

MARCH 2025 NEWSLETTER

President's Message

I would like to start off by thanking Dr. Angela Rake for her eight years of dedication and service to the MN Board of Dentistry. It has been amazing to serve with Dr. Rake, and Ruth Dahl, Public Member, who also served eight years with the Board during the time I have been in my role. You were a great asset to the Board of Dentistry, and you were an amazing mentor to me and others during your time. I would also like to Congratulate Mary Liesch and Deb Endly on their retirements from the Board of Dentistry this past year. We appreciate their dedication and all the work they have done with the Board of Dentistry.

One important initiative that the Board of Dentistry was able to pass this last year was local anesthesia for Dental Assistants. Being a Dental Assistant, I personally feel this is a huge accomplishment for the state of Minnesota. Being able to administer anesthesia in many different cases can help not only support more efficient use of a dentist's time, but also ensures that patients can receive their treatment in a timely manner. As we continue to navigate the shortage of dental professionals in our state, we as a Board have agreed to halt the DASLE state test for Dental Assistants, they will continue to take the Dental Assisting National Board exams and Jurisprudence exam to obtain a license in the state of MN. The DANB exams have many of the same components as the DASLE exam and there was an additional cost for the exam. My goal this year as the Board of Dentistry President and also as a Licensed Dental Assistant is to continue working on finding solutions to access to care and solutions for the shortage of Dental Assistants and Dental Hygienists in Minnesota.



Heidi Donnelly
Board President

Incoming overwhelms

Harm comes under distraction

Mistake caused harm

Slow Down

A Dental Haiku by
Bridgett Anderson,
Executive Director

Informed Consent...

What is it? Who can give it?



There are a variety of types of consent that Dental Healthcare Providers [DCHP] may engage in with their patients.

The most passive is implied consent. This is where consent is “inferred” from a person’s general actions or inaction. General Consent is a broad type of consent that doesn’t specify details. Finally, there is Informed Consent. This is where the patient fully understands and agrees to a specific treatment. In Minnesota there is a law [[MN. Rule 3100.9600, subd. 1](#)] that requires DHCP’s to obtain “Informed consent” before providing patients with any treatment.

With regards to patients that are minors, the law is specific that ONLY a parent or legal guardian can give consent to treatment. There are exceptions in [Statute 144.341](#) & [144.347](#) for those minors who are emancipated or are financially responsible for themselves, or in the case of a medical emergency. This means that even though a grandparent or adult sibling accompany the minor child to their dental appointment, if they are not the legal guardian, they cannot consent to the treatment for that day. Providers can obtain verbal consent by contacting one or both parents by phone and documenting in the chart. However, if the clinic is unable to reach the parents/legal guardian, they should reschedule the treatment. Contacting the parent/guardian after treatment has been provided is not adequate or legal.

The provider should keep in mind that there are many factors that may impact a patient/parent’s decision to proceed with treatment the day services are scheduled, from the last time they were in the clinic or spoke with staff. Providers are responsible to know that patients are able to also give informed consent by understanding what is being presented to them. This requires the DHCP to be aware of any physical or language barriers and help in obtaining full understanding from the patients/parents thorough the assistance of professional services, qualified to translate.

Documentation that consent was obtained is essential for provider’s recordkeeping and in the event the record is ever part of an active Board complaint investigation or court of law. Providers can use templates for various procedures, but verbal consent is also allowed in Minnesota. Providers just need to remember to document in the patient record that the DHCP gave informed consent that covered **risks, benefits, options** and that the patient/parent **consented to treatment** that day.

Prescription Monitoring Program

There are over 4,000 licensed dentists in MN. There are 2,000 actively registered with the Minnesota Prescription Monitoring Program.

If you have a DEA registration, you are required to maintain an active account. To maintain compliance, please [click here](#).



BOARD MEMBER INTRODUCTION

Mark Roszkowski, DDS



Dr. Mark Roszkowski was appointed by Governor Walz to the Board February 12, 2025. He completed his undergraduate degree in Wisconsin and moved to Minnesota in 1987 where he graduated from the University of Minnesota School of Dentistry. He then completed his residency in Oral and Maxillofacial Surgery and earned a PhD in Pharmacology at the University of Minnesota.

After completing his residency and graduate school, he moved to Texas, where he served as assistant professor at the University of Texas Health Science Center at San Antonio. During his academic career, he had the opportunity to train oral surgery residents and participate in clinical and basic science research on the mechanisms of pain and post-operative inflammation.

