



COLLEGE OF

ALBERTA DENTURISTS

Return-to-Practice Guidelines

Approved May 6, 2020

Amended May 27, 2020, June 12, 2020

This and its associated documents provide guidance to denturists upon a return-to-practice following the mandatory suspension of non-essential services due to the COVID-19 pandemic



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COVID-19 Return to Practice

Background

As denturists prepare for a return to practice amidst the COVID-19 pandemic, it is imperative that all healthcare professionals exercise the utmost care and attention to limit the transmission of COVID-19. As a whole, Albertans have made sacrifices in efforts to flatten the curve of the transmission of COVID-19 and we must be mindful to continue those efforts and take steps backwards. It is important to remember that this return to practice is not taking place because we are any safer but because the capacity is available to absorb an increase in COVID-19 cases into the province's intensive care units.

As a return to work was announced by the Government of Alberta, it was contingent on all regulated health professionals adhering to guidelines established by their regulatory Colleges. This document was created in consultation with the other oral health regulators of Alberta. This collaborative project was initiated in an effort for a coordinated return to work for our regulated members.

This guidance will relate to the safe provision of care by our regulated members in the context of COVID-19 while maintaining any existing or future physical distancing orders or recommendations for Alberta's Chief Medical Officer of Health and all levels of government.

Regulated members are required to follow this most current guidance. Those who fail to abide by this directive may be considered to have perpetrated unprofessional conduct and may be subject to conduct measures and proceedings as determined by their respective regulatory Colleges. Members are also reminded that they have an ethical and legislated obligation to report non-compliance with any regulatory directives to the offending member's regulatory College.

Please note: These guidelines and directives are current as of the date of publication. In the event of a discrepancy between this information and the current directives of provincial public health authorities, these directions of the provincial public health authority take precedence.

The College of Alberta Denturists continues to consult with external stakeholders, including the Ministry of Health and the Chief Medical Officer of Health (CMOH). These guidelines may be amended based on expert recommendations. These amendments will be communicated to the membership. Health regulatory Colleges exist to protect the public while also considering the health and safety of their members. This document has been created to ensure the health and safety of both the public and denturists while instilling patient confidence as they safely access denturist care.

Virology

COVID-19 is the infectious disease caused by a new coronavirus called COVID 19. COVID-19 is not thought to be an airborne disease, such as measles or tuberculosis. However, under certain circumstances the virus can be aerosolized into particles much smaller than respiratory droplets (< 10 μ m), allowing them to remain suspended in the air longer, to travel farther and to be inhaled by a person, thus acting like an airborne disease¹. Aerosol particles

¹ Recognition of aerosol transmission of infectious agents: a commentary. BMC Infect Dis. 2019. 19: 101. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6357359/>

bearing COVID-19 can be generated during medical and dental procedures when a client's saliva is agitated by mechanical forces, such as an ultrasonic scaler, a slow-speed handpiece, or spray from an air-water syringe. It may also be generated through the intra- or extraoral grinding of a denture or other dental appliance.

COVID-19 is different from the flu, the common cold and SARS-1 and may require different precautions for oral health professionals and teams. The *emerging* science is indicating that:

- 1: COVID-19 is “stickier” than previously seen viruses – infection is easier
- 1: COVID-19 causes serious symptoms in persons over 60, and those with underlying medical conditions
- 1: COVID-19 may be spread through the airborne route, meaning that tiny droplets remaining in the air could cause disease in others even after the ill person is no longer near
- 1: COVID-19 may be spread through aerosols produced by high and low speed handpieces, air/water syringes, grinding a denture or a patient coughing, talking or sneezing
- 1: Individuals infected with COVID-19 may be shedding virus and communicating the disease even before they show symptoms, including transmission through saliva
- 1: Children may be asymptomatic and infectious
- 1: COVID-19 survives on environmental surfaces for various periods of time, including metal and plastic surfaces, as found in the dental office

The following areas highlight the guidelines required for a return-to-practice, in response to the government of Alberta relaunch strategy announced April 30, 2020.

Regulated members are expected and required to read this document and associated links to fully understand what is required of them upon return-to-practice. Should any questions arise, do not hesitate to contact your College for clarification.

Provision of Care

All oral health practitioners have a responsibility to provide continuity of care for their patients. As we transition into a return-to-practice, the College is exercising caution and instituting a phased approach. This is consistent with all oral health Colleges; however, the level and timelines at which practice may resume may differ between regulatory bodies.

