

Clár Oiliúna Náisiúnta na hÉireann d'Altraí Déidliachta

National Dental Nurse Training Programme of Ireland



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

**Cork University Dental School & Hospital
and
Dublin Dental University Hospital**

Supporting Documentation For Application

2025/26

Please upload the completed pages of this 'Supporting Documentation' as 3 x separate pdf (scanned) documents to the NDNTP online Application form.
Do not send photographs of/or multiple pages.

PRACTITIONER DECLARATION OF SUPPORT

The below declaration of support is in relation to the employed trainee dental nurse's intent to undertake the National Dental Nurse Training Programme of Ireland with the Dublin Dental University Hospital.

If you, the supervising dental practitioner, are willing to support the trainee dental nurse throughout these studies, please complete the following declaration and the prospective student will include it in his/her documentation to be submitted.

If you have any queries regarding this please contact Karen Dinneen, Dental Nurse Tutor at 01 6127341.

EMPLOYER

I agree to support _____ (full name of employed trainee dental nurse) during the period of their training programme.

I will ensure all tasks and duties will be completed by the above employed trainee dental nurse, according to the guidelines and standards recommended in the programme handbook.

Signature of Supervising Dentist: _____

Name of Supervising Dentist (please print): _____

Email address: _____
Supervising Dentist email address

Date: _____

The signature of the supervising dentist is verification that they understand their role as supporting dental practitioner to the student /trainee dental nurse throughout the programme.

VERIFICATION OF EMPLOYMENT

Please fill in the following table to verify clinical experience and ensure that each employing practitioner has signed to verify the duration of employment.

Name of applicant: _____

Dates Employed		Position (i.e. administrator, dental nurse)	Name of employer and address of dental surgery	Signature of Employing Dentist
Start Date (dd,mm,yyyy)	Finish Date (dd,mm,yyyy)			

NATIONAL DENTAL NURSE TRAINING PROGRAMME OF IRELAND



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SELF EVALUATION FORM

This form must be completed in full by the dental practitioner and returned as part of the application process of the National Dental Nurse Training Programme of Ireland

The National Dental Nurse Training Programme of Ireland (NDNTP) is accredited by the Dental Council of Ireland, University College Cork and validated by Trinity College Dublin. The dental practitioner supporting the applicant for the NDNTP is required to complete this self-evaluation form as part of the application process for the student. In the absence of national standards, this self-evaluation form is based on the Dental Council of Ireland's codes of practice and guidance for dental healthcare professional (DHPs).

Name of supporting dental practitioner:	_____
Name of dental practice:	_____
Dental practice address:	_____

Type of dental practice:	general / specialist (please state): _____
Name of applicant/student dental nurse:	_____
Have you supported previous student dental nurses who have undertaken this programme?	
Yes	No

Staff of the dental practice:

No. of Dentists	No. of Qualified DHPs	No. of Admin Staff	No. of Student DHPs

This self-evaluation form sets out the ideal standards in dental practice for the student nurse and only major deficiencies would prevent a student from progressing in the programme.

How to complete this form:

Please place the letter **Y** or **N** in the boxes below to indicate if the item listed is currently available or is standard practice in the dental surgery. The addition of comments is optional. The comments area may be used in the future by the dental nurse tutors of the programme during dental practice visits.

1. DENTAL PRACTICE POLICIES:

In accordance with the Dental Council of Ireland's Code of Practice for Professional Behaviour and Ethical Conduct and the Display of Fees guidelines, dental practices are required to comply with Data Protection legislation.

	Y/N	Comments
Display of Professional Fees		
Awareness of Data Protection /GDPR (registration and confidentiality)		
Display of Complaints Procedure in the dental practice		
Patient Welfare & Child Protection Policy		

2. INFECTION PREVENTION AND CONTROL IN THE DENTAL SURGERY

This checklist is based on the Dental Council of Ireland's Code of Practice for Infection Prevention and Control (IPC) 2015 and the IPC policies of the Dublin Dental University Hospital.

Documentation:

	Y/N	Comments
Infection Prevention and Control Policy		
Percutaneous/Needlestick Injury Policy		
Evidence of Decontamination Equipment Validation		
Autoclave Maintenance Certificate		
Domestic Cleaning Protocol for: <ul style="list-style-type: none"> • Dental surgery • Non-clinical areas (kitchen, toilet, waiting room) 		
Segregation of cleaning equipment		

Decontamination Procedures:

	Y/N	Comments
Zoning		
Indicate which of the following are used to clean dental instruments <ul style="list-style-type: none"> <input type="checkbox"/> Ultrasonic Cleaning <input type="checkbox"/> Washer-Disinfector <input type="checkbox"/> Other 		

Autoclave • Type:		
Decontamination of dental chair: • Waterlines & Suction • External surfaces		
Decontamination of dental impressions protocol		
Management of clinical spillages		

Protection of staff and patients:

	Y/N	Comments
Staff: • Immunisation • Handwashing protocol • Personal Protective Clothing and Equipment		
Patients: • Personal Protective Equipment		

Waste Disposal:

	Y/N	Comments
Waste Disposal Protocol		
Sharps Boxes		
Clinical Waste segregation		
Disposal of hazardous waste/materials to licensed operator		

3. HEALTH AND SAFETY IN THE DENTAL SURGERY

Dental practice premises must be maintained to a safe and acceptable standard in accordance with the Safety, Health and Welfare at Work legislation (2005) & Regulations and the Dental Council of Ireland's Code of Practice for Professional Behaviour and Ethical Conduct.

