COLORADO
Department of Public Health & Environment

SECOND AMENDED PUBLIC HEALTH ORDER 20-29 LIMITED RECOMMENCEMENT OF VOLUNTARY OR ELECTIVE SURGERIES AND PROCEDURES IN COLORADO

May 26, 2020

PURPOSE OF THE ORDER

I issue this Second Amended Public Health Order (PHO or Order) pursuant to the Governor's directive in Executive Order D 2020 045 **Permitting the Limited Recommencement of Voluntary or Elective Surgeries and Procedures in Colorado** as extended by **Executive Order D 2020 080** in response to the existence of thousands of confirmed and presumptive cases of Coronavirus disease 2019 (COVID-19) and related deaths across the State of Colorado. Further, as there is substantial evidence of community spread of COVID-19 throughout the State, it is crucial to take measures now that can mitigate further spread of disease in our communities.

FINDINGS

1. On March 11, 2020, Governor Polis issued **Executive Order D 2020 003**, as amended by **Executive Orders D 2020 018** and **D 2020 032**, declaring a disaster emergency in Colorado due to the presence of COVID-19. Since that time, the Governor has taken numerous steps to implement measures to mitigate the spread of disease within Colorado, and has further required that several PHOs be issued to implement his orders.

2. I have issued PHOs pertaining to the limitation of visitors and nonessential individuals in skilled nursing facilities, intermediate care facilities, and assisted living residences; closing bars and restaurants to in-person services; defining the terms of the Governor's stay at home requirements and critical business designations; requiring hospitals to report information relevant to the COVID-19 response; and requiring the wearing of face coverings in the workplace and urging their use in public. These measures all act in concert to reduce the exposure of individuals to disease, and are necessary steps to protect the health and welfare of the public. Additionally, in reducing the spread of disease, these requirements help to preserve the medical resources needed for those in our communities who fall ill and require medical treatment, thus protecting both the ill patients and the healthcare workers who courageously continue to treat patients.

3. As of May 24, 2020, there are 24,174 known cases of COVID-19 in Colorado, 4,119 Coloradans have been hospitalized and 1,088 Coloradans have died from COVID-19. Multiple sources of data show that COVID-19 transmission and the use of healthcare due to COVID-19 have leveled off in Colorado. Our work to "flatten the curve" appears to be succeeding, and the Governor has ordered some lessening of the current stay at home restrictions as a result.

4. **Executive Order D 2020 045** as extended by **Executive Order D 2020 080** authorizes voluntary or elective surgeries and procedures to begin again under certain conditions. As we continue to combat COVID-19 in our communities, **Executive Order D 2020 045** as extended by **Executive Order D 2020 080** and this PHO aim to minimize the risk of COVID-19 transmission to patients, healthcare workers, community members, and others by promoting safety and maximizing protection while avoiding further delays in providing health care for Coloradans.

INTENT

This Order sets forth the requirements for reinstating elective medical, dental and veterinary services as directed by Governor Polis.

ORDER

I. Effective April 27, 2020, **Voluntary or Elective Surgeries and Procedures at Medical, Dental, and Veterinary** settings, including healthcare facilities, clinics, offices or practices, surgical centers, hospitals, or any other setting where health care services are provided (**Facilities** or **Facility**), may restart in accordance with the priorities, requirements, and specific criteria below. This Order does not pertain to **Limited Healthcare Settings**, which are addressed in PHO 20-28.

II. Priorities. The following priorities must inform all **Facilities**' or providers' actions towards resuming **Voluntary or Elective Surgeries and Procedures** that require personal protective equipment (PPE):

A. The first priority is that healthcare systems continue to be able to deliver critical and emergency care and minimize the risk of COVID-19 transmission to patients, healthcare workers, community members and others by promoting safety and maximizing protection, preserving the ability to surge these capabilities if COVID cases increase. Healthcare providers should ensure they have enough PPE on hand to buffer any supply chain interruptions in a surge.
B. The second priority is having enough resources, including PPE, to achieve a higher volume of community testing. Healthcare providers should examine how they can help

the state as a whole achieve the needed volume of community testing to detect, isolate, and contain COVID19.

