

# NVQ Level 3 Dental Nursing Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. Which scenario is regulated by IRMER?**
  - A. Use of dental X-ray to expose a patient to ionising radiation**
  - B. Use of a non-ionising imaging modality**
  - C. Administering a local anaesthetic**
  - D. Taking a blood pressure**
  
- 2. What should you do if you suspect abuse?**
  - A. Confront the abuser.**
  - B. Notify the police only.**
  - C. Report it to the safeguarding lead or follow local procedures.**
  - D. Ignore it.**
  
- 3. Work with your competence means what?**
  - A. Seek permission for each task you perform**
  - B. Only perform tasks you are trained and qualified to do**
  - C. Complete tasks beyond your training to help patients**
  - D. Always perform any task the clinician asks you to do**
  
- 4. What is a risk assessment?**
  - A. Auditing staff performance.**
  - B. Identifying hazards, assessing risks and putting control measures in place.**
  - C. Recording daily tasks.**
  - D. Evaluating patient satisfaction.**
  
- 5. How should a nervous patient be assisted during a procedure?**
  - A. Ignore their concerns and proceed**
  - B. Communicate calmly; Explain procedures clearly; Offer breaks or sedation if appropriate; Show empathy**
  - C. Punish them to enforce compliance**
  - D. Use technical jargon to confuse them**

- 6. When a patient refuses treatment, which actions are appropriate?**
- A. Proceed with treatment regardless of refusal**
  - B. Respect their choice; Ensure they understand the risks; Record the refusal in notes**
  - C. Ignore the refusal and reschedule**
  - D. Postpone indefinitely**
- 7. Which autoclave setting achieves effective sterilisation according to the provided guidance?**
- A. 34°C for 3 minutes (vacuum)**
  - B. 100°C for 10 minutes**
  - C. 121°C for 15-30 minutes (non-vacuum)**
  - D. 180°C for 5 minutes**
- 8. IRMER 2017 relates to what safety context?**
- A. Ionising radiation risk management for staff.**
  - B. Regulatory framework for dental impressions.**
  - C. Protocol for infection control.**
  - D. Protection of patients from ionising radiation during medical imaging.**
- 9. What oxygen flow rate is used in emergencies?**
- A. 5 litres per minute via nasal cannula**
  - B. 15 litres per minute via non-rebreather mask**
  - C. 2 litres per minute via rescue mask**
  - D. 25 litres per minute via mask**
- 10. Active listening is best described by which action?**
- A. Giving full attention**
  - B. Reading notes while the patient talks**
  - C. Interrupting to ask questions**
  - D. Focusing on your own thoughts**

## **Answers**

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1. A
2. C
3. B
4. B
5. B
6. B
7. C
8. D
9. B
10. A

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## **Explanations**

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## 1. Which scenario is regulated by IRMER?

- A. Use of dental X-ray to expose a patient to ionising radiation**
- B. Use of a non-ionising imaging modality**
- C. Administering a local anaesthetic**
- D. Taking a blood pressure**

IRMER covers medical exposures to ionising radiation, ensuring any radiographic procedure is justified and kept as low as reasonably achievable. In dentistry, that means the use of dental X-rays to expose a patient to ionising radiation is regulated, requiring appropriate justification, optimization, shielding, recording, and operator competence. Non-ionising imaging methods (like MRI or ultrasound), administering local anaesthetics, and taking a blood pressure do not involve ionising radiation and are not governed by IRMER. So the scenario that IRMER regulates is using a dental X-ray to expose a patient to ionising radiation.

## 2. What should you do if you suspect abuse?

- A. Confront the abuser.**
- B. Notify the police only.**
- C. Report it to the safeguarding lead or follow local procedures.**
- D. Ignore it.**

Safeguarding in dental practice requires acting through the formal channels rather than addressing the issue directly with the potential abuser. The best action is to report it to the safeguarding lead or follow local safeguarding procedures. This approach ensures a structured, confidential assessment and appropriate involvement of social care and, if needed, the police, while preserving evidence and protecting the patient. Confronting the person suspected of abuse can escalate risk and is not part of a clinician's role. Reporting to the police alone may miss the immediate safeguarding steps and intake through the right channels. Ignoring the concern would put the patient at continued risk and breaches professional responsibilities. Document what you observed, including dates, times, signs, and statements, and report promptly through the designated procedure.

