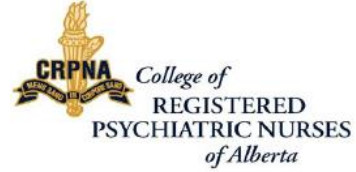




COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF ALBERTA



College & Association of  
Registered Nurses of Alberta



# Guidelines for Self-Employed Nurses during Alberta's Relaunch Strategy

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## Introduction

In Alberta, the three regulatory bodies for the nursing professions are the College of Licensed Practical Nurses of Alberta (CLPNA), the College and Association of Registered Nurses of Alberta (CARNA), and the College of Registered Psychiatric Nurses of Alberta (CRPNA). The colleges define and interpret the scopes of practice for their regulated members, approve nursing education programs, establish or adopt codes of ethics and standards of practice, establish continuing competence programs, and intervene when a regulated member's practice does not meet the standards.

This guidance document was developed collaboratively by the CLPNA, CARNA, and CRPNA. Members of these regulatory bodies should contact their respective organizations if they have any questions about this document or wish to seek practice guidance about this topic.

We have all made significant behavioural changes to reduce the spread of COVID-19. As a nurse in self-employed (or independent) practice it is extremely important to continue with safe behavioural practices to keep yourself and your clients safe.

The Alberta Government has introduced a three-stage approach to relaunching Alberta's economy and gradually lifting some restrictions related to the current COVID-19 pandemic while still protecting the health and wellbeing of Albertans.

Stage 1 of the Alberta Relaunch Strategy allows non-essential healthcare services to recommence under the guidance of public health and the regulatory colleges.

## Purpose

The purpose of this document is to provide self-employed nurses with guidance as they provide healthcare services during Alberta's Relaunch. Reopening requires all of us to move forward together by practicing physical distancing and other measures that reduce our risk of exposure to or transmission of COVID-19.

As a self-employed practitioner, it is your responsibility to ensure the safety of your clients and to reduce the risk of transmission of COVID-19. Reopening relies on public health strategies, social distancing, self-isolation and keeping track of how someone infected might have infected other people. This document will guide nurses in self-employed practice to focus on six main practice expectations:

1. Communication Related to COVID-19 for Business Owners, Staff, and Volunteers

2. COVID-19 Specific Workplace Considerations
3. Screening
4. Symptomatic Clients
5. Staff, Volunteers, or Clients Diagnosed with COVID-19
6. Prevention of Transmission of COVID-19

## **General Assumptions**

All Alberta Nurses will follow the directions provided by the Chief Medical Officer of Health (CMOH).

If you are the owner of a business that provides nursing services, you are required to follow the guidance in this document.

Nurses employed by health authorities, hospitals, residential care facilities, and private healthcare service providers must comply with the directions of their employers and the CMOH.

Nurses should continue to weigh the benefits and risks of in-person services and when possible provide services via telehealth or virtual health while maintaining safety and efficacy.

## **Practice Expectations**

The following guidelines are structured to align with the Government of Alberta's *Workplace Guidance for Community Health Care Settings*.

### ***1. Communication Related to COVID-19 for Business Owners, Staff, and Volunteers***

Alberta specific information on COVID-19 can be found [here](#). Nurses engaged in self-employed practice are advised to stay current on developments related to COVID-19 provincially and federally (e.g. [public health orders](#), [social and mental health supports](#), and [travel information](#)). Please also keep your staff and volunteers apprised of new information, particularly new public health orders, including [Order 05-2020](#) which mandates self-isolation for a minimum of 10 days (or until symptoms resolve) if exhibiting COVID-19 like symptoms or testing positive for COVID-19.

Provide staff and volunteers confirmation of the steps being taken to mitigate the risk of transmission of infection, and how they can contribute to a safe work environment for themselves and clients through practices such as physical distancing and maintaining appropriate hand hygiene.

The use of posters that remind staff, volunteers, and clients to practice respiratory etiquette and hand hygiene is strongly encouraged in work areas where they are easily seen (e.g., entrances, washrooms and staff rooms). At a minimum this includes placing posters at entrances, in all public and shared washrooms, and treatment areas. Posters are available [here](#).

### ***2. COVID-19 Specific Workplace Considerations***

All nurses must continue to follow public health orders and promote physical distancing where possible, and where not, use appropriate personal protective equipment (PPE).

