle , enforcing a no smoking ban and having smoke detectors • Considered who might be harmed and how to reduce the risks, e.g. carry out fire drills, clarify roles and responsibilities, e.g. fire marshals, train staff in fire safety procedures • Training – how to carry out a fire evacuation, the use of specialist fire equipment e.g. the use of evacuation chairs, the application of PEEPs, good housekeeping, e.g. not blocking fire doors • Implemented procedures to reduce harm if a fire broke out e.g. close doors and windows, alarms, sprinklers, fire exits, signs - posters, published fire evacuation routes, extinguishers, evacuation procedures, contact the fire brigade • Fire safety policy - to include any of the aforementioned points

Question	Answer	Marks	Guidance
2	<p>(b) Responsibilities employees have for maintaining health and safety:</p> <p>ANY TWO FROM:</p> <ul style="list-style-type: none"> • Use equipment according to training, e.g. use PPE, manual handling aids • Attend relevant training / training • Follow policies, procedures guidelines, rules and regulations , e.g. store food correctly, keep medicines locked away • Identify and report hazards, e.g. faulty wiring, loose carpet / carry out risk assessments / risk assessments • Reduce risks, e.g. maintaining a clean environment, washing hands, disposing of infectious waste correctly, alerting managers if they are prescribed new medication that could affect their work • Maintaining high levels of personal hygiene, e.g. hair tied up • Report poor practice linked to health and safety / damaged / faulty equipment • Report / record accidents 	<p>2 (2 x 1)</p>	<p>Accept other relevant examples</p> <p>Do not accept answers linked to employers or safeguarding</p> <p>DO NOT ACCEPT:</p> <ul style="list-style-type: none"> • repeat answers • responsible for own safety

Question	Answer/Indicative content	Marks	Guidance
2	<p>(c)*</p> <p>Level 3 (6–7 marks) Detailed description and balance of actions that should be taken by Jane and her manager</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–5 marks) Sound description of actions that should be taken by Jane and her manager but may lack balance</p> <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Sub max of 4 if only actions for either Jane or her manager are done well</p> <p>Level 1 (1–3 marks) Basic description of actions that should be taken. May not include actions for both Jane and her manager.</p> <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks <i>No response worthy of credit.</i></p> <p>https://www.hse.gov.uk/riddor/reportable-incidents.htm</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Jane’s manager should</p> <ul style="list-style-type: none"> • Writing a report of the incident / log the incident </div>	7	<p>Accept other relevant examples</p> <p>Jane should:</p> <ul style="list-style-type: none"> • Follow procedures for reporting outbreaks of infectious diseases • Inform her manager • Avoid further contact with individuals requiring care / isolate self • Call health professionals for advice on treatment • Follow advice provided by health professionals / manager • Do not return to work until clear of infection <p>Jane’s manager should:</p> <ul style="list-style-type: none"> • Report the incident to the relevant authorities, e.g. RIDDOR / HSE / UK Health Security Agency (RIDDOR states that any disease attributed to an occupational exposure to a biological agent needs to be reported; Jane has been exposed to an infection which could be assumed to be biological . • Ensure staff are available to take over Jane’s work • Support Jane to get advice/treatment • Investigate the incident, e.g. talk to Jane and individuals receiving care • Risk assessment / consider how to reduce risks in future, e.g. PPE • Review/update policies • Notify the clients Jane has been caring for • Notify other staff on a need to know basis • Enable Jane to have time off to recover

Question	Answer	Marks	Guidance
3 (a)	<p>ANY TWO FROM:</p> <ul style="list-style-type: none"> • Ensure staff/employees are following policies and procedures - supervising/monitoring how staff respond to the incident • Lockdown procedure adopted – alert all staff and residents and direct all staff and residents to the nearest safe place • Report the incident to the relevant authorities - call the police – describe what has been stolen, how they think the intruder entered, possibly a description of the intruder • Inform relatives / family – provide assurance of residents’ safety explaining what support they have provided • Investigate the incident - talk to those who were affected, find out how the intruder gained access, check the CCTV • Carry out a follow up review - to reduce risks of the incident re-occurring • Update policies and procedures to prevent incidents, to ensure security measures are in place to prevent intruders, put locks/keypads on external doors, CCTV monitoring entrances, manned reception, intruder alarms • Carry out training, e.g. To ensure staff have adequate knowledge of security policies and procedures • Provide emotional support to the residents – listen to them and allow them time to speak and to become more calm • Update of security systems – pin locks on doors, window locks and enhanced CCTV 	<p>4 (2 x 2)</p>	<p>TWO MARKS: Accurate outline of an appropriate action that shows a clear understanding of employer’s responsibilities and is relevant to the scenario</p> <p>ONE MARK: Basic-outline of an appropriate action but shows limited understanding of employer’s responsibilities and has little relevance to the scenario</p> <p>Do not accept</p> <ul style="list-style-type: none"> • Replacing possessions / providing compensation to the residents • Evacuation <p>Accept other relevant examples</p> <p>Do not accept repeats</p>

