Quality Resource Guide

Infection Prevention in Dentistry: The Roles of the Infection Control Coordinator

Author Acknowledgements

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Educational Objectives

Following this unit of instruction, the learner should be able to:

1. Discuss regulatory and advisory agencies that impact infection prevention in dentistry
2. Discuss the role and responsibilities of the infection control coordinator
3. Describe precautions needed to prevent disease transmission in the dental setting
4. Discuss updates to infection prevention policies and protocols

MetLife designates this activity for **1.0 continuing education credits** for the review of this Quality Resource Guide and successful completion of the post test.

The following commentary highlights fundamental and commonly accepted practices on the subject matter. The information is intended as a general overview and is for educational purposes only. This information does not constitute legal advice, which can only be provided by an attorney.

Originally published December 2022. Expiration date: December 2025.

The content of this Guide is subject to change as new scientific information becomes available.

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Who is the Infection Control Coordinator?

The *CDC Guidelines for Infection Control in Dental Health-Care Settings—2003* states that each office assigns at least one person as an infection control coordinator **(ICC)** and that this person should be knowledgeable or willing to be trained. While this team member may be the employing dentist, or the role may be assigned to a dental hygienist, assistant, office manager or an employee with another role within the dental office, it goes without saying that these responsibilities require additional dedicated time and resources. Larger group practices or institutions may have a committee charged with infection prevention and control. In contrast, smaller practices may have one individual trained to function as the ICC or work with an outside consultant to help with this job. While the ICC is responsible for coordinating the infection prevention program, the entire dental team must be committed and accountable to comply with the written program.

Background of the Infection Control Coordinator

Ideally, the ICC should have a fundamental knowledge base and an interest in infection prevention and safety in dentistry. They should have a basic understanding of the modes of cross-contamination in dentistry, infection prevention policies and practices, general safety procedures, and products and equipment available to maintain staff and patient safety. The ICC should be familiar with federal, state, and other agencies that impact infection prevention and safety in their dental practice.

Roles and Responsibilities

The ICC coordinates the entire infection control program within a dental facility, ensuring infection control and safety compliance with applicable dental boards and governing agencies that impact the dental practice. They are up to date with best practices for infection prevention. The ICC supports the ongoing adoption of the latest infection control practices and ensures that the program is comprehensive and current. Most importantly, the program must be written. Other duties of the ICC include maintaining relevant documents, records, and logs and providing or coordinating education and training for team members. **Table 1** is a summary of the responsibilities of the ICC as described by the CDC.

Agencies that Impact Infection Prevention in Dentistry

The first step toward compliance is understanding which agencies impact infection prevention in the state or geographic area and within the facility. These agencies may be state or federal and advisory (providing guidance or recommendations) or regulatory (providing mandates that must be followed). A summary of agencies may be found in **Table 2**.

The principal regulatory agency that all facilities must follow is OSHA. Note that the federal OSHA program applies to all states. However, some states have a state-specific OSHA-approved program that applies to their state or territory. Typically, state OSHA programs align with Federal OSHA; however, the more stringent standard should be followed if discrepancies exist. A link to all state and federal OSHA programs may be found here: https://www.osha.gov/stateplans/. The next step toward compliance is to follow the state board of dentistry—also known as the board of dental examiners. State dental boards govern the qualifications and the practice of dentistry within the state, including compliance and infection prevention continuing education requirements. A link to state dental boards may be found here: https://www.ada.org/resources/licensure/state-dental-boards

CDC Guidelines

As a lead public health agency in the U.S. Centers for Disease Control and Prevention (CDC) has published guidelines for infection control for dentistry. The CDC document, *Guidelines for IC in dental health care settings—2003*, continues to be the blueprint for infection control standards in the US. The link for these guidelines is: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm. This document is comprehensive and based on scientific evidence. The guidelines' rationale is included. As a result, The Guidelines is a lengthy, scientific document with a high and rather difficult reading level. As a result, CDC published a document in 2016 titled "*Summary of Infection Prevention Practices in Dental Settings—Basic Expectations for Safe Care*". A link to the CDC Summary may be found here: https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html.