C. As long as there is sufficient healthcare capacity and PPE to provide critical and emergency care, and to do the needed volume of community testing, then healthcare providers can start phasing in **Voluntary or Elective Surgeries and Procedures**.

The state has the obligation to consider the care needs in all settings and for all providers. If the state determines that there is inadequate supply of PPE or other care resources as needed for staff of long term care facilities, first responders, critical infrastructure workers or others serving during the COVID-19 pandemic, **Voluntary or Elective Surgeries and Procedures** may be canceled to preserve necessary healthcare resources.

III. Medical and Dental Facilities

A. To address each of the above priorities, the following steps and specific criteria must be met by medical and dental **Facilities and their staff** to resume and maintain **Voluntary or Elective Surgeries and Procedures** that require PPE:

1. Prior to resuming **Voluntary or Elective Surgeries and Procedures** in medical Facilities, the following criteria must be met:
    i. The medical **Facility** must have access to adequate PPE in order to sustain recommended PPE use for its workforce for two (2) weeks without the need for emergency PPE-conserving measures. If a **Facility** proposes to extend the use of or reuse PPE, it must follow Centers for Disease Control and Prevention (CDC) guidance.[1] If the workforce is to use N95 respirators for direct patient care, fitting and appropriate training of donning and doffing of the respirator and other PPE must be completed.
    ii. The medical **Facility** must implement strict infection control policies as recommended by the CDC.[2]
    iii. The medical **Facility** must implement a universal symptom screening process for all staff, patients and visitors. Necessary screening includes, at a minimum, asking for recent history of fever, cough, shortness of breath, sore throat, muscle aches (myalgia), and chills. A sample form can be found here. If a patient or visitor reports symptoms, refer them to their primary care physician. If an employee reports any symptoms, refer them to the CDPHE Symptom Tracker and take all of the following steps:
        a. Send symptomatic employee home immediately;

[1] https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.
[2] https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html.

b. Increase cleaning in the facility and **Social Distancing Requirements** of staff at least six (6) feet apart from one another;

c. Exclude symptomatic employee from work activities until they are fever-free, without medication, for seventy-two (72) hours and ten (10) days have passed since their first symptom; and

d. If multiple employees have symptoms, contact your local health department.

iv. The medical **Facility** must require all nonmedical personnel in the **Facility** to wear a facemask, which may be cloth if necessary, unless doing so would inhibit the individual's health.

v. Masks may be removed when social distancing of at least six (6) feet is possible (e.g., after entering a private office). To ensure staff may remove their masks for meals and breaks, scheduling and location for meals and breaks should ensure that at least a six (6)-foot distance can be maintained between staff when staff remove their mask. It is important for healthcare facilities to emphasize that hand hygiene is essential to maintaining staff safety, even if staff are wearing masks. If the facemask is touched, adjusted or removed, hand hygiene should be performed.

vi. The medical **Facility** must follow **Social Distancing Requirements** of maintaining at least a six (6)-foot distance between individuals wherever possible such as in waiting rooms and other small spaces, and should use physical barriers within patient care areas when possible.

vii. The medical **Facility** must appropriately schedule patients, so that providers have sufficient time to change PPE and ensure rooms and equipment can be cleaned and disinfected between each patient.

viii. The medical **Facility** should continue to maximize the use of telehealth and virtual office visits.

iv. The medical **Facility** should allow patients to check-in through a virtual waiting room or outside the building when possible, and patients should remain in their cars or outside the building until the treatment room is ready.

x. The medical **Facility** should implement source control for everyone entering the **Facility**, including requiring all patients and visitors to wear a cloth mask when entering any healthcare building, and if they arrive without a mask, an appropriate mask, based on the type of healthcare service, should be provided.

xi. Medical **Facilities** must maintain a plan to reduce or stop **Voluntary or Elective Surgeries and Procedures** if a surge or resurgence of COVID-19 cases, as defined by the CDPHE or state Unified Command Center, occurs in their region;

xii. The medical **Facility** shall establish a plan and guidelines to ensure adherence to the principles outlined in paragraphs III.A.1.i. to III.A.1.xi., above. In establishing such guidelines, the medical **Facility** shall include a process for consultation with

the treating provider(s) about a designation that the procedure is elective or non-essential under the guidelines.

xiii. The medical **Facility** must reassess their operations every two (2) weeks to ensure the medical **Facility** is adhering to its plan and guidelines under paragraph III.A.1.xii., above, and that the protocols, criteria, and best practices outlined in Executive Order D 2020 045 and this PHO are being prioritized.