	Y/N	Comments
Safety Statement • Risk Assessments • Standard Operating Procedures (SOP)		
RPII Licence (on display /up to date)		
Radiography Audit (specify last date)		

Radiographic equipment:

Type and processing	Y/N	Digital	Manual
Intra Oral			
OPG			
Lateral Ceph			
Other			

4. MEDICAL EMERGENCIES POLICIES AND EQUIPMENT

Under the Scope of Practice of the Dental Council of Ireland, all DHPs are required to support the patient and colleagues if there is a medical emergency in the dental surgery. "It is essential that ALL DHPs in direct contact with the public should be trained in dealing with medical emergencies and be competent to carry out resuscitation" Dental Nurses are responsible for the care of patients including assistance in medical emergencies.

	Y/N	Comments
Is there a Medical Emergency Policy/ Protocol/ SOP/Written Action Plan in the dental practice?		
Emergency Incident Reporting & Review Policy		
Staff training in: <ul style="list-style-type: none"> • The management of medical emergencies • Basic Life Support (BLS) Provider • Location & storage of emergency drugs & emergency equipment • Location of emergency phone numbers • How to use the emergency drugs & emergency equipment 		
Emergency drugs available: (as per the Dental Council Code of Practice Regarding: Management of Medical Emergencies within the Practice of Dentistry, 2023) <ul style="list-style-type: none"> • Adrenaline injection (1:1000, 1mg/ml) Epi-pen or Anapen • Aspirin dispersible (300mg) • Glucagon injection 1mg • Glyceryl trinitrate (GTN) spray (400micrograms /dose) • Midazolam 10mg (buccal) • Oral glucose solution: tablets, gel or powder • Oxygen • Salbutamol aerosol inhaler (100micrograms /actuation) 		

<p>Emergency equipment in the dental practice:</p> <ul style="list-style-type: none"> Automated External Defibrillator (AED) and adhesive pads Emergency airways Syringes (2ml) and needles (23g) Large volume spacer device for inhaled bronchodilators (adult and child sizes) Oropharyngeal airways sizes 0, 1, 2, 3, 4 Oxygen cylinder with oxygen masks with reservoir bag Pocket mask with oxygen port Portable suction or small mechanical suction Personal protective equipment gloves, aprons, eye protection Razor & scissors self-inflating bag with reservoir and appropriate face masks (adult and child sizes) 		
<p>Protocol for checking:</p> <ul style="list-style-type: none"> Expiry dates of drugs Restocking & replacement of emergency drugs Oxygen tank & delivery system All emergency equipment in good working order 		

As per the Dental Council Code of Practice Regarding: Management of Medical Emergencies within the Practice of Dentistry:
<https://www.dentalcouncil.ie/wp-content/uploads/2023/06/Code-of-Practice-regarding-Medical-Emergencies-May-2023.pdf>

5. EDUCATIONAL SUPPORT FOR THE STUDENT DENTAL NURSE

In order to ensure that the student dental nurses of the NDNTP receive the optimal learning opportunities, regular educational support and guidance from the supporting dental practitioner is required. The following checklist includes the recommendations to be in place in the dental practice to achieve this.

	Y/N	Comments
Books / Journals available – if required		
Supervision of student dental nurse's clinical training		
Schedule/plan of regular discussions with the student dental nurse <ul style="list-style-type: none"> Daily Weekly 		
Regular feedback given to student dental nurse <ul style="list-style-type: none"> Written Verbal 		

P.T.O.

The Dental Nurse Tutors of the NDNTP may visit* the students workplace setting to review the dental facilities at any time in the duration of the programme. The visit will have particular emphasis on the infection prevention and control procedures, the safety and educational support of the student dental nurse in the learning environment. The sections of this form will be referred to by the Dental Nurse Tutors during a visit to the dental practice.

*Dental practices may be randomly selected for the dental practice visits by the Dental Nurse Tutors.

DECLARATION:

I _____ the supporting dental practitioner, hereby acknowledge that the information contained in this document is true to the best of my knowledge.

Dental Council of Ireland Registration number: _____

Signed: _____

Date: _____

Data Protection:

The National Dental Nurse Training Programme will keep the information you provide about the dental surgery confidential in accordance with the DDUH Data Protection Policy and only for the duration of the training.

This document is based on the Dental Council of Ireland Codes of Practices & guidance as per www.dentalcouncil.ie and the Irish Dental Association (IDA) Audit tools as per www.dentist.ie