Client appointments should be scheduled so that the number of clients in a waiting area follows mass gathering requirements. Self-employed nurses can also spread out appointments to ensure that there is adequate time for cleaning and disinfecting surfaces and spaces if a client is symptomatic.

Where possible, have different single-entry points for staff and clients.

Nurses also need to maintain physical distancing in waiting rooms with clearly marked spaces and directional cues. If physical distancing is not possible in a waiting area consider alternatives like asking clients to stay in their cars before appointments, staggering appointments so there is no overlap between clients, or providing clients with PPE.

Plan for possibility of increased absenteeism due to illness of staff, volunteers, and their families.

Review sick policies to ensure they align with public health guidance. Employees are not required to have a medical note for their absence.

[Amendments](#) to the *Employment Standards Code* allow full and part-time employees to take up to 14 days of job-protected leave if they are required to isolate or caring for a child or dependent adult who is required to isolate.

Business owners should maintain an up-to date contact list for all staff and volunteers, including names, addresses, and phone numbers.

Employers need to be able to provide the following information for contact tracing:

- roles and positions of persons working in the workplace;
- who was working onsite at any given time;
- names of clients in the workplace by date and time; and
- names of staff members who worked on any given shift.

A barrier should be installed to protect reception staff where feasible due to the amount of contact between clients and reception.

### **3. Screening**

Business owners are reminded that any staff or volunteers who have travelled outside of Canada are required to self-isolate for a minimum of 14 days based on [Order 05-2020](#). If someone exhibits symptoms during their isolation, the isolation period should be extended for an additional ten days from the start of symptoms, or until the symptoms resolve, whichever is longer.

Common symptoms of COVID-19: cough, fever (over 38°C), shortness of breath, runny nose or sore throat.

Other symptoms of COVID-19: stuffy nose, painful swallowing, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite), loss of sense of smell or taste, conjunctivitis (pink eye).

Symptom of serious illness: difficulty breathing or pneumonia

A full list of symptoms of COVID-19 can be found [here](#).

Self-employed nurses, staff, and volunteers should complete a screening for COVID-19 symptoms (including cough, fever, shortness of breath, runny nose, or sore throat) when they arrive at work and monitor their health throughout the day. If nurses, staff, or volunteers exhibit any symptoms of COVID-19 (including cough, fever, shortness of breath, runny nose, or sore throat) they MUST NOT be in the workplace, should be sent home, complete [the COVID-19 Self-Assessment for Healthcare and Shelter Workers](#), and follow any instructions resulting from the self-assessment tool.

Clients should be screened when scheduling appointments and when receiving reminders for scheduled appointments. Screening protocols must be able to identify the differences between the following groups:

- a. Symptomatic clients (cough, fever, shortness of breath, runny nose, or sore throat);
- b. Asymptomatic clients who are isolating or required to quarantine; and
- c. Asymptomatic members of the general population

Nurses, staff, and volunteers should also take this opportunity to inform clients of their public health requirements, including self-isolation if exhibiting symptoms of COVID-19 (including cough, fever, shortness of breath, runny nose, or sore throat). Please remind staff, volunteers, and clients of self-isolation requirements from [Order 05-2020. People exhibiting symptoms must self-isolate for ten days or until symptoms resolve, whichever is longer](#). If phone screening prior to the appointment is not possible staff should assess clients upon entry.

Nurses, staff, or volunteers should screen all clients upon arrival, whether they have been screened via phone or not.

Self-employed nurses who provide service in a client's home, should pre-screen the client when possible via phone prior to the appointment and screen the client when they arrive for the appointment.

If clients have COVID-19 symptoms (including cough, fever, shortness of breath, runny nose, or sore throat) instruct them to complete the online [COVID-19 Self-Assessment](#) tool and follow any instructions from the tool.

Self-employed nurses may have to work at a lower volume than normal to accommodate the mass gathering restrictions, need for cleaning and disinfecting, and prioritize safety for clients, staff, and volunteers. Nurses are encouraged to prioritize care based on the urgency of individual client situations and needs.