The *Summary* is 43 pages long, written in plain language, and summarizes CDC Guidelines. While the *Summary* is easier to read, it is not all-encompassing and is not intended as a replacement for the more extensive guidelines. Readers of the *Summary* are encouraged to consult the entire Guidelines document and source documents for additional background, rationale, and the scientific evidence behind each recommendation.

Table 1 - Summary of Responsibilities of the Infection Control Coordinator (ICC)

DEVELOP • Written IC policies and procedures based on evidence-based guidelines, regulations, and standards • Policies and protocols for early detection and management of potentially infectious persons at the initial points of a patient encounter
ENSURE • Equipment and supplies (e.g., hand hygiene products, safer devices to reduce percutaneous injuries and personal protective equipment are available.
MAINTAIN • Communication with all staff members to address specific issues or concerns related to infection prevention

Reference: Summary of *Infection Prevention Practices in Dental Settings—Basic Expectations for Safe Care*

CASE SCENARIO: *A dental practice is in a state that has a state-run OSHA program. A dental hygienist noted a discrepancy between standards in the state OSHA program vs. CDC Guidelines regarding recommendations for the frequency of biologically monitoring autoclaves. The state OSHA program mandates biological monitoring monthly, whereas CDC Guidelines recommend weekly intervals (and more frequently in specific scenarios). The hygienist shared this discrepancy with her ICC, who noted that the more stringent standard should be followed. Thus, dental team members in this facility monitor their autoclaves weekly per the more stringent standard and in alignment with CDC Guidance.*

TIP: *Consider the CDC Guidelines and the CDC Summary as one might compare an original body of literature, such as a novel, to its CliffsNotes or SparkNotes version. The Summary is intended to serve as a complement to the original document. It should be used as a study guide, a learning tool, a refresher, or a quick reference. It is not intended as a substitute for the original document.*

Are CDC Guidelines *Recommended* or *Required?*

While CDC is an advisory agency and the information in the above document consists of "recommendations", the role of the Guidelines has become complex. Many state dental boards require compliance with CDC Guidelines. In these states, following the guidelines is not "recommended" but is required or mandatory. It is essential to remember that CDC Guidance is considered the standard of care and best practices. Even if a state does not require compliance with CDC Guidelines, these recommendations are viewed as best practices and may be upheld in a court of law. In other words, if an infection control breach should occur within the facility, following CDC Guidance would be viewed favorably.

TIP: *To obtain access to CDC Guidelines and CDC Summary, download the CDC DentalCheck Mobile App: https://www.cdc.gov/oralhealth/infectioncontrol/dentalcheck.html.*

Table 2 - Agencies that impact infection prevention in dentistry

	Advisory *(provides guidance)*	**Regulatory**
American Dental Association (ADA) American Dental Hygiene Association (ADHA) American Dental Assistants Association (ADAA) State Dental Associations	**X**	
Occupational Safety and Health Administration (OSHA) or State-run OSHA Program		**X**
Centers for Disease Control and Prevention (CDC)	**X**	Note: • CDC Guidelines may be considered regulatory if the state dental board has adopted CDC Guidance. • In addition, CDC Guidelines are considered best practices for infection prevention and may be upheld or viewed favorably in a court of law.
State Boards of Dentistry State Licensing and Regulatory Affairs		**X**
Food and Drug Administration (FDA) Environmental Protection Agency (EPA)		**X** Note: FDA and EPA do not provide regulatory documents for dental health care providers. Instead, manufacturers incorporate FDA and EPA regulatory information into their "Instructions for Use" (IFU). Thus, dental personnel MUST comply with the IFU on all infection control-related equipment, supplies, and materials products to comply with these agencies.
The Organization for Safety, Asepsis, and Prevention (OSAP)	**X**	
Accrediting Agencies, including The Joint Commission or the Commission or Dental Accreditation (CODA) (if applicable to your setting)		**X**

Upon opening the app, Dental Check will guide the user through a two-part checklist to self-assess infection control policies and practices within their facility and to ensure compliance with CDC Guidance. In the resource area of the app, links to the principal CDC documents can easily be found. The ICC is encouraged to use this app annually to assess the practice status.