As COVID-19 community spread continues and new knowledge that COVID-19 infected individuals may be asymptomatic, the oral health regulators feel it is prudent to phase the return-to-work approach. The permissible activities listed in the table below build on the pre-existing permissible activities.

Phase	Date	Permissible Activities
I	May 11, 2020	<ul style="list-style-type: none"> 🚫 Urgent and emergency repairs and adjustments 🚫 Delivery of appliances finished before suspension of services 🚫 Routine maintenance requirements (e.g., tissue conditioners, clips, locator, o-ring, era replacements, relines) 🚫 Urgent new cases
II	May 26, 2020 ²	All remaining procedures except ones that for the primary purpose of enhancing, preserving or altering the person's appearance ³ (i.e., in-office teeth whitening)
III	June 12, 2020	All denturist services including in-office teeth whitening is permitted

Please note that the start date for Phase II has been changed from the original Guidelines. The College is continually monitoring the state of public health, directives and orders from applicable authorities and reserves the right to again restrict permissible procedures should it be appropriate. Our objective is to provide guidance based on evidence and current data that ensures safety for the patients, staff, providers and the community.

Some oral health care facilities may choose to remain closed due to shortage of Personal Protective Equipment (PPE) or recent facility requirement changes. **If appropriate and required PPE is unavailable, oral health services must not be performed.**

It is also important to note that practitioners are not obligated to return to work at this time, but may do so, if they wish, while following these guidelines.

It is also prudent for practitioners to continue to provide virtual care⁴ for their patients where it is feasible to do so.

When making determinations on in-person treatment, all regulated oral health professionals are expected to use sound professional judgement and knowledge when determining the underlying nature of a patient situation. These decisions must be made in conjunction with documented informed consent, risk assessments and guidance from authoritative sources⁵. The Canadian Triage and Acuity Scale⁶ is provided for your reference in these decisions.

- 🚫 Level 1 – Resuscitation-threats of life, immediate, aggressive intervention required
- 🚫 Level 2 – Emergency-potential risk to life or limb, rapid medical intervention required
- 🚫 Level 3 – Urgent-conditions could progress to serious problem requiring emergency intervention
- 🚫 Level 4 – Less Urgent-conditions would benefit from intervention in 1-2 hours to avoid potential deterioration
- 🚫 Level 5 – Non-Urgent-investigations and interventions could be delayed or referred

² start date for Phase II is subject to change taking into consideration public health factors, directives and orders

³ Chief Medical Officer of Health (Alberta) Order 07-2020 and the Alberta relaunch strategy available at: <https://www.alberta.ca/alberta-relaunch-strategy.aspx>

⁴ [College of Alberta Denturists: Advice for the Profession – Virtual Care](#)

⁵ Includes your regulatory College and all levels of government

⁶ Available at: <http://ctas-phctas.ca/>

For example, a patient calls your practice and requests a routine follow up appointment. The dentist must consider any symptoms described and co-morbidities of the patient in determining whether the treatment is urgent or can be deferred as non-urgent for follow up at a later time.

Should an oral health practitioner deem in person or clinical care to be essential for the patient's well being, having considered all consent and risk factors, any in-person care must be provided in compliance with these guidelines.

Preparation for Clinical Care

Practice considerations

Provider and staff education

All employers and staff must be aware of [Chief Medical Officer of Health \(CMOH\) Order 05-2020](#) which states:

- 📌 Anyone who has a confirmed case of COVID-19 must self-isolate
- 📌 Anyone with COVID-19-like symptoms must self-isolate. These individuals should complete the online assessment to arrange for testing

All community healthcare settings are expected to develop and implement policies and procedures prior to re-opening. The information contained in these guidance documents should be included in your workplace policies and procedures.

