



Happy Summer!

I am excited to announce that we have over 350 new licenses and registrations issued in the last few months. Thanks to the licensing team for working hard together to review and process in a timely manner and get people into practice quicker! The Board has over 18,200 licensees and registrants throughout the state. It is great to see that the limited radiology registration keeps increasing and we have over 200 now. We have also been issuing more local anesthesia certifications for dental assistants.

Continuing Education Tracking

The Board is committed to ensuring continuing competency among licensees through professional development requirements. We have recently partnered with CE Broker to provide CE tracking and support the audit process to streamline for operations and for licensees. The Board will send information in the coming months when licensees will be able to register for a FREE account.

Compliance

We continue to get questions from licensees and public regarding various compliance topics. I hope that this issue of the newsletter is helpful in clarifying some of these areas that can sometimes be challenging to navigate.

Rulemaking

We will embark on a new rulemaking project soon and have been reviewing rule changes at Board meetings and at various Board Committees. I encourage you to subscribe to our updates and attend public meetings if you are interested in a specific topic area. We offer Webex online options for attendance as well.

Staffing

We are hiring for a new administrative assistant role for our Practitioner Review Unit. We anticipate filling this role by September. This position will support both the PRC team and Committee. This is a very important new role on the Board team.

As always, please feel free to connect with me bridgett.anderson@state.mn.us . We encourage connection and input from stakeholders and value ongoing collaboration regarding continued efforts to expand access to care while maintaining balanced regulation, improving and streamlining professional standards, and addressing workforce challenges by assessing barriers to entry.

I would like to express gratitude for the ongoing dedication of Board members and the Board team to fulfilling our mission; to promote and protect public health and safety; and ensure every licensed dental professional practicing in the state meets the requirements for safe, competent and ethical practice.

Message from the Executive Director



Bridgett Anderson LDA, MBA

Infection Control



MDH Project Firstline

Introducing the New Hand Hygiene Education Bundle

The power to stop the spread of germs lies in your hands. The MDH Project Firstline (PFL) team is excited to launch a comprehensive Hand Hygiene Education Bundle designed to support frontline staff with easy access to essential training resources—all in one convenient location. Whether for routine education or in response to specific situations, this bundle offers flexible options to fit any schedule. Resources include short tools for quick refreshers, recorded trainings (20–30 minutes), an interactive module in both English and Spanish, printable materials, an audit tool, and a clinical safety resource.

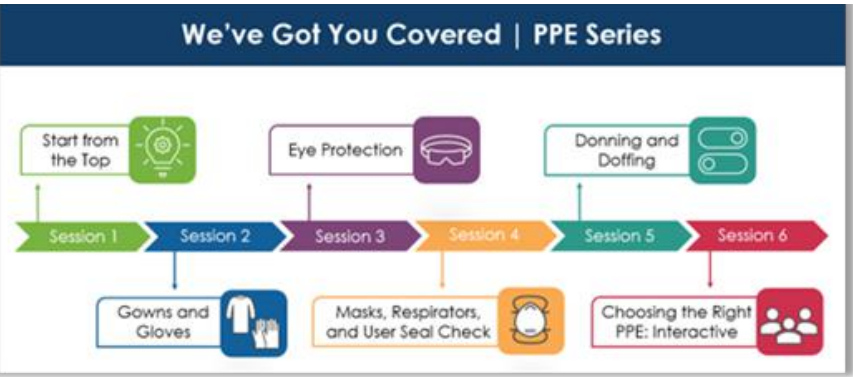
Support your team in delivering safe, high-quality care! Check out the [MDH Project Firstline Hand Hygiene Education Bundle](https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/hhedu.pdf)
<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/hhedu.pdf>



Now Available: We've Got You Covered Personal Protective Equipment (PPE) Six-Part Series

Personal protective equipment (PPE) helps keep health care workers safe and prevents germs from spreading in the health care environment. Does your team know when PPE is needed? Learn more about how to select the appropriate PPE for the task at hand! Access the recorded training series:

[Project Firstline Training and Resources](https://www.health.state.mn.us/facilities/patient_safety/infectioncontrol/pfl/training/index.html)
www.health.state.mn.us/facilities/patient_safety/infectioncontrol/pfl/training/index.html



Infection Control

Now Available: Environmental Cleaning and Disinfection

Germs are everywhere in the health care environment. Regular cleaning and disinfection in high-traffic areas and on high-touch surfaces help stop the spread of germs.