## 3. Work with your competence means what?

- A. Seek permission for each task you perform**
- B. Only perform tasks you are trained and qualified to do**
- C. Complete tasks beyond your training to help patients**
- D. Always perform any task the clinician asks you to do**

Working with your competence means sticking to tasks you have been trained and assessed to perform, and staying within your authorised scope of practice. This ensures patient safety and high care standards, because you're applying skills and knowledge you've proven you can do correctly. If something falls outside what you've trained for, you should seek additional training or supervision before attempting it. It's not about asking for permission for every small task, but about avoiding procedures you're not prepared to carry out and following your practice's policies and legal requirements. Tasks beyond your training or duties you're not qualified to do can put patients at risk, so they should be avoided until proper training is in place. That's why the best description of working with your competence is performing only what you're trained and qualified to do.

#### 4. What is a risk assessment?

- A. Auditing staff performance.
- B. Identifying hazards, assessing risks and putting control measures in place.**
- C. Recording daily tasks.
- D. Evaluating patient satisfaction.

Risk assessment means systematically identifying hazards in the dental environment, judging how likely harm is and how serious it could be, and then putting in place measures to control or eliminate that risk. In practice this means spotting things that could cause harm—like sharps injuries, chemical exposure, infection-control breaches, radiation from X-rays, or slips—assessing how big a danger they pose, and choosing controls such as safer handling, engineering or procedural changes, training, PPE, and proper waste and sterilisation practices. The assessment should be documented and reviewed whenever processes change or new hazards appear. This focus on safety planning is what makes this option the best match. It differs from auditing staff performance, recording daily tasks, or evaluating patient satisfaction, which relate to performance review, administration, or feedback rather than safety protection.

#### 5. How should a nervous patient be assisted during a procedure?

- A. Ignore their concerns and proceed
- B. Communicate calmly; Explain procedures clearly; Offer breaks or sedation if appropriate; Show empathy**
- C. Punish them to enforce compliance
- D. Use technical jargon to confuse them

Managing a nervous patient during a procedure relies on clear, empathetic communication and providing support tailored to the individual's needs. When you communicate calmly and explain what will happen in simple terms, the patient understands the plan, which reduces fear of the unknown. Explaining procedures step by step, inviting questions, and offering breaks or sedation if appropriate gives the patient a sense of control and safety, lowering anxiety and improving cooperation. Demonstrating genuine empathy—acknowledging their feelings, respecting their pace, and monitoring comfort—helps build trust and can reduce distress throughout treatment. In practice, you'd keep the patient informed at each stage, check consent, consider environmental adjustments to improve comfort, and assess whether sedation is appropriate and safe. This approach aligns with professional duties to respect patient autonomy and provide patient-centered care. Ignoring concerns or punishing the patient would increase fear and undermine trust, while using technical jargon can confuse and heighten anxiety. Sedation, when appropriate, should be considered carefully and managed by proper protocols.

**6. When a patient refuses treatment, which actions are appropriate?**

- A. Proceed with treatment regardless of refusal**
- B. Respect their choice; Ensure they understand the risks; Record the refusal in notes**
- C. Ignore the refusal and reschedule**
- D. Postpone indefinitely**

When a patient refuses treatment, the essential approach is to respect their autonomy while ensuring the decision is informed. This means confirming that they understand the risks of not proceeding, any alternatives, and the potential consequences for their oral health. If they are capable of making the decision and choose to refuse, acknowledge their choice, document the refusal clearly in their notes with details of what was refused, what information was provided about risks, and the date and who was present. It's also good practice to offer to discuss it again later and to ensure there was no pressure or coercion influencing the decision. Proceeds without consent, ignoring the refusal, or postponing indefinitely without documenting an informed discussion are not appropriate because they undermine patient autonomy and legal/ethical standards for consent.