Information for staff

- 📌 Encourage them to keep up to date with COVID-19 information and supports that are available to them
- 📌 All staff should be familiar with the College Guidelines for Return-to-Practice and any updates to them
- 📌 Notify staff of the steps being taken to reduce the transmission of COVID-19 and the importance of their roles in these measures
- 📌 All non-essential travel outside of Canada should be cancelled, as per the Government of Canada's travel advisory
- 📌 Post information on the following topics in places that will be seen by staff (at minimum entrances, public/shared washrooms and treatment areas/operatories)
 - Physical distancing
 - Hand hygiene
 - Help limiting the spread of infection
- 📌 When possible, provide necessary information languages that are preferred by staff. Downloadable posters are available at: <https://www.alberta.ca/prevent-the-spread.aspx#toc-6>

Occupational health and safety

The information contained in the College guidance documents is not intended to exempt employers from existing occupational health and safety (OHS) requirements. OHS questions and concerns may be directed to the OHS Contact Centre by phone or online:

TF | 1.866.415.8690
T | 780.415.8690 (Edmonton)



Physical environment

- 📌 Maintain adequate supply of soap, paper towel, toilet paper, hand sanitizer and other supplies
- 📌 Follow manufacturer instructions on difficult-to-clean items, or consult with Alberta Health Services IPC
- 📌 To observe physical distancing, examples include:
 - Maintain two meters between staff members (patients from the same household may be cohorted)
 - Restrict the number of staff in a setting at any one time
 - Install physical barriers where feasible
 - Increase separation between workstations
 - Eliminate or restructure non-essential gatherings
 - Limit the number of people in shared spaces
 - Limit hours of operation or set specific hours for at-risk patients

Other considerations

- 📌 Prepare for an increase in absenteeism due to illness among staff and their families
- 📌 Employers are encouraged to examine sick leave policies to ensure they align with public health guidance. There should be no disincentive for staff to stay home while sick or isolating
 - Changes to the Employment Standards Code will allow full and part-time employees to take 14 days of protected job leave if they are
 - Required to isolate
 - Caring for a child or dependent adult who is required to isolate
 - Employees are not required to have a medical note
- 📌 Ensure you have an up-to-date contact list for all staff
- 📌 For the purposes of public health tracing of close contacts, employers need to be able to provide:
 - Roles and positions of staff
 - Who was working on site at any given time
 - Names of patients in the workplace by date and time
 - Names of staff members who worked on any given shift
- 📌 When sending an appliance, that has been intraoral, to a dental technologist, it is strongly requested that information regarding the patient's screening is communicated to the technologist

Screening

All patients for whom clinical care is indicated, in accordance with their College's phased return-to-practice, must be pre-screened via telephone to protect the practitioner, staff and others from possible virus transmission. Patients must be screened for every appointment where they attend to the clinic.

Likewise, oral health practitioners must ensure screening of themselves and any staff that may be attending to the clinic. All staff must determine their fitness to work on a daily basis no more than two hours prior to entering their workplace.

Any person who has travelled outside of Canada on essential business, according to [CMOH Order 05-2020](#), must be in isolation for a minimum of 14 days.

- if a person in isolation becomes sick, they should remain in isolation for an additional 10 days past the onset of symptoms, or until the symptoms resolve, whichever is longer

Any member of the team must stay home if they are experiencing COVID-19 or influenza-like symptoms.

If a symptomatic patient requires, in the opinion of the denturist, in person care that cannot be delayed, refer to [Infection Prevention and Control Guidelines \(May 27, 2020\)](#).

For more information and examples, please visit these [screening guidelines](#).

Risk assessment

For every patient that is deemed to require clinical care, the provider must perform a point of care risk assessment. This is the first step in routine practices.

The College has provided the following risk assessment algorithm for members to use as a resource in addition to appropriate clinical judgment on appropriate infection prevention and control (IPC) measures when providing care during the COVID-19 pandemic. This [Point of Care Risk Assessment](#) will help practitioners to decide what PPE precautions are required in each patient interaction.

PRIOR to each patient interaction, the provider assesses the:

- task to be completed
- patient
- environment

Routine practices are to be used with all patients in all interactions at all times.

Resource

- [Health Canada – Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic](#)
- [Alberta Health Services Point of Care Risk Assessment](#)

Booking and environmental management

When booking patient appointments, ensure:

- patient screening is performed
 - those with COVID-19 symptoms (cough, sore throat, runny nose, fever, shortness of breath) should be delayed
- appointments are triaged appropriately, and services only booked in alignment with the respective regulatory College's phased return-to-practice guidance
- a minimum number of patients are in the clinic at any given time to ensure social distancing and adequate disinfection between patient services. This will be dependent on the size of the practice environment.
- that, if possible, the patient attends the appointment by themselves. If they require an attendant or guardian, ensure that they are aware that all precautions apply to them as well.
- the College strongly recommends that bookings accommodate adequate time for effective environmental cleaning and disinfection between patient encounters