Access the recorded training:

[Environmental Cleaning and Disinfection](#)

<https://survey.vovici.com/se/56206EE36A1D5B40>

Keep up with Project Firstline to be the first to know about free trainings and resources!

Website: [MDH Project Firstline](https://health.mn.gov/projectfirstline)
(health.mn.gov/projectfirstline)

PFL mailing list: [Subscribe to MDH Project Firstline Updates](#)

Email: Project.Firstline.MDH@state.mn.us

Social Media: [Facebook](#) | [X](#) | [LinkedIn](#) | [Instagram](#) | [YouTube](#)

DISINFECTING WITH HYDROCHLOROUS ACID

The Board has been receiving questions on the use Hypochlorous Acid (HOCL). We wanted to share more information to help licensees navigate it's use. Hypochlorous acid is used in various forms, wound care, acne, oral rinses, veterinary care, food safety, and in health care settings. It can be used in areas of the dental clinic including: operatories, laboratory, staff areas, restroom, business offices, and personal offices.

HOCL naturally occurs in white blood cells, and its neutral charge attracts bacteria. HOCL kills bacteria by penetrating the cell wall and inhibiting DNA synthesis, protein synthesis, growth, and ATP production. It penetrates bacteria, virus, and fungi by defending against all pathogens or potential pathogens that attack the body from both the outside and inside. When purchasing hypochlorous acid check the EPA registration number to be sure it is on List K, as not all HOCL products are sporicidal. The disinfectants listed on List K kill all including, C-Diff, Sars-Cov-2, RSV, etc.

A solution of Sodium Hypochlorite which is typically a basic (or alkaline) on a pH scale, is brought down to a neutral pH by adding a pH-adjustor. NADCC tablets are available which is Sodium dichloroisocyanurate (NaDCC) is colorless, water-soluble tablet that creates HOCL when water is added. There is ready to use products on the market, as well as onsite generation systems where an electricity current is run through a brine of salt and water. When looking for a product make sure to check for an EPA registration number before purchasing, as not all HOCL products are EPA registered. There are different options for applying the solution in the clinic including: Electrostatic Sprayers, which are an effective way of covering surfaces with HOCL. These sprayers electrically charge HOCL molecules to create wrap around effect. Foggers may or may not provide an electric static charge. Spray bottles will wet surfaces, but do not create wrap around effect and do not cover as much area. If your clinic prefers spray bottles, this is an option and is available with dry wipes (it is recommended to spray the wipes directly with the HOCL solution over spraying the surface first).



- At **200 ppm**, HOCl can inactivate many bacteria and viruses in **under 1 minute** ³.
- At **500 ppm**, it is extremely effective, often requiring **just a few seconds to a few minutes** for effective action ⁴.
- For full disinfection, a typical dwell time is **30 seconds to 2 minutes** for most pathogens ³.

Dwell Time Comparison: 1% Bleach vs. 200 ppm Hypochlorous Acid (HOCl)

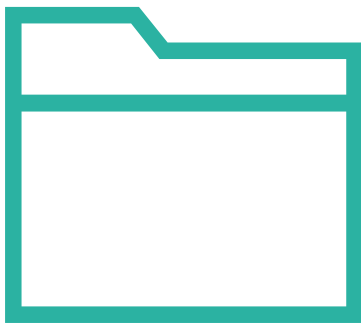
Disinfectant	Recommended Dwell Time	Effectiveness
1% Bleach (Sodium Hypochlorite, ~10,000 ppm)	1–10 minutes (varies by pathogen)	Broad-spectrum, effective but requires longer contact time for certain pathogens
200 ppm Hypochlorous Acid (HOCl)	30 seconds – 2 minutes	Rapidly effective, often works faster than bleach

COMPLIANCE CORNER

Transferring Patient Records:

Most dental practices are aware that patients have a right to their dental records. However, did you know that MN. Statute 144.292, subdivision 2, requires a dental provider to release to the patient their records within 30 days of receiving their request. A dental office can charge a patient for copying records, but there is a maximum charge that is defined in the Statute.