2. Prior to resuming **Voluntary or Elective Surgeries and Procedures** in dental Facilities, the following criteria must be met by the facility and its staff:
   i. The dental **Facility** must have access to adequate PPE supplies in order to sustain recommended PPE use for its workforce for two (2) weeks without the need for emergency PPE-conserving measures. If the workforce is to use N95 respirators for direct patient care, respirators should be used in the context of a respiratory protection program, which includes medical evaluations, training, and fit testing. Additionally, appropriate training of donning and doffing of the respirator and other PPE must be completed.
      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 face shield or goggles and a level 3 surgical mask may be used as an acceptable alternative if an N95 mask is not available; and
      b. If a **Facility** proposes to extend the use of or reuse PPE, it must follow it must follow and the Centers for Disease Control and Prevention (CDC) guidance.[4]
      c. Ensure that the mask is cleared by the US Food and Drug Administration (FDA) as a surgical mask or respirator.
      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 other controls have been exhausted.
   ii. Provide non-medical dental staff with access to non-medical masks and gloves consistent with requirements for **Critical Business** personnel not involved in patient treatment.

iii. The dental **Facility** must implement strict infection control policies as recommended by Occupational Safety and Health Administration (OSHA) guidance[3] and the CDC.[4]

iv. The dental **Facility** must implement a universal symptom screening process for all staff, patients and visitors. Necessary screening includes, at a minimum, asking for recent history of fever, cough, shortness of breath, sore throat, muscle aches (myalgia), and chills. A sample form can be found here. If a patient or visitor reports symptoms, refer them to their primary care physician. If an employee reports any symptoms, refer symptomatic employees to the CDPHE Symptom Tracker and take all of the following steps:
   a. Send symptomatic employee home immediately;
   b. Increase cleaning in the facility and **Social Distancing Requirements** of staff at least six (6) feet apart from one another;
   c. Exclude symptomatic employee from work activities until they are fever-free, without medication, for seventy-two (72) hours and ten (10) days have passed since their first symptom; and
   d. If multiple employees have these symptoms, contact your local health department.

v. The dental **Facility** must require all nonmedical personnel in the **Facility** to wear a facemask, which may be cloth if necessary, unless doing so would inhibit the individual's health.

vi. The dental **Facility** shall require all patients and visitors to wear a face covering, which may be cloth. Masks may be removed when social distancing of at least six (6) feet is possible (e.g., after entering a private office). To ensure staff may remove their masks for meals and breaks, scheduling and location for meals and breaks should ensure that at least a six (6)-foot distance can be maintained between staff when staff remove their mask. It is important for healthcare facilities to emphasize that hand hygiene is essential to maintaining staff safety, even if staff are wearing masks. If the facemask is touched, adjusted or removed, hand hygiene should be performed.

vii. The dental **Facility** must follow **Social Distancing Requirements** of maintaining at least a six (6)-foot distance between individuals wherever possible such as in waiting rooms and other small spaces and should use physical barriers within patient care areas when possible.

viii. The dental **Facility** must appropriately schedule patients, so that providers have sufficient time to change PPE, to ensure offices and equipment can be cleaned and

[3] https://www.osha.gov/SLTC/covid-19/dentistry.html
[4] https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html.

disinfected between each patient, to allow for aerosolized particles to settle, and to minimize aerosol contamination generally.

a. 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. https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

ix. The dental **Facility** should continue to maximize the use of telehealth and virtual office visits.

x. For non-symptomatic patients, the dental Facility must seek viable options for reducing or containing aerosol production during care. Aerosol generating procedures should only be performed when using PPE as outlined in Section III.A.2.i of these guidelines, which requires the use of enhanced PPE, consistent with PPE guidelines from OSHA and CDC for treating COVID-positive patients that offers increased protection to patients.

a. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only). https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

b. 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. https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

c. Even when dental health care 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 health care 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.