Question	Answer/Indicative content	Marks	Guidance
3	<p>(b)*</p> <p>Level 3 (6–7 marks) Detailed analysis of the risks when storing and dispensing medicines and how to reduce the risks. The answer is balanced between storing / dispensing and ways of reducing risks Reasoned comments will be detailed and explicit</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–5 marks) Sound analysis of the risks when storing and dispensing medicines and how to reduce risks but may lack balance May include reasoned comments</p> <p>Sub max of 4 for only storage and / or dispensing OR ways of reducing risk</p> <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Level 1 (1–3 marks) Basic analysis of risks when storing and dispensing medicines and how to reduce risks but may lack balance May identify only risks or only ways of reducing risks</p> <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks <i>No response worthy of credit.</i></p>	7	<p>Risks for storing (CONS): annotate -</p> <ul style="list-style-type: none"> • Medication being incorrectly labelled • Storage facility being left unlocked – residents accessing and could take incorrect medicine • Stock rotation inadequate • Incorrect storage with respect to temperature, heat and light – could lead to degeneration of medication <p>Risks for dispensing (CONS): annotate -</p> <ul style="list-style-type: none"> • Residents receiving the wrong dose • Residents receiving the wrong medication • Residents not receiving medication at the right time • Residents being given out-of-date medicine • Medicines being stolen • Overdose (accidental or deliberate) • A resident not taking the medicine (spitting it out after the staff have gone) <p>Reasoned comments annotate </p> <ul style="list-style-type: none"> • Results of incorrect dosages / incorrect medication – adverse effects; allergic reaction, inability to control pain, ineffective in controlling symptoms • Overdose • Death • Reduced recovery time

Question	Answer/Indicative content	Marks	Guidance
			<p>Ways of reducing risks (PROS) : annotate +</p> <ul style="list-style-type: none"> • Policies and procedures in place to control storing and dispensing of medicines • Correct labels and to use original containers • Staff trained in policies and procedures • Medicines should be stored securely, e.g. in locked cabinets • Access to medicines should be controlled, e.g. only qualified staff should have access, medicines should be signed for, residents are appropriately supervised when taking medicines • Correct storage conditions, e.g. medicines are kept at correct temperature • Regular checks, e.g. to ensure out-of-date medicine is disposed of, all medicines are accounted for • Recording procedures when dispensing medicine, e.g. to ensure individuals receive correct medication/dosage • Two people to be involved when dispensing medicines / supervision / wearing of tabard to denote administering medication • Observing residents swallowing the medicine <p>• Reasoned comments annotate </p> <ul style="list-style-type: none"> • When checking stock can identify any missing medications and take appropriate action • Checking stock will enable them to re order effectively

Question	Answer	Marks	Guidance
3	<p>(c)</p> <p>ANY TWO FROM: Consequences for the employer:</p> <ul style="list-style-type: none"> • Financial loss Direct costs - fines, compensation, being sued / prosecution • Disciplinary action – warning, suspension, dismissal • Financial loss Indirect costs - loss of profit, providing training, staff shortages, reduced number of residents • Being removed from professional register • Loss of reputation • Poor quality rating - from CQC / CQC visit • Being shut down • Investigation by Local authority / private owners • Complaints <p>ANY TWO FROM: Consequences for the employee:</p> <ul style="list-style-type: none"> • Disciplinary action - warning, suspension, dismissal • Illness/infection / disease • Undertaking additional training • Time off work / loss of earnings • Being removed from professional register <p>ANY TWO FROM: Consequences for the residents:</p> <ul style="list-style-type: none"> • Illness/infection / disease • Loss of trust / feeling of being unsafe / loss of confidence • Death (residents may be vulnerable to infection) • Feeling disrespected/neglected • Having to move to another residential care setting due to closure / being shut down / loss of place to live 	<p>6 (6 x 1)</p>	<p>DO NOT ACCEPT: Repeats</p> <p>Do not accept injury / accidents either employee or residents</p>

Question	Answer	Marks	Guidance
3	<p>(d)*</p> <p>Level 3 (6–7 marks) Detailed description of at least two food safety procedures. AND Uses appropriate terminology.</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–5 marks) Sound description of at least two food safety procedures. AND Answers will be in the most part relevant and factually accurate. Sub-max of 4 for one procedure described in depth</p> <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Level 1 (1–3 marks) Basic basic/limited description of food safety procedures. AND May identify procedure(s) with little/no description, answers may be list like.</p> <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks <i>No response worthy of credit.</i></p>	7	<p>Food safety procedures:</p> <ul style="list-style-type: none"> • Food must be correctly stored, e.g. correct temperature; prevent cross-contamination by keeping raw and cooked food separately • Food must be accurately labelled, e.g. use by date, <u>allergy</u> information • Out-of-date food should be disposed of, e.g. in correctly labelled bins • System for tracing origin of food; recording where food has come from • Personal hygiene measures, e.g. handwashing, blue plasters, aprons, disposable gloves, hair tied back, no nail varnish, no jewellery, PPE • Hygiene measures, e.g. clean surfaces and equipment using anti-bacterial cleaning solution • Food must be prepared correctly, e.g. meat cooked to the correct temperature; colour-coded chopping boards used to prevent cross-contamination • Awareness of food allergies – ensuring no cross contamination within food preparation / storage and the serving of food • Training - to include any of the aforementioned points

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