



STATEMENT OF LEADERSHIP COMMITMENT TO ANTIMICROBIAL STEWARDSHIP

The staff members at this dental office are committed to improving antibiotic use in our facility. We are dedicated to embracing, implementing, and executing the Centers for Disease Control and Prevention's (CDC) Core Elements of Antibiotic Stewardship for Outpatient Settings, in conjunction with the New Jersey Department of Health. The seven elements of antimicrobial stewardship include leadership commitment, accountability, stewardship expertise, action, tracking, reporting, and education.

Our administration has identified an Antimicrobial Stewardship (AS/AMS) Leadership Team as referenced, working towards the appropriate use of antimicrobial agents, minimizing adverse effects associated with them, and decreasing the advent of antimicrobial resistance by adhering to the following actions:

1. We pledge to support efforts that improve antibiotic use in our practice.
2. We understand that antimicrobial stewardship is a community activity, involving the collective efforts of all our staff members and patients, for the purposes of improving the selection of antibiotic therapy (correct drug, dose, duration, and diagnosis) and realizing the need to use such agents only when necessary.
3. We will communicate with dental hygienists, prescribing dentists, and staff regarding the administration's expectations about antibiotic use, monitoring, and related stewardship policies.
4. We will assist our prescribers in developing antibiotic use protocols that ensure appropriateness of therapy when necessary for treatment.
5. We will work with our prescribers and hygienists to create a system that monitors and shares reports regarding antibiotic use (consumption) within our practice.
6. We ultimately commit to creating a culture which promotes antimicrobial stewardship within our organization, through education, messaging, and promoting responsible use of the referenced agents.

Dental Director/Administrator (Printed Name and Signature)

Date

Dental Hygienist/AS Champion (Printed Name and Signature)

Date