---

xi. For patients reporting or demonstrating symptoms of COVID-19, the dental **Facility** must seek viable options for eliminating, reducing, or containing aerosol production during care, including delaying all non-urgent care for patients with COVID-19 symptoms, and canceling or postponing elective treatment. If patients

with COVID-19 symptoms require emergency care, the dental **Facility** must comply with CDC standards for treating COVID positive patients The dental **Facility** should implement source control for everyone entering the **Facility**, including requiring all patients and visitors to wear a cloth mask when entering any healthcare building, and if they arrive without a mask, an appropriate mask, based on the type of healthcare service, should be provided. Patients should wear a mask when not receiving treatment. Consider scheduling the patient at the end of the day and do not schedule any other patients at that time.

xii. The dental **Facility** shall use robust patient screening protocols and social distancing measures prior to treatment, including:
   a. Allowing patients to check-in through a virtual waiting room or outside the building when possible, and patients should remain in their cars or outside the dental offices until a treatment room is ready; and
   b. Patients' and visitors' temperatures should be taken upon arrival to the building and patients should be pre-screened for other COVID-19 symptoms prior to the initiation of treatment, preferably by telehealth prior to the appointment.

xiii. The dental **Facility** must maintain a plan to reduce or stop **Voluntary or Elective Surgeries and Procedures** should a surge or resurgence of COVID-19 cases, as defined by the CDPHE or state Emergency Operations Center, occur in the region.

xiv. The dental **Facility** shall establish a plan and guidelines to ensure adherence to the principles outlined in paragraphs III.A.2.i. to III.A.2.xiii., above. In establishing such guidelines, the dental **Facility** shall include a process for consultation with the treating provider(s) about a designation that the procedure is elective or non-essential under the guidelines.

xv. The dental **Facility** must reassess their operations every two (2) weeks to ensure the dental **Facility** is adhering to its plan and guidelines under paragraph III.A.2.xi., above, and that the protocols, criteria, and best practices outlined in **Executive Order D 2020 045** as extended by **Executive Order D 2020 080** and this PHO are being prioritized.

IV. Hospital Facilities

A. To address priorities, the following steps and specific criteria must be met by Facilities and medical personnel providing care in Facilities in order to resume and maintain **Voluntary or Elective Surgeries and Procedures** in hospital and other surgical **Facilities** requiring PPE:

1. PPE Requirement. Prior to resuming **Voluntary or Elective Surgeries and Procedures**, the hospital **Facility** must have access to adequate PPE supplies, ventilators, trained staff,

medications, anesthetics, and all medical surgical supplies, allowing for PPE crisis standards of care to be used without compromising patient safety or staff safety and wellbeing to:

i. Care for all non-elective and COVID-19 patients during any potential future surge, in which the hospital **Facility**'s ICU would be at capacity and non-ICU beds would be proportionally occupied, for a duration of four (4) weeks, without resorting to hospital crisis standards of care.

2. Prioritizing Procedures. Procedures should be limited to those which are time sensitive, diagnostically important and conditions for which further delay would be detrimental to health. These triage decisions should be made by the individual or committee responsible for making medical decisions for the entity (e.g., health system, hospital, private practice), to assure that scarce resources such as PPE are used only for the most important, non-emergent medical care. Procedures that can be delayed for ninety (90) days with no or little impact on health should be considered low priority.
3. Prior to resuming **Voluntary or Elective Surgeries and Procedures**, the hospital or other surgical **Facility** must also ensure:
    i. If applicable, adequate staffing and bed availability to be prepared for a potential COVID-19 surge, with no greater than seventy percent (70%) of total bed capacity occupied as appropriate for a hospital's unique circumstances;
    ii. Prioritization of **Voluntary or Elective Surgeries and Procedures** based on whether their continued delay will have an adverse medical outcome for the patient. A medical committee or the medical director of a **Facility** shall review and prioritize cases based upon indication and urgency.
        a. Hospital and other surgical **Facilities** must strongly consider the balance of risks and benefits for patients who are **Vulnerable Individuals** as defined in section VII., below.
        b. Hospital and other surgical **Facilities** should consider ongoing postponement of **Voluntary or Elective Surgeries and Procedures** that are expected to require the following resources:
            1. Transfusion;
            2. Pharmaceuticals or PPE in short supply;
            3. ICU admission; and
            4. Transfer to a skilled nursing facility or inpatient rehab.
        c. Hospital and other surgical **Facilities** should consider availability of resources for all phases of perioperative care (e.g., pre- and post-procedure outpatient visits performed according to criteria described above for medical offices, lab and radiologic services).
    iii. Implementation of a universal symptom screening process for all staff, patients, and visitors prior to entry into the **Facility** building, which at a minimum includes

