

Highlighted changes to the Public Health Order 20-29 as of May 26, 2020 as compiled by the Colorado Dental Association:

- PPE changes - N95 respirators should be NIOSH-certified and masks must be cleared by the U.S. [Food and Drug Administration](#). In addition, bonnets and booties have now been removed from the list of required PPE supplies. (PHO 20-29, page 5)
- Extended use of PPE - "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 other controls have been exhausted." (PHO 20-29, page 5)
- Operatory rest following AGPs - "To clean and disinfect the dental operatory after a patient without suspected or confirmed COVID-19, wait 15 minutes after completion of clinical care and exit of each patient to begin to clean and disinfect room surfaces. This time will allow for droplets to sufficiently fall from the air after a dental procedure, and then be disinfected properly." [CDC reference](#). (PHO 20-29, page 7)
- Aerosol generating instruments - In the prior version of the order, "instruments known to generate aerosols" (ultrasonic scalers, air polishers/prophy jets, etc.) were not allowed for dental cleanings. This clause has been completely removed, implying that all instruments may be used for dental procedures with appropriate PPE.
- Additional precautions to reduce or contain aerosols –
 - "Prioritize minimally invasive/attraumatic restorative techniques (hand instruments only). [CDC reference](#)."
 - If aerosol-generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and/or dental dams to minimize droplet spatter and aerosols. The number of dental health care providers present during the procedure should be limited to only those essential for patient care and procedure support. [CDC reference](#)."
 - Even when dental healthcare providers screen patients for respiratory infections, inadvertent treatment of a dental patient who is later confirmed to have COVID-19 may occur. To address this, **dental healthcare providers should request that the patient inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 within 14 days following the dental appointment.**" (PHO 20-29, page 7)