He transitioned from academic to private practice in 2002. Dr. Roszkowski is currently a Board Certified Oral and Maxillofacial Surgeon and CEO of South Suburban Oral and Maxillofacial Surgeons, with four clinics south of the Twin Cities. As a lifelong learner with interest in a more holistic and integrative approach to medicine and dentistry, he recently completed an additional degree in Naturopathic Medicine.

Dr. Mark is active in local, state, and national dental societies and also represents Minnesota in the House of Delegates of the American Association of Oral and Maxillofacial Surgeons. He and his wife are recent empty nesters, now that their children are off to college. Dr. Roszkowski replaces Dr. Angela Rake on the Board.

MDH Project Firstline Infographics



Where is the risk? Knowing where germs hide is essential for safer patient care. Use the MDH PFL infographics to refresh your knowledge. Visit our website, at [MDH Project Firstline](#) for other free materials and trainings.



- Germs Live on the Skin ([PDF](#))
- Los microbios viven en la piel ([PDF](#)) (Spanish)
- Germs Live in the Blood ([PDF](#))
- Los microbios pueden vivir en la sangre ([PDF](#)) (Spanish)
- Germs Live in Water and on Wet Surfaces ([PDF](#))
- Los microbios viven en el agua y en superficies húmedas ([PDF](#)) (Spanish)
- Germs Can Live on Dry Surfaces ([PDF](#))
- Los microbios pueden vivir en superficies secas ([PDF](#)) (Spanish)
- Germs Can Live on Devices ([PDF](#))
- Los microbios pueden vivir en los dispositivos ([PDF](#)) (Spanish)

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Conscious Sedation Contract Reminder

As outlined in Minnesota Rule [3100.3600](#):



- B. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under general anesthesia or deep sedation at any location other than a hospital or ambulatory surgery center, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.
- C. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under moderate sedation by a contracted sedation provider, the dentist is not required to possess an additional certificate for contracting with a sedation provider but is limited to moderate sedation.

Guidelines for Infection Control in a Dental Setting

Infection control in the dental setting is significant in importance when it comes to the safety of not only the patients, but the healthcare professionals. It is the responsibility of the healthcare professionals working in the clinic to follow recommended infection prevention and control procedures to prevent the transmission of infectious organisms among all individuals who are at risk of exposure.



There are many resources available for dental health care professionals to access to help with these procedures. One way to ensure your clinic is following CDC protocol is the “Infection Prevention Checklist for Dental Settings”. This checklist can be a way to audit your own clinic and ensure you are following all protocols. [Click here for the checklist](#). Another tool that has been provided by the CDC is the “[CDC DentalCheck](#)” Mobile App. This brings the checklist from paper to electronic use, which provides ways of easily keeping track of the audits of Infection Prevention you are doing. It also provides an easy way to make checking these areas a quicker and more manageable process. It never hurts to make sure your clinic is on top when it comes to infection prevention. Minnesota Administrative Rule 6950: Parts 6950.1000 to 6950.1080 highlight reducing the risk of transmission of infectious organisms with universal precautions and other infection control procedures. The MN Board of Dentistry follows MN Statute, MN Administrative Rules, and CDC guidelines for infection control. Its never too late to start being proactive in addressing infection prevention in your clinic.

Are we required to dispose of used carpules in sharps container?

Good question!

Bloodborne pathogens standard defines "contaminated sharps" as any contaminated object that can penetrate the skin, including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires [29 CFR 1910.1030(b)]. Pharmaceutical containers, including anesthetics carpules used in dentistry, are generally not considered to be contaminated sharps unless they are broken and can penetrate the skin. Intact anesthetic carpules are not required by OSHA to be discarded in a sharps container.

Ten Minutes to Save a Life



The goal of the Ten Minutes Saves a Life ADSA Anesthesia Research Foundation initiative is to optimize patient safety and outcomes in office medical emergencies. This program supports crisis resource management team training in the use of emergency drugs and equipment during the critical ten-minute interval between recognition of a patient's medical emergency and arrival of EMS (emergency medical services) personnel. Practitioners should be familiar with the suggested emergency drugs/equipment and have them immediately available.

[Download the no cost app here](#)

[Click here](#) to view disciplinary actions.



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