asking for recent history of fever, cough, shortness of breath, sore throat, muscle aches (myalgia), and chills.

iv. Implementation of source control for everyone entering the **Facility**, including requiring all patients and visitors to wear a cloth mask when entering any healthcare building, and if they arrive without a mask, an appropriate mask, based on the type of healthcare service, should be provided.

v. Implementation of an enhanced cleaning process for patient and waiting areas.

vi. Implementation of policies and procedures for appropriate discharge planning of patients in coordination with institutions to which patients may be transferred, including a nursing care institution, residential care institution setting, or group home for the developmentally disabled.

vii. Maintenance of a plan to reduce or stop **Voluntary or Elective Surgeries and Procedures** should a surge or resurgence of COVID-19 cases, as defined by the CDPHE or state Unified Command Center, occur in the region.

viii. Daily data sharing with CDPHE and the state Emergency Operations Center (EOC) through the EM Resource tool of hospital utilization and weekly forecasting of future fourteen (14) day capacity based on scheduled voluntary or elective and estimated non-elective procedures. The EOC will define and share the forecasting report requirements as they are developed.

4. The hospital or other surgical **Facility** must maintain a plan to reduce or stop **Voluntary or Elective Surgeries and Procedures** should a surge or resurgence of COVID-19 cases, as defined by the CDPHE or state Emergency Operations Center, occur in the region.
5. The hospital or other surgical **Facility** shall establish a plan and guidelines to ensure adherence to the principles outlined in paragraphs IV.A.1 to IV.A.3., above, if applicable. In establishing such guidelines, the hospital or other surgical **Facility** shall include a process for consultation with the treating provider(s) about a designation that the procedure is elective or non-essential under the guidelines.
6. The hospital or other surgical **Facility** must reassess their operations every two (2) weeks to ensure the hospital **Facility** is adhering to its plan and guidelines under paragraph IV.A.4., above, and that the protocols, criteria, and best practices outlined in Executive Order D 2020 045 and this PHO are being prioritized.

V. Veterinary Facilities

A. To address priorities, the following steps and specific criteria must be met to resume and maintain **Voluntary or Elective Surgeries and Procedures** in veterinary **Facilities** that require PPE:

1. Prior to resuming **Voluntary or Elective Surgeries and Procedures** in veterinary **Facilities**, the following criteria must be met:

i. Adequate access to PPE supplies in order to sustain safe PPE use for its workforce for two (2) weeks without the need for emergency PPE-conserving measures, as recommended in CDC guidance.[5] If a veterinary **Facility** proposes to extend the use of or reuse PPE, it must follow CDC guidance.[6] Pet owners entering facilities should wear cloth masks.

ii. Implementation of a universal symptom screening process for all staff, pet owners, and visitors prior to entry into the **Facility** building, which at a minimum includes asking for recent history of fever, cough, shortness of breath, sore throat, muscle aches (myalgia), and chills. A sample form can be found here. If a pet owner or visitor reports symptoms, the veterinary **Facility** should follow CDC guidance should a pet owner currently have respiratory symptoms or be a suspected or confirmed case of COVID-19.[7] If an employee reports any symptoms, refer symptomatic employees to the CDPHE Symptom Tracker and take all of the following steps:

a. Send symptomatic employee home immediately;
b. Increase cleaning in the facility and **Social Distancing Requirements** r of staff at least six (6) feet apart from one another;
c. Exclude symptomatic employee from work activities until they are fever-free, without medication, for seventy-two (72) hours and ten (10) days have passed since their first symptom; and
d. If multiple employees have these symptoms, contact your local health department.

iii. Necessary precautions in place to minimize veterinarian and staff contact with all pet owners, including:

a. Using telehealth for consults or to help triage pet patients, and communicating with pet owners via telephone or video-chat to maintain social distancing.
b. Scheduling drop-off appointments or receiving animals from their owners' vehicles through "curbside" treatment.
c. Using online payment and billing to reduce handling credit cards or other potential fomites.