In preparing the practice environment:

- ✚ Provide a hand sanitation station upon entry into facility, with a notice to people to use it before entry into the rest of the office.
- ✚ Ensure cleanliness and disinfection of the waiting area, washrooms and patient consultation rooms/operatories, as appropriate, before and after patient services are provided. Use cleaning agents and disinfectants that are proven to be effective against viral contamination (i.e., with >60% alcohol-based wipes or 0.1% sodium hypochlorite solution). Pay special attention to high-touch surfaces.
- ✚ Where feasible, a barrier (e.g., plexiglass) should be installed to protect reception staff
- ✚ Remove toys, reading materials, remote controls or other communal objects from the practice environment.
- ✚ Place cough etiquette and respiratory hygiene posters in visible locations
- ✚ It is recommended a small supply of masks are accessible in the event a patient presents with respiratory symptoms they should be asked to fit the mask, asked to return home and advised to take the AHS self-assessment online tool
- ✚ For additional information visit Guidance for Workplaces from the Government of Alberta

Patient arrival

Upon arrival in the clinic, the patient should:

- ✚ remain in their vehicle and call the clinic to let them know of their arrival. When an operatory or treatment room is ready, they may enter the clinic and follow what is outlined below. This is to minimize in person contact as much as possible.
- ✚ be directed to perform hand hygiene
- ✚ complete a patient screening form
- ✚ be given a consent form to read. The patient must be given an opportunity to ask questions of their provider before signing it.
- ✚ don PPE, if appropriate
- ✚ be escorted to the operatory by a PPE-clad staff member (PPE must be changed between contact with different patients)

Technical considerations

- ✚ Practitioners must ensure that all standard environmental considerations and quality control or assurance procedures are adhered to

Clinical Care

Respiratory hygiene

All practitioners must adhere to the Alberta Health Services Continuous Masking strategy. This is in addition to the use of required PPE as part of droplet and contact precautions. Information on this strategy may be found [here](#). The strategy summarizes that all Healthcare workers providing direct patient care or working in patient care areas in AHS and community settings are to wear a surgical/procedure mask continuously, at all times and in all areas of the workplace when involved in direct patient contact or if adequate physical distancing from patients and co-workers cannot be maintained and to perform appropriate mask hygiene.

Those staff that are not working in patient care areas or have direct patient contact, are required to wear a procedure mask at all times in the workplace if a physical barrier (e.g., plexiglass) is not in place or physical distancing (two meters) cannot be maintained.

Resources

-  [Guidelines for Continuous Masking in Healthcare Settings](#)
-  [Guidelines for Continuous Masking in Home Care and Congregate Living Settings](#)
-  [Alberta Health Services Cover your Cough poster](#)

Hand hygiene

Hand hygiene is essential in ensuring an effective IPC program. For detailed information and resources, please click here to visit the AHS hand hygiene webpage.

In providing all patient care:

-  Denturists and staff shall perform hand hygiene in accordance with four moments for hand hygiene:
 - o Moment One: before contact with a patient or patient's environment
 - o Moment Two: before a clean or aseptic procedure
 - o Moment Three: after exposure or risk of exposure to blood and/or body fluids, including but not limited to when hands are visibly soiled, following removal of gloves; and
 - o Moment Four: after contact with a patient or patient's environment; including but not limited to doffing PPE, including gloves; leaving a patient's environment; and after handling patient care equipment.
-  perform hand hygiene using alcohol-based hand rub or soap and water as described in Routine Practices,
-  ensure that appropriate nail care (i.e., no artificial nails or nail polish) is being performed,
-  not wear jewelry on hands or wrists at this time in order to decrease the incidence of COVID-19 remaining on a surface after cleaning, and
-  educate patients and visitors about how and when to use hand hygiene products.