For example, for electronic copies the practice can charge no more than \$20 retrieval fee. In addition, Minnesota Board of Dentistry's Recordkeeping Rule 3100.9600 Subpart 13 states that a patient's dental records must be transferred irrespective of the status of the patient's account. That includes any fees the patient owes, including those for copying records. All digital radiographic images must be of diagnostic quality and transferred by CD or electronic communication.

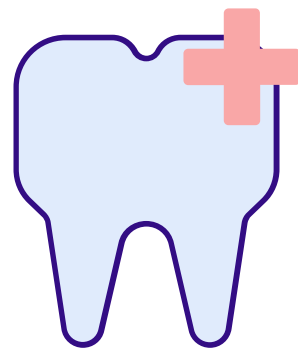


Below are the links to the Statute and Rule.

<https://www.revisor.mn.gov/statutes/cite/144.292>

<https://www.revisor.mn.gov/rules/3100.9600/>

Silver Diamide Fluoride



There is often confusion when it comes to what dentists can delegate to licensed allied dental professionals. Minnesota Rules do not name dental products or materials specifically. Instead, the Board Rules govern the procedure(s) that can be delegated to them. One product that has been the source of some confusion over the years is Silver Diamide Fluoride also referred to as SDF.

This topic was discussed several years ago by the Board's Policy Committee and was confirmed that both licensed dental hygienists and licensed dental assistants are legally allowed to apply this product in Minnesota. This is reflected in Minnesota's Rule 3100.8500 for licensed dental assistants, and 3100.8700 for licensed dental hygienists. This duty can be performed under general supervision, but only if the dentist has given prior consent to the procedure and delegated it to be performed.

Delegated Duties.

<https://mn.gov/boards/dentistry/current-licensee/resources/delegated-duties/>



September is National Recovery Month

National Recovery Month (Recovery Month), which started in 1989, is a national observance held every September to promote and support new evidence-based treatment and recovery practices, the nation's strong and proud recovery community, and the dedication of service providers and communities who make recovery in all its forms possible.

SAMHSA aims to increase public awareness surrounding mental health and addiction recovery. In the years since Recovery Month launched, SAMHSA has timed announcements of initiatives and grant funding during Recovery Month, while collaborating with private and public entities to celebrate individuals during their long-term recoveries.

National Recovery Month – a great time to think about what makes life meaningful 📖 What inspires you 😊 What sparks joy ✨ Find out more about taking care of your mind and body:

www.samhsa.gov/find-support/how-to-cope

We celebrate all the dental healthcare professionals in recovery and our very own team member Jenn, who just celebrated a HUGE recovery milestone! Thank you for sharing your story Jenn!

On April 22, I celebrated 40 years of sobriety. I started drinking at a very young age. The first time I was drunk I was 9. I was drinking and using regularly by 12. My life quickly spiraled out of control. Depression and thoughts of suicide became a part of my daily life. By the age of 16, I knew I drank too much and could not control my drinking. It wasn't until I was 18 that I sought help.

Even then, my life didn't improve much. I was going to multiple AA meetings a week and meeting with my sponsor on a regular basis. But still I struggled; I only worked half of the steps, the ones without God, and I was still having daily thoughts of drinking and using. With the trauma and abuse I went through as a child; I struggled with the words "God" and "Higher Power" that are a part of AA. I couldn't imagine a God who could love me. I was dirty, unlovable, and worthless. I was 4 years sober, miserable, and angry when I went to a spiritual AA retreat. I learned the history of AA specifically by two women; Grace, a woman who was married to Clarence, the Home Brewmeister from the Big Book, who's sponsor was Dr. Bob, and who helped write the Big Book and Annette, the first woman allowed into AA in Tampa, Florida. I learned the true meaning of "half measures availed us nothing." By working less than half the steps, I was only doing half measures. By not working the God steps, I wasn't in AA, I was just around AA. Annette said to me, "If you don't know who God is, borrow my God.." That night I finally did my 2nd and 3rd steps. I gave God one week to fix me and if He didn't, then He wasn't real. 3 days later, my life changed forever. I no longer had an urge to drink. Depression was completely lifted. I wanted to live. I felt loved.

Under the title Page of the Big Book it says, "We of Alcoholics Anonymous are more than 100 men and women who have recovered from a seemingly hopeless state of mind and body." Suddenly that was me. I was recovered from a seemingly hopeless state of mind and body.