Standard Precautions

Infections may be transmitted via direct contact (directly touching an infected person or body lesion)or indirect contact (touching a contaminated surface). They may also be transmitted via droplets/spatter (>5µ), produced when coughing or sneezing, that fall at a close range of 6 feet or less from the infected person, or aerosols (< 5µ) that may remain suspended in the air for long periods and travel longer distances (more than 6 feet). While certain diseases are spread via airborne transmission, the primary focus of infection prevention in dentistry has historically been focused on bloodborne pathogens such as Hepatitis B (HBV), Hepatitis C (HCV), and Human immunodeficiency virus (HIV). These bloodborne pathogens can be transmitted to patients and dental personnel, produce chronic infections and are often carried by persons unaware of their infection.

The dental profession uses a set of infection control precautions designed to protect dental personnel and patients called "Standard Precautions". These precautions are considered to be the first tier. These minimum infection prevention practices apply to all patient care, regardless of the patient's suspected or confirmed infection status. In Standard Precautions, all human blood and other potentially infectious materials are treated as infectious. The seven primary elements of standard precautions include hand hygiene, personal protective equipment, respiratory hygiene/cough etiquette, sharps safety, safe injection practices, sterilization and disinfection of instruments and devices, and cleaning/disinfecting environmental surfaces.

Infection Prevention in the Era of COVID-19

As COVID-19 emerged and the science and understanding of this disease evolved, so have infection control measures and mitigation strategies to prevent COVID-19 transmission in the dental setting. Since spatter, droplets and airborne transmission transmit COVID-19, a second tier of basic infection control measures is to be used in addition to Standard Precautions.* These precautions include contact, droplet, and aerosol precautions. More information about transmission-based precautions may be accessed here: https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html

* *Additional information may be found at: Molinari JA. Aerosols: Properties, Transmission and Precautions in Dental Settings. MetLife QRG. June 2021.*

The CDC's Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) is the most up-to-date information about infection prevention practices: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. This webpage applies to all U.S. healthcare settings—including dental ones. As CDC infection control guidance is refined, updates may be found here: https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html

Note that OSHA provided recommendations and guidance for dental workers and employers for COVID-19 Control and Prevention. OSHA link for Dentistry Workers and Employers may be found here: https://www.osha.gov/coronavirus/control-prevention/dentistry. However, as the science and understanding of COVID-19 evolves, OSHA continues to review and update guidance on the web page, Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace: https://www.osha.gov/coronavirus/safework. Note that this site applies to all workplaces, including the dental setting.

CASE SCENARIO: *The ICC noted that dental personnel and patients now view COVID-19 from a historical perspective and thus began disregarding mask-wearing throughout the workday. The ICC was aware that CDC continues to update COVID-19 guidance for healthcare facilities but was still determining whether masks should still be worn as universal source control in her geographic area. To clarify the office policy, the ICC took these measures:*

1. *The ICC read the updated Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html*
2. *The ICC consulted the CDC Community Transmission rate in her community: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk.*
3. *On this website, the ICC noted two different metrics for COVID-19 are present. "Community levels" determine the impact of COVID-19 on the community, whereas "Community Transmission" is provided for healthcare facility use only. So, following the "community transmission" metrics, the ICC noted that her community was red, indicating a high level of community transmission in her county.*
4. *According to CDC Guidance, the ICC noted that patients and healthcare personnel, including dental healthcare workers, should wear masks in areas with high community transmission rates. Healthcare facilities may choose not to require masks in areas with low, moderate, or high community transmission rates.*
5. *The ICC noted that masking is still recommended for those with suspected or confirmed SARS-CoV-2 infection, another respiratory infection, or those who have had close contact or higher exposure risk with someone with COVID-19 infection.*
6. *Thus, the ICC reinstated the policy for mask-wearing in the facility at this time. However, she will continually monitor community transmission rates in her county for any changes. The office policy will be updated and modified according to changes in the above metrics.*

Written Compliance Manual

One of the ICC's significant roles is ensuring the office infection prevention program is written. An office-specific compliance manual helps dental personnel carry out routine infection control procedures. In addition, it helps achieve efficiency, quality, and consistency and may even enhance the longevity of devices. In addition, it helps reduce miscommunication among team members and failure to comply with guidelines and regulations. The compliance manual may include information from OSHA, CDC, manufacturer's instructions, and other professional organizations. The Compliance manual must be accessible to all employees, reviewed and updated at least annually, available to inspectors, and be site-specific. In addition to standard operating procedures, the written compliance manual should include office-specific policy statements, an exposure control plan, Hepatitis B vaccination statements, a Hazard Communication plan, a waste management plan, an emergency action plan, references, and recordkeeping documentation.