Resource

-  [Alberta Health Services 4 Moments of Hand Hygiene poster](#)

Providing mobile denture services

Providing mobile services has its own set of complications with providing care in a pandemic. Not having control in the overall environment in which you are providing care leaves many variables that increase risk for transmission. In an effort to provide support, in addition to the balance of this document, the College is providing the following guidance points:

-  Ensure pre-screening of patients and anyone else who resides at the residence. Use your professional judgement if the benefit from the care to be provided outweighs the risk of transmission of COVID-19.
-  Upon arrival at the residence, screen the patient and any other residence by phone before your entry into their environment
-  Don personal protective equipment prior to entering the residence
-  You will only have control over your immediate treatment area. In pre-screening, ask that there be a surface that you can work at (i.e., table, counter) that you can disinfect prior to setting your equipment down. Disinfect any other surfaces that you may come in contact with (i.e., faucets, sinks).
-  Cover the disinfected surface with disposable surface coverings
-  After care has been provided, bag all procedural garbage that can be disposed of in regular waste and leave it at the residence for their disposal.

- ☼ Disinfect any surfaces that you have used
- ☼ Remove PPE once you have left the residence, before entering your vehicle.
- ☼ Perform hand hygiene

In regards to the provision of services in long term care or supportive living facilities, the continuing care centers will be able to provide some PPE (surgical Masks, glove, and eye protection) to health professionals that provide services in the facility however, these facilities will not have access to N95 masks. If these are required, the provider will need to supply their own.

Patient preparation

A preprocedural mouth rinse of 1% hydrogen peroxide, or equivalent, for 30 seconds⁷ must be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity. Rinse all patients' mouths with an effective antiseptic mouth rinse (H₂O₂ or povidone iodine) prior to examining the patient and providing care. This will not eradicate viruses or bacteria but will reduce their load.

Any dentures or other dental appliances must be disinfected prior to work commencing. Please see the [Infection Prevention and Control Guidelines \(May 27, 2020\)](#) for more information. Although the data is not available to support the hypothesis, this type of immersion disinfection will be effective on eradicating any surface contamination. The efficacy against any bacteria or viruses that have penetrated the appliance through the porous nature of the material is unknown. As such, strict IPC requirements are in place as outlined below.

Infection prevention and control

All in person or clinical procedures must be provided in compliance with the [Infection Prevention and Control Guidelines \(May 27, 2020\)](#). This is in addition to the existing IPC standards. Not adhering to this guidance puts the practitioner, staff and patients at risk.

The College strongly recommends that bookings accommodate adequate time for effective environmental cleaning and disinfection between patient encounters.

Aerosol-generating procedures

An integral part of an IPC strategy involves effective and judicious use of appropriate PPE. Part of the practice of denturists involves the generation of aerosols both intra- and extra orally.

An aerosol-generating procedure is defined as an activity that creates either fine, solid, particulate matter or liquid droplets in the air.

Examples of aerosol-generating procedures include:

- ☼ grinding into a denture
- ☼ grinding intraorally on a fixed denture

⁷ ADA&C. Expectations and Pathway for Patient Care during the COVID-19 Pandemic, Guidelines for Stage 1: Alberta Relaunch for Dental Practice, 2020. Available at: https://www.dentalhealthalberta.ca/wp-content/uploads/2020/05/Expectations-and-Pathway-for-Patient-Care-during-the-COVID-19-Pandemic_5.12.2020.pdf.

The science behind the aerosolization of COVID-19 is sparse and not solid; however, the College has received additional information from Alberta health on the PPE required in the provision of aerosol-generating procedures.

- ✚ The use of a Level 3 mask and full-face shield may be acceptable PPE when conducting aerosol-generating procedures if patients are screened and not symptomatic or quarantined. A level 3 mask and face shield would not provide the same level of particle filtration efficiency nor be NIOSH approved therefore should NOT be used when performing aerosol-generating procedures on patients with suspected or confirmed COVID-19 infection.

- ✚ When performing aerosol-generating procedures on a suspected/confirmed COVID-19 patient (i.e. symptomatic, and those asymptomatic but quarantined due to international travel or close contact), practitioners are required to wear an N95 respirator, or equivalent as specified. Please remember that proper use of an N95 respirator requires each person to be appropriately fitted. If you have not been fitted, ensure that you are being fitted for an N95 respirator prior to use.

Further information and PPE requirements may be found in the [Infection Prevention and Control Guidelines \(May 27, 2020\)](#).

In that respect, the risk of aerosol transmission can be reduced by avoiding their generation in the first place, by utilizing appropriate PPE, and implementing appropriate aerosol protective measures.