**7. Which autoclave setting achieves effective sterilisation according to the provided guidance?**

- A. 34°C for 3 minutes (vacuum)**
- B. 100°C for 10 minutes**
- C. 121°C for 15-30 minutes (non-vacuum)**
- D. 180°C for 5 minutes**

Sterilisation with an autoclave works by exposing instruments to steam at a high enough temperature for a sufficient time to inactivate all microorganisms, including spores. This is why 121°C for 15-30 minutes in a non-vacuum cycle is the best choice: the temperature is high enough to reliably kill microbes and the 15-30 minute exposure ensures the steam can penetrate the entire load, giving thorough sterilisation even through wraps. The lower options won't provide the necessary lethality or duration—34°C is far too cool, and 100°C, while hot, is still below what's required to guarantee sterility. The 180°C setting isn't a standard steam autoclave cycle and would not reflect the non-vacuum steam method described.

## 8. IRMER 2017 relates to what safety context?

- A. Ionising radiation risk management for staff.
- B. Regulatory framework for dental impressions.
- C. Protocol for infection control.
- D. Protection of patients from ionising radiation during medical imaging.**

The key idea here is protecting patients from exposure to ionising radiation during medical imaging. IRMER 2017 sets the requirements for how imaging procedures are justified and delivered to patients, with the aim of keeping doses as low as reasonably practicable while still achieving a diagnostic outcome. In practice, this means every radiographic exposure must be clinically justified, the technique optimised, and quality assurance and appropriate staff training in place. In a dental setting, this directly applies to radiographs such as bitewings, panoramics, and periapicals, where the goal is to obtain the necessary diagnostic information with the smallest possible radiation dose. The other areas mentioned—regulatory rules for dental impressions or general infection control—are not about shielding patients from ionising radiation during imaging, and staff radiation safety is covered by separate regulations.

## 9. What oxygen flow rate is used in emergencies?

- A. 5 litres per minute via nasal cannula
- B. 15 litres per minute via non-rebreather mask**
- C. 2 litres per minute via rescue mask
- D. 25 litres per minute via mask

In emergencies, the aim is to raise oxygen levels quickly with a device that can deliver a high concentration of oxygen and keep exhaled air from being re-inhaled. A non-rebreather mask with a reservoir delivers a high FiO<sub>2</sub> when used at a high flow, typically around 10-15 litres per minute. This flow keeps the reservoir full and the one-way valves closed during inspiration, so most of the air inhaled comes from the oxygen reservoir rather than from room air. That combination gives the highest possible oxygen concentration with a simple mask, which is crucial in acute hypoxaemia. Lower flow rates or less capable devices don't provide enough oxygen rapidly. A nasal cannula at 5 litres per minute supplies a relatively modest FiO<sub>2</sub> and isn't sufficient for emergencies needing rapid, high oxygen delivery. A rescue mask at 2 litres per minute would under-deliver oxygen, and a flow like 25 litres per minute via a standard mask isn't typical or safe with that equipment. So the best choice in an emergency is delivering oxygen at about 15 litres per minute through a non-rebreather mask to ensure the quickest, highest concentration oxygen delivery.

**10. Active listening is best described by which action?**

- A. Giving full attention**
- B. Reading notes while the patient talks**
- C. Interrupting to ask questions**
- D. Focusing on your own thoughts**

Active listening means giving the patient your full attention and showing you're hearing them through appropriate body language and responses. When you focus entirely on what the patient is saying—avoiding distractions, maintaining eye contact, nodding, and waiting to respond until they've finished—you build trust, gather accurate information, and can respond more precisely to concerns or questions. In a dental setting this matters for history taking, explaining procedures, and obtaining informed consent. Reading notes while they talk or interrupting breaks the flow and can cause you to miss details, while focusing on your own thoughts prevents you from truly hearing what they say. So the best action is giving full attention.

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## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nvqlvl3dentalnursing.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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