[5] https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html?fbclid=IwAR3QvP2Ix7QBGDCXb8TcdUx-mY8fkSgTzBv-_TC_NWXHrMO693niCxAtKEs#sick-staff-stay-home.
[6] https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.
[7] https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html?fbclid=IwAR3QvP2Ix7QBGDCXb8TcdUx-mY8fkSgTzBv-_TC_NWXHrMO693niCxAtKEs#cleaning-disinfection.

d. Allowing pet owners to check-in pet patients through a virtual waiting room or outside the **Facility** building when possible, and allowing pet owners and pet patients to remain in the car or outside the building until a pet care area is ready.

iv. Plans in place to handle animals with confirmed or suspected COVID-19 exposure, or potentially compatible clinical signs.[8]

vi. Routine infection prevention measures designed to minimize transmission of zoonotic pathogens from animals to veterinary personnel[9] are practiced and strict infection control policies as recommended by CDC are implemented,[10] including cleaning and disinfection specific to veterinary **Facilities**.[11] If possible, employees should each have their own workspace and equipment or should avoid sharing work surfaces and tools when possible. If these items must be shared, they should be frequently disinfected.

vii. **Social Distancing Requirements** are followed wherever possible such as in waiting rooms and other small spaces and should use physical barriers within pet care areas or use isolation rooms when possible.

viii. Procedures are appropriately scheduled so that staff have sufficient time to change PPE and ensure offices and equipment can be sanitized according to CDC guidance.[12]

ix. A plan is in place to reduce or stop **Voluntary or Elective Surgeries and Procedures** should a surge or resurgence of COVID-19 cases, as defined by the CDPHE or state Emergency Operations Center, occur in the region.

2. The veterinary **Facility** must maintain a plan to reduce or stop **Voluntary or Elective Surgeries and Procedures** should a surge or resurgence of COVID-19 cases, as defined by the CDPHE or state Emergency Operations Center, occur in the region.

3. The veterinary **Facility** shall establish a plan and guidelines to ensure adherence to the principles outlined in paragraphs V.A.1.i. To V.A.1.ix., above. In establishing such guidelines, the veterinary **Facility** shall include a process for consultation with the treating provider(s) about a designation that the procedure is elective or non-essential under the guidelines.

---

8 https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html?fbclid=IwAR3QvP2Ix7QBGDCXb8TcdUx-mY8fkSgTzBv-_TC_NWXHrMO693niCxAtKEs#clinical-signs-animals.

9 http://www.nasphv.org/documentsCompendiaVet.html.

10 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html.

11 https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html?fbclid=IwAR3QvP2Ix7QBGDCXb8TcdUx-mY8fkSgTzBv-_TC_NWXHrMO693niCxAtKEs#cleaning-disinfection.

12 https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html?fbclid=IwAR3QvP2Ix7QBGDCXb8TcdUx-mY8fkSgTzBv-_TC_NWXHrMO693niCxAtKEs#cleaning-disinfection.

4. The veterinary **Facility** must reassess their operations every two (2) weeks to ensure the veterinary **Facility** is adhering to its plan and guidelines under paragraph V.A.2., above, and that the protocols, criteria, and best practices outlined in Executive Order D 2020 045 and this PHO are being prioritized.