CASE SCENARIO: A dental office recently *purchased a new brand of high-speed handpiece. The dental assistants tasked with instrument reprocessing assumed that these new handpieces should be reprocessed in the same manner as their previous brand. They did not read the manufacturer's instructions for use, nor were written Standard Operating Procedures (SOPs) for this new brand of handpiece maintenance included in the office compliance manual. After several months of use, the assistants noted that the handpieces appeared stained and corroded. They called the manufacturer to express concern. The manufacturer's representative inquired about their handpiece reprocessing protocol, and the assistants replied that after removal from the dental unit, the handpiece was wiped down using environmental surface disinfectants prior to reprocessing. The representative shared that dental personnel were not following the IFU (Instructions for Use), as these handpieces should only be wiped with gauze moistened with water—no chemicals. Thus, the manufacturer could not repair or replace the handpieces, and the warranty was now voided. Reading and following the IFU of the handpiece or an SOP within the compliance manual would have prevented the damage to these delicate and expensive handpieces.*

Resources for the Infection Control Coordinator

To fulfill the responsibilities of the ICC, this team member must have access to relevant publications, including guidelines, regulations, standards, and professional journals. Continuing education, workshops and seminars, professional memberships and the support of management or administration of the dental facility are keys to success. In addition, the ICC should have an opportunity to network with other professionals responsible for infection prevention and control.

TIP: *The dental practice and ICC may consider membership in OSAP—the Organization for Safety, Asepsis, and Prevention. As a membership organization dedicated exclusively to infection prevention, patient safety education and training for dentistry, OSAP provides ample opportunities for education, training, resources, and networking. OSAP member benefits will help the dental practice save money and time, and enhance dental infection prevention, occupational health, and patient safety knowledge and skills. Link to OSAP here: https://www.osap.org/*

TIP: *Visit CDC Training Courses for Infection Prevention and Control in Dental Settings, Foundations for Building the Safest Dental Visit: https://www.cdc.gov/oralhealth/infectioncontrol/foundations-building-the-safest-dental-visit.html. These training courses are free of charge and provide an overview of the basic expectations for safe care and the basis for CDC recommendations for dental health care settings. These modules may be used by dental healthcare personnel and the ICC to ensure basic principles of keeping patients and dental personnel safe.*

Immunizations for the Dental Team

Healthcare workers are at risk for exposure to serious and sometimes deadly diseases. Dental healthcare providers who work directly with patients or handle contaminated materials, instruments, or surfaces, should get appropriate vaccines to reduce the chances of getting or spreading vaccine-preventable diseases. **Table 3** provides the recommendations for vaccines for dental personnel involved in clinical care (https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html)

In addition, dental personnel are highly encouraged to be vaccinated against COVID-19 and remain up to date with recommended boosters. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Frecommendations%2Fhcp.html

Conclusion

To ensure a safe, efficient, effective, and compliant infection control program, it is imperative that each facility has at least one Infection Control Coordinator to coordinate the entire infection prevention program. The duties and responsibilities of the ICC are vast, and policies and practices are continuously changing—especially in the era of COVID-19. Thus, the ICC requires administrative support, resources, and time dedicated to this critical role within the facility. Finally, even though the ICC is responsible for coordinating the infection prevention program, the entire dental team must be committed and accountable to comply with the written program to ensure each dental visit is safe.

Table 3 - Vaccine recommendations for dental personnel involved in clinical care

Vaccines	Recommendations in Brief
Hepatitis B	If you don't have documented evidence of a complete hepB vaccine series, or if you don't have a blood test that shows you are immune to hepatitis B (*i.e.,* no serologic evidence of immunity or prior vaccination) then you should • Get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks. • Get an anti-HBs serologic test 1-2 months after the final dose. See Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the ACIP.
Flu (Influenza)	Get 1 dose of influenza vaccine annually.
MMR (Measles, Mumps & Rubella)	If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to measles or mumps (*i.e.,* no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later). If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps.For HCWs born before 1957, see the MMR ACIP vaccine recommendations.
Varicella (Chickenpox)	If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have a blood test that shows you are immune to varicella (*i.e.*, no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.
Tdap (Tetanus, Diphtheria, Pertussis)	Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get either a Td or Tdap booster shot every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy.
Meningococcal	Microbiologists who are routinely exposed to *Neisseria meningitidis* should get meningococcal conjugate vaccine and serogroup B meningococcal vaccine.

