

Back to the Basics With CDC Guidelines: Palmero Interview With Dr. Marie Fluent

Marie Fluent, DDS, CDIPC, FADC

Published: March 20th, 2025

While 2025 may be a new year filled with new opportunities, one thing remains the same: Our commitment to educating those in dental settings about infection prevention best practices. That's why we recently sat down with Dr. Marie Fluent, DDS, CDIPC, FADC — an infection prevention specialist and consultant — and asked for her perspective on how dental personnel can leverage these best practices to ensure the safety of themselves, their patients, and their practices.

Palmero: Hello, Dr. Fluent, and happy new year! Now that 2025 is upon us, what are your predictions for infection prevention in dentistry?

Dr. Fluent: It's difficult to predict what will be new in the world of infection prevention, but now is a great time to review what we already should know and our resources at hand — and then get back to basics. Let's start with the Centers for Disease Control and Prevention (CDC) guidelines

Palmero: I'm sure readers are already familiar with CDC guidelines and the principal documents: *Guidelines for Infection Control in Dental Health-Care Settings — 2003*¹ and *CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*². Are there more guidance documents that dental personnel should be familiar with?

Dr. Fluent: Let's not move on just yet. As I question attendees at conferences about their familiarity with CDC guidance, it's unfortunate that most dental personnel have never read either of these. So, let's start with these two documents and *why* dental personnel should be familiar with them.

First, if dental personnel know *why* they must do something, they're more likely to comply. CDC guidelines are based on scientific evidence and are considered best practices for infection prevention. By complying with CDC guidance, dental personnel can provide a safe dental visit for themselves, other team members, and their patients.

Second, while the CDC doesn't have direct regulatory authority over dental practices, compliance with CDC guidance is required in many states in the United States. State dental boards may define compliance requirements for the practice of dentistry within their state. States may clearly say that CDC compliance is required and/or mention the specific CDC documents by name. Yet many states don't mention compliance requirements at all. Whether or not a state requires compliance with CDC guidance, the guidelines may very likely be upheld in a court of law.

Palmero: Wow. Could you elaborate on this?

Dr. Fluent: Sure. As I mentioned, CDC doesn't have direct regulatory authority over dental practices. In other words, the CDC will never call, inspect, or shut down a dental practice for infection prevention violations. But state boards of dentistry, OSHA, or state health departments do have regulatory authority. And because CDC infection control guidance is widely recognized and regarded as standards of care, regulatory agencies could potentially issue citations or violations, or mandate dental practice closures based on noncompliance with CDC recommendations. In addition, if there was an infection control violation that resulted in a lawsuit, a practice complying with CDC guidance would stand a much better chance of defense than a noncompliant practice.

Palmero: Wow again. So where do we go from here?

Dr. Fluent: Let's go back to basics. The initial document, the *2003 Guidelines*, is lengthier and more difficult to read. In addition to providing specific recommendations, the guidelines provide the scientific background and evidence behind the recommendations. The *Summary*, however, is shorter, is written in plain language, and is easier to read. I think of this document as the CliffsNotes or SparkNotes version of the *2003 Guidelines*.

Sometimes dental personnel don't want or need comprehensive explanations for various policies or protocols. In addition, most dental personnel are busy and don't have time for in-depth discussion and reading. Instead, they want simple and direct guidance with the basic information. For the nutshell version of guidance, the *Summary* is an excellent resource. However, if an office wants to delve into a specific topic in greater depth or wants to know the scientific background behind a recommendation, this information may often be found in the *2003 Guidelines*. So, the two documents complement each other, and I recommend that dental practices maintain copies of both.

Palmero: For dental team members who aren't familiar with either document, which do you recommend they read first?

Dr. Fluent: I recommend they begin with the *Summary*. This document can also be used as a refresher, a learning tool, or a new way of looking at various topics in infection prevention.

Palmero: Would you elaborate on other resources for dental personnel? Are there any other tools or associations that would be particularly helpful for all dental team members?

Dr. Fluent: A great tool is located within the appendix of the *Summary* — a two-part checklist for dental team members to assess their own infection control program. The first checklist assesses the administrative policies, whereas the second assesses the practices or procedures performed in their setting. Note that these assessment checklists aren't required, and the results are for team members' benefit only. This serves as a tool to evaluate and monitor their own compliance and provide an assurance of quality control for their own practices. In other words, team members can look at their results and remain assured they're on the right track, or they may be informed of the need for additional training in certain areas.

Another CDC resource I'd like to share is a web-based interactive training course — *Foundations: Building the Safest Dental Visit*³. This course provides three free ADA CERP Continuing Education Units through an agreement with the Association for Dental Safety (ADS)⁴. The course provides an overview of the basic expectations for safe care — the principles of infection prevention that form the basis for CDC recommendations for dental health care settings.

I especially recommend this course for dental team members who are new to dentistry or those who receive on-the-job training. The course can also help standardize infection prevention training and ensure that all team members align with science-based recommendations and best practices. The course is appropriate for all team members, including dental assistants, hygienists, and dentists. Nonclinical personnel involved in administering infection control in their practice would also benefit from the *Foundations* course.

Palmero: Is there a particular association that you recommend that may help with an infection control program?

Dr. Fluent: I would recommend that each dental facility has an infection control coordinator who belongs to ADS — formerly known as OSAP. ADS is the only dental membership association for oral health care professionals that focuses exclusively on dental infection prevention and patient and provider safety. ADS helps operationalize dental infection control and safety laws, regulations, guidelines, standards, and best practices to ensure every dental visit is a safe visit. In addition, ADS provides many educational courses, webinars, conferences, publications, toolkits, and networking opportunities. It's a great organization for those new to the profession as well as seasoned infection preventionists.

In conclusion, the beginning of a new year is an excellent time to go back to basics and review existing infection control guidance. The principal CDC documents, *Foundations* CE course, and self-assessment checklists are great starting points for review and refreshers. And the ADS can help implement and keep dental personnel up-to-date and on track with their infection control programs to ensure the safest dental visit.

References:

¹Guidelines for Infection Control in Dental Health-Care Settings — 2003: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm> (accessed 1-6-25)

²Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care: <https://www.cdc.gov/dental-infection-control/hcp/summary/index.html> (accessed 1-6-25)

³Foundations: Building the Safest Dental Visit: <https://www.cdc.gov/dental-infection-control/hcp/training/index.html> (accessed 1-6-25)

⁴The Association for Dental Safety: <https://www.myads.org/> (accessed 1-6-25)

Author



Dr. Marie Fluent
DDS, CDIPC, FADC

Marie T. Fluent, DDS, CDIPC, is a graduate of the University of Michigan School of Dentistry. Her dental career spans 35 years and includes roles as dentist, both as an associate and practice owner, infection control coordinator, office manager and dental assistant. Additionally, she has extensive experience and expertise as a dental infection control clinical instructor, educator, speaker, author, and consultant. Dr. Fluent is passionate and deeply committed to improving dental infection control and patient safety. Through her writing, webinars, and invited lectures, she has educated thousands of dental professionals and students nationally and internationally. Dr. Fluent has written numerous peer reviewed articles on infection control in the dental setting, OSHA compliance and responsible antibiotic prescribing. She serves as Education Consultant for the Organization for Safety, Asepsis, and Prevention (OSAP). For more information, see mariefluent.com.