When considering providing care to a client please consider the Canadian Triage and Acuity Scale (CTAS):

- 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

If the service you are providing is not considered urgent or emergent, please consider providing the service virtually if possible or deferring that service until Alberta moves into Stage 3 of the Alberta Relaunch Strategy.

All pre-screening, nursing assessments, and care must be documented following your regulatory college's documentation expectations.

#### 4. *Symptomatic Clients*

##### *General Guidance*

Staff should also ask if clients have been experiencing symptoms of illness consistent with COVID-19 and instruct any clients who are experiencing COVID-19 symptoms (including cough, fever, shortness of breath, runny nose, or sore throat) to complete the online [COVID-19 Self-Assessment](#) tool and follow any instructions from the tool.

Self-employed nurses, staff, and volunteers should remind symptomatic clients of their legal obligation to self-isolate under [Order 05-2020](#) regardless if they have been tested for COVID-19.

For client exhibiting COVID-19 symptoms, nurses need to weigh the benefits of providing service against the risks of not providing service.

If benefit of service is higher than the risks of not having service provided, nurses may provide service or need to refer the client to another healthcare provider who can provide service. Additional infection, protection and control precautions may be required.

If care is required for a symptomatic client self-employed nurses can consider providing some or all care virtually to minimize the time in physical contact with the client. This may include a virtual discussion of testing, screening, or treatment options and a brief in-person physical assessment.

Self-employed nurses can take additional infection prevention and control (IPC) precautions by using appropriate personal protective equipment (PPE) such as eye protection, gloves, and gowns to prevent contact and droplet transmission of infection. When working with symptomatic clients implement contact and droplet precautions. For additional information about IPC recommendations for COVID-19 please see Alberta Health Services' [Interim IPC Recommendations for COVID-19](#) document.

Nurses should assess the type of PPE required using the Government of Alberta's [Alberta Personal Protective Equipment Guideline for Care of Individuals with Suspect or Confirmed Covid-19 In Health Care Settings](#) and Alberta Health Services' [Personal Protective Equipment](#)

[\(PPE\) novel coronavirus \(COVID-19\)](#) web resource. Additional information about IPC please see Alberta Health Services' [Infection Prevention and Control](#) webpage.

Self-employed nurses who work with symptomatic clients are required to set time at the end of day for clients with symptoms, having a dedicated exam room solely for clients with symptoms, and having symptomatic clients stay outside of the place of business until the exam room is ready. A client who is symptomatic is required wear a surgical or procedure mask. Cleaning and disinfection are required for all spaces a symptomatic client has been in contact with, please refer section 6(b) below for more information about cleaning and disinfection.

#### *Clients who Become Symptomatic While at the Site*

Any client who develops symptoms of cough, fever, shortness of breath, runny nose, or sore throat at a self-employed nurse's place of business should be given a mask. Nurses must re-evaluate the risks of not completing the service with the risks of transmission of COVID-19 to determine whether or not they should continue treatment. Afterwards, the client should be asked to return home immediately in a private vehicle to avoid public transportation if possible, and instructed to complete the online [COVID-19 Self-Assessment](#) tool and follow any instructions from the tool.

If a client develops symptoms while a self-employed nurse is in the client's home the nurse should provide the client with a surgical or procedure mask, finish treatment, and instruct the client to complete the online [COVID-19 Self-Assessment](#) tool and follow any instructions from the tool.

All surfaces and areas where a symptomatic client could have been in contact with should be cleaned and disinfected.

To aid in contact tracing, the self-employed nurse may be asked to provide the names of individuals who were in close contact with the symptomatic client. The nurse may wish to consider the use of the ABTraceTogether App while at work to further aid in contact tracing.

Nurses may determine if appointments for symptomatic clients should be cancelled based on the CTAS scale.

#### *Asymptomatic clients who are isolating or required to self-isolate*

If providing care to clients required to self-isolate nurses should ensure the client is wearing a procedure or surgical mask upon entry and through the entire time in the facility. For aerosol-generating medical procedures (for more information please see 6c. Personal Protective Equipment), nurses must wear an N95 and place the client in a private room with hard walls and a closed door.

### **5. Staff, Volunteers, or Clients Diagnosed with COVID-19**

Contact tracing is integral to stopping the spread of COVID-19. Close contacts of any staff, volunteers, or clients with confirmed diagnoses of COVID-19 will be contacted by Alberta Health Services (AHS) who will provide the necessary public health guidance.