If you're struggling with addiction, please reach out for help. You're not alone.
Jenn L.

Radiology Guidelines and Evidence Based Dentistry

The Board of Dentistry has been receiving numerous calls and emails related to radiographic guidelines for dentistry. The Board supports evidence- based practice in clinical care, relying on care decisions tailored to the patient’s specific needs, history, and risk of dental disease.

Radiographs are an essential component of dental care, providing critical insights into oral health. Proper guidelines ensure the use of radiographs is both safe and effective for diagnostic purposes.

Importance of Radiographs in Dentistry

Radiographs play a crucial role in:

- Diagnosing dental issues not visible during a regular oral examination.
- Monitoring the development of teeth and jaw in children and adolescents.
- Planning treatment for various dental procedures, such as root canals, braces, and implants.
- Detecting cavities, bone loss, or other abnormalities early on.

Safety Guidelines

Ensuring the safety of patients during radiographic procedures is paramount. Here are key safety guidelines:

- **Justification:** Each radiograph should be justified by clinical need. Avoid unnecessary radiographs and “standing orders” based on frequency alone.
- **Optimization:** Use the lowest radiation dose possible to achieve an adequate image, following the ALARA principle (As Low As Reasonably Achievable).
- **Protection:** Employ lead aprons and thyroid collars to shield patients from unnecessary radiation exposure.
- **Equipment Maintenance:** Regularly calibrate and maintain radiographic equipment to ensure optimal performance and safety.
- **Professional Training:** Ensure dental professionals are trained in radiographic techniques and radiation safety.

Frequency of Radiographs

The frequency of dental radiographs should be tailored to the individual needs of the patient, based on:

- Age and oral health status
- Risk factors for dental disease
- History of oral conditions

For example, patients with a history of cavities may require more frequent monitoring, while others with low risk may need radiographs less often.

Radiology Guidelines and Evidence Based Dentistry

Technological Advancements

Advancements in digital radiography have improved the quality and safety of dental imaging.

- Lower radiation doses compared to traditional film radiography.
- Enhance image quality for better diagnosis.
- Immediate image availability, facilitating quicker treatment decisions.

Conclusion

Radiographs are a vital tool in dental diagnostics and treatment planning, but their use must be carefully managed to ensure patient safety and effective care. By adhering to established guidelines and leveraging technological advancements, dental professionals can provide high-quality, safe imaging services to their patients.

Additional Resources

[X-Rays Radiographs](#)

[DENTAL RADIOGRAPHIC EXAMINATIONS:
RECOMMENDATIONS FOR PATIENT SELECTION AND LIMITING
RADIATION EXPOSURE](#)

Information for Upcoming Graduates

Will you or someone you know be graduating from an allied dental or dental program in the near future?

If so, the Board has helpful resources that will assist in obtaining licensure.

To avoid delays in obtaining licensure, [click here](#) to view our application video tutorials.



Contact Information Needed

The Board of Dentistry needs to have the most updated information for every licensee in the State. This is important information to make sure you have updated, this includes: current address, current practice address, current email, and current phone number. There are a multitude of reasons why the Board of Dentistry may need to get in contact with you, so having this information is imperative. Not only should licensees keep this information updated, but it is the law! Please see: 150A.09 LICENSES OR REGISTRATION CERTIFICATES.

Subd. 3. Current address, change of address. Every licensee or registrant shall maintain with the board a correct and current mailing address and electronic mail address. For dentists engaged in the practice of dentistry, the postal address shall be that of the location of the primary dental practice. Within 30 days after changing postal or electronic mail addresses, every licensee or registrant shall provide the board notice.

Without this information being updated, the Board of Dentistry is unable to send important documents or get in contact with you for time sensitive information. If a licensee experiences any contact information changes, please contact the Board as soon as possible via phone at: P: 612-617-2250 or email: dental.board@state.mn.us.



www.mn.gov/boards/dentistry/



(612) 617-2250



dental.board@state.mn.us



[Minnesota Board of Dentistry_](#)



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The mission of the Minnesota Board of Dentistry is to promote and protect public health and safety; and ensure that every licensed dental professional practicing in the state meets the requirements for safe, competent and ethical practice.

For information on Board of Dentistry disciplinary and corrective actions, [click here](#)

