Summary of changes to PHO 20-29

Effective August 21, 2020

- Added section 2. ii. – “During non-aerosol generating dental care conducted on patients assumed to be noncontagious, in areas of moderate to substantial community transmission, the workforce should wear a surgical or higher grade mask, eye protection (e.g., goggles or face shield), gown or other protective clothing, and gloves.”
- Removed from section 2.iii. - “, if available” where it discusses use of N95 respirators or other respirators. Surgical mask is no longer listed as an option in this section.
- Added to section 2.iii. – “For appropriate donning and doffing procedures, see: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html”
- Removed section 2.i.a. – “This includes a clean face shield or goggles, NIOSH-certified N95 or higher respirator, clean non-sterile gloves, and an isolation gown. Alternatively, a full-face shield and a surgical mask may be used as an acceptable alternative if an N95 mask is not available; and”
- Added section 2.iii.a. – “Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as these allow unfiltered exhaled breath to escape. If only a respirator with an exhalation valve is available, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit; and”
- Removed section 2.i.c. – “Ensure that the mask is cleared by the US Food and Drug Administration (FDA) as a surgical mask or respirator.”
- Added section 2.iii.c. – “Discard disposable gowns after each use. Launder cloth gowns or protective clothing after each use.”
- Added section 2.iii.d. – “Extended use of facemasks, and respirators should only be undertaken when the facility is at contingency or crisis capacity and has reasonably implemented all applicable administrative and engineering controls. Such controls include selectively canceling elective and non-urgent procedures and appointments for which PPE is typically used by dental health care providers. Extended use of PPE is not intended to encourage dental facilities to practice at a normal patient volume during a PPE shortage, but only to be implemented in the short term when PPE shortages exist and other controls have been exhausted.”
- Added section 2.iii.e. – “Eye protection should consist of either goggles or a face shield that covers the front and sides of the face. Protective eyewear (e.g., safety glasses, trauma glasses) are designed for safety protection from hard objects, not from droplets and therefore likely do not protect the wearer from splashes and sprays. Contact lenses and personal eyeglasses are also insufficient.”
- Added to section 2.vi. – Definition of “fever” is >100.0°F
- Changed symptom screening list in 2.vi. to state, “nausea, vomiting, or diarrhea.” Instead of “nausea or vomiting and diarrhea and chills.”
- Changed section 2.vi.c. to state, “In most cases, someone is released from isolation when they are fever-free, without medication, for 24 hours, other symptoms have improved and 10 days have passed since their first symptom” instead of “fever-free, without medication, for 24-72 hours.”
- Added to section 2.vii. – “...health, at which time the Facility should explore whether a reasonable accommodation may be made for that nonmedical personnel.”
• Added to section 2.viii. – “Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.”
• Added section 2.xii.d. – “Request that the patient limit the number of visitors accompanying him or her to the dental appointment to only those people who are necessary.”
• Added to section xiv.b. – “or has been instructed to quarantine due to exposure to someone with COVID-19”.

Note: Incorrect citation references in sections 2.xii, 2.xvi., and 2.xvii. have been reported to CDPHE for correction.