VI. Additional Recommendations for Medical, Dental, Hospital, and Veterinary Facilities

A. When **Voluntary or Elective Surgeries and Procedures** resume, medical, dental, and veterinary **Facilities** shall reassess their operations every two (2) weeks pursuant to paragraphs III.A.1.xiii, III.A.2.xv, IV.A.6, and V.A.4, above, and the **Facilities** should consider:

1. All of the above approaches and criteria that are relevant to the **Facility** are being met;
2. Procedures are prioritized based on whether their continued delay will have an adverse health outcome, including prioritization of **Voluntary or Elective Surgeries and Procedures** based on indication and urgency;[13]
3. Strong consideration is given to the balance of risks and benefits for patients or pet owners who are **Vulnerable Individuals**;
4. All patients and pet owners are pre-screened for COVID-19 risk factors and symptoms prior to delivering care to a patient or pet patient, via telehealth or tele-dentistry when applicable;
5. Compliance with the guidance and directives for maintaining a clean and safe work environment issued by the CDPHE and any applicable local health department for **Critical Businesses** is maintained, including compliance with **Social Distancing Requirements** and all PHOs currently in effect to the greatest extent possible; and
6. Medical, dental, and veterinary **Facilities** should consider providing weekly PPE data sharing with CDPHE and the state Emergency Operations Center (EOC).

VII. Definitions

A. "**Critical Business**" has the same definition as contained in PHO 20-28.

B. **"Facility"** or **"Facilities"** means any healthcare facility, clinic, office or practice, surgical center, hospital, or other setting where health care services are provided.

C. **Limited Healthcare Settings** means those locations where certain healthcare services are provided, including acupuncture (not related to personal services), athletic training

[13] Urgent and emergent care should continue in accordance with OHA and CMS guidance.

(not related to personal services), audiology services, services by hearing aid providers, chiropractic care, massage therapy (not related to personal services), naturopathic care, occupational therapy services, physical therapy, and speech language pathology services. These individual services may only be performed with ten (10) or fewer people in a single location at a maximum of fifty percent (50%) occupancy for the location, whichever is less, including both employees and customers, e.g. five (5) chiropractors providing services to five (5) customers, with **Social Distancing Requirements** in place of six (6) feet distancing between customers receiving services. Employees must wear medical grade masks at all times, and customers must wear at least a cloth face covering at all times, unless doing so would inhibit the individual's health. Services provided in **Limited Healthcare Settings** that are ordered by a medical, dental or veterinary practitioner, are subject to the requirements of PHO 20-29; otherwise, the services are subject to the requirements of PHO 20-28.

D. Social Distancing Requirements. To reduce the risk of disease transmission, individuals shall maintain at least a six (6)-foot distance from other individuals, wash hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, cover coughs or sneezes (into the sleeve or elbow, not hands), regularly clean high-touch surfaces, and not shake hands.

E. "**Voluntary or Elective Surgery or Procedure**" or "**Voluntary or Elective Surgeries or Procedures**" means that the surgery or procedure can be delayed for a minimum of three months without undue risk to the current or future health of the patient as determined by the guidelines developed by the **Facility** under paragraphs III.A.1.xiii, III.A.2.xv, IV.A.6, and V.A.4, above.

F. "**Vulnerable Individual**" means:

1. Individuals who are 65 years and older;
2. Individuals with chronic lung disease or moderate to severe asthma;
3. Individuals who have serious heart conditions;
4. Individuals who are immunocompromised;
5. Pregnant women; and
6. Individuals determined to be high risk by a licensed healthcare provider.

VIII. Enforcement

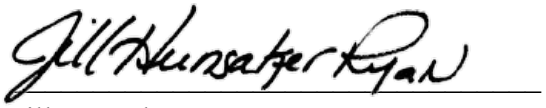
This Order will be enforced by all appropriate legal means. Local authorities are encouraged to determine the best course of action to encourage maximum compliance. Failure to comply with this order could result in penalties, including jail time, and fines and may be subject to discipline on professional license based upon the applicable practice act.

IX. Severability

If any provision of this Order or the application thereof to any person or circumstance is held to be invalid, the reminder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

X. Duration

This Order shall become effective on Tuesday, May 26, 2020 and will continue to be in effect until 11:59 p.m. on June 24, 2020, unless extended, rescinded, superseded, or amended in writing.



Jill Hunsaker Ryan, MPH
Executive Director

May 26, 2020
Date