Access to PPE may be challenging. There are avenues through which you may be able to obtain appropriate PPE:

- ✚ Dental suppliers
- ✚ Until July 1, 2020, you may order PPE through the Government of Alberta Provincial Operations Centre. You will receive an invoice for this PPE based on the average market value available in mid-May. Orders may be placed at this link: <https://xnet.gov.ab.ca/ppe>.
- ✚ [Alberta Biz Connect](#): this resource provides links to PPE resources. Neither the College nor the Government of Alberta is not responsible for products or prices offered on the listed sites.

In accessing resources, it is requested that you requisition PPE for 1-2 weeks. This will ensure that all healthcare workers have access to PPE as the stock is replenished by manufacturers.

If the patient becomes symptomatic during the clinical visit

If a patient becomes symptomatic (cough, sore throat, runny nose, fever, shortness of breath) during a clinical visit, the following requirements apply:

- ✚ The symptomatic patient should be given a mask and sent home immediately in a private vehicle avoiding public transportation if possible
- ✚ They should complete the online self-assessment tool once they have returned home and be tested for COVID-19
- ✚ Once the symptomatic patient has left the clinic, clean and disinfect all surfaces and areas with which they may have come into contact
- ✚ The employer should immediately assess and record the names of all close contacts of the symptomatic patient. The information will be necessary if the symptomatic patient tests positive for COVID-19.

After Clinical Care

It is imperative that the practitioner ensure adequate cleaning and disinfection between procedures, where appropriate, and between patients.

If a staff member or patient is confirmed to have tested positive for COVID-19, and it is determined that other people may have been in contact with the individual, Alberta Health Services (AHS) will be in contact with the clinic or healthcare setting to provide necessary public health guidance. Records will be requested for contact tracing and may be sought for up to two days prior to the individual becoming symptomatic.

- 📌 The dentist is responsible to monitor and record all personnel, patients, patient representatives and others who are attending to the clinic environment
- 📌 Healthcare settings need to work cooperatively with AHS to ensure that those potentially exposed to the individual receive the correct guidance

Please refer to the [Infection Prevention and Control Guidelines \(May 27, 2020\)](#) for more information.



Glossary

Aerosol-generating procedure

an activity that creates either fine, solid, particulate matter or liquid droplets in the air.

Clean

Free from visible contamination/soil by appropriate means. Cleaning does not kill germs but is highly effective in removing them from a surface.

COVID-19

previously called 2019 Novel Coronavirus or 2019-nCoV; an infectious disease caused by a newly discovered coronavirus

Disinfect

to free from infection especially by destroying harmful microorganisms with a chemical. Disinfection is only effective if it follows the cleaning of a surface.

Particulate

of or relating to minute separate particles

Resources

Alberta Health Services

-  [AHS IPC Emerging issues Webpage](#)
-  [Cover your Cough poster](#)
-  [All AHS COVID-19 related posters](#)
-  [Interim IPC Recommendations COVID-19](#)
-  [Personal Protective Equipment - Novel coronavirus \(COVID-19\)](#)
-  [Point of Care Risk Assessment](#)
-  [Alberta Health Services Routine Practices in Community-Based Services](#)

Government of Canada

-  [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings, Public Health Agency of Canada](#)
-  [Infection Prevention and Control for COVID-19: Second interim guidance for acute healthcare settings](#)
-  [Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic](#)
-  [Hard surface disinfectants and hand sanitizers \(COVID-19\)](#)
-  [Fraudulent and unauthorized N95 respirators may not protect consumers against COVID-19](#)

Alberta-specific

-  [Alberta Chief Medical Officer of Health Order 05-2020](#)
-  [Alberta Chief Medical Officer of Health Order 07-2020](#)
-  [Alberta Chief Medical Officer of Health Order 16-2020](#)
-  [Alberta College of Registered Dental Hygienists Return-to-Work Guidelines](#)
-  [Alberta Dental Association and College: Infection Prevention and Control Standards and Risk Management for Dentistry](#)
-  [College of Dental Technologists of Alberta Return-to-Work Guidelines](#)
-  [Alberta Occupational Health and Safety Legislation](#)
-  [Alberta Biz Connect](#)



Other references

- 1: [CDC - Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)

- 1: [CDC - Introduction to Hand Hygiene for Healthcare Providers](#)

- 1: [ADA - Hand Hygiene for the Dental Team](#)

- 1: [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
 - o [Introduction to Hand Hygiene for Healthcare Providers](#)
 - o [Workplace Guidance for Business Owners](#)