Resources and References

CDC

1. Guidelines for IC in dental health care settings—2003: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm
2. Summary of Infection Prevention Practices in Dental Settings—Basic Expectations for Safe Care: https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html
3. DentalCheck Mobile App.: https://www.cdc.gov/oralhealth/infectioncontrol/dentalcheck.html
4. Transmission-Based Precautions: https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html
5. Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
6. COVID-19 By County (Community Transmission rates): https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk
7. Training Courses for Infection Prevention and Control in Dental Settings, Foundations for Building the Safest Dental Visit: https://www.cdc.gov/oralhealth/infectioncontrol/foundations-building-the-safest-dental-visit.html
8. Recommended vaccines for healthcare workers: https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html
9. How Do I Find a COVID-19 Vaccines or Boosters: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Frecommendations%2Fhcp.html

OSHA

1. Dentistry Workers and Employers, COVID-19 Control and Prevention: https://www.osha.gov/coronavirus/control-prevention/dentistry
2. Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace: https://www.osha.gov/coronavirus/safework

OSAP

1. The Organization for Safety, Asepsis, and Prevention: https://www.osap.org/

POST-TEST

Internet Users: This page is intended to assist you in fast and accurate testing when completing the "Online Exam." We suggest reviewing the questions and then circling your answers on this page prior to completing the online exam.

(1.0 CE Credit Contact Hour) Please circle the correct answer. 70% equals passing grade.

1. **The infection control coordinator should:**
   a. Enforce hand hygiene
   b. Purchase infection control supplies
   c. Coordinate the entire infection control program
   d. Reprimand personnel who do not follow the guidance

2. **Which of the agencies is regulatory?**
   a. Occupational Safety and Health Administration (OSHA)
   b. American Dental Association (ADA)
   c. Organization for Safety, Asepsis, and Prevention (OSAP)
   d. American Dental Hygiene Association (ADHA)

3. **The purpose of written policies and procedures for cleaning and disinfection of environmental surfaces is to:**
   a. Decrease consistency
   b. Reduce efficiency
   c. Enhance compliance
   d. Increase amount of paperwork

4. **The first tier of infection prevention practices is:**
   a. Standard Precautions
   b. Contact Precautions
   c. Airborne Precautions
   d. Droplet Precautions

5. **The CDC *DentalCheck* Mobile App provides the following:**
   a. A checklist to self-assess infection control policies
   b. A checklist to self-assess infection control practices
   c. Links to key CDC documents
   d. All the above

6. **The following document provides comprehensive guidance based on scientific evidence and the rationale for its use:**
   a. CDC Guidelines
   b. CDC Summary
   c. OSHA Standards
   d. Manufactures Instructions

7. **Which of the following documents may be used as a learning tool, refresher, or a review for infection prevention and control:**
   a. CDC Guidelines
   b. CDC Summary
   c. OSHA Standards
   d. Manufactures Instructions

8. **An ICC was investigating guidance and standards for maintaining dental unit waterlines in her state. She noted that her state-specific OSHA program DOES NOT provide standards. However, both CDC Guidelines and the manufacturer of her dental units DO provide guidance and recommendations for delivering safe water during dental care. To ensure the delivery of dental unit water that meets safety standards, The ICC should comply with the following:**
   a. The state OSHA program
   b. CDC Guidance
   c. IFU of the dental unit
   d. CDC Guidance and the IFU of the dental unit

9. **Resources to ensure the success of the ICC in their role include:**
   a. Continuing education
   b. Support of management or administration of the dental facility
   c. Opportunity to network with other professionals
   d. All the above

10. **Which of the following metrics should be followed to determine COVID-19 policies within the dental practice:**
    a. CDC Community levels
    b. CDC Community transmission rates

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