Self-employed nurses will be asked for records and close contact lists for up to two days prior to the onset of symptoms for staff, volunteers, or clients diagnosed with COVID-19. Nurses must work cooperatively with AHS to ensure those potentially exposed to the staff, volunteer, or client diagnosed with COVID-19 receive the correct guidance.

## **6. *Prevention of Transmission of COVID-19***

### *a. Hygiene*

Community health care settings should promote and facilitate frequent and proper hygiene practices for staff, volunteers, and clients.

Self-employed nurses should make every effort to encourage respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in the trash, and hand hygiene) is followed.

Self-employed nurses should instruct staff and volunteers to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content). Hand washing with soap and water is mandatory if the nurse, staff, volunteer, or client has visibly dirty or soiled hands.

Nurses must provide a means to sanitize hands at points of entry to the business and at other locations in a business where clients and staff are known to handle goods. When working in a client's home, nurses should ensure they have access to hand sanitizer (greater than 60% alcohol content).

Glove use alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.

The [AHS Education: Hand Hygiene](#) webpage has more information, posters, and videos about hand hygiene.

### *b. Cleaning, disinfecting, or sterilizing*

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening workspace that will require careful planning.

Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Cleaning uses water, detergents, and friction to remove contaminants.

Disinfecting refers to using a chemical to kill microorganisms on a surface. Disinfecting is only effective after surfaces have been cleaned.

Sterilizing refers to a validated process often required as the final step for reusable medical devices. Correct sterilization methods are often included in the manufacturer's guidelines.

Self-employed nurses should ensure staff understand the need for enhanced environmental cleaning and disinfection and confirm cleaning and disinfection is happening.

COVID-19 can be killed if you use the appropriate disinfectants. Use a disinfectant that has a Drug Identification Number (DIN) and a viricidal claim (efficacy against viruses). Health Canada has approved several hard-surface disinfectants and hand sanitizers for use against COVID-19. Use Health Canada's [Hard Surface Disinfectants and Hand Sanitizers \(COVID-19\)](#) webpage to look up the DIN number of the product you are using or to find an approved product.

Alternatively, use a bleach-water solution (with 100 mL of bleach to 900 mL water) or ready-to-use sprays, concentrates, and wipes with the same concentration of bleach.

Use a "wipe-twice" method to clean and disinfect. Wipe surfaces with a cleaning agent to clean off soil and wipe again with a disinfectant.

Self-employed nurses are encouraged to use single use medical devices when possible. If you must use a reusable medical device ensure you follow [standards](#), administrative controls, and manufacturers' guidelines related to safe use, cleaning, disinfection, and sterilization of medical devices.

Evaluate what types of surfaces and materials are in your workspace. Most surfaces and objects will just need normal routine cleaning. Nurses should ensure that hand hygiene has been performed before and after cleaning and disinfecting equipment or surfaces and when preparing devices for sterilization. Frequently touched surfaces and objects will need to be cleaned and then disinfected to further reduce the risk of exposure to and transmission of microorganisms such as COVID-19.

You should also consider what items (e.g. area rugs, soft seating, magazines, newspapers, and toys) can be stored or removed from the place of business to reduce spreading microorganisms through frequent contact.

Examples of frequently touched surfaces and objects that will need routine disinfection are:

- tables,
- doorknobs,
- light switches,
- common areas such as waiting rooms, staff rooms, kitchens, and washrooms,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- file cabinets,
- keypads,
- touch screens, and
- point of sale terminals (debit machines).

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects.

Specific to healthcare settings, nurses need to consider cleaning and disinfecting or sterilizing in accordance with any manufacturer's guidelines:



- any healthcare equipment
  - including, but not limited to, wheelchairs, walkers, and lifts
- any shared client equipment between client use
  - including, but not limited to, blood pressure cuffs, thermometers, foot care devices
- all staff equipment
  - including, but not limited to, computer carts, keyboards, computer screens, touch screens, medication carts, charting desks or tables, telephones, and chair arms at least daily and when visibly soiled.

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Nurses should maintain an adequate supply of soap, paper towel, toilet paper, hand sanitizer and other supplies to ensure client and staff safety.

Follow the manufacturer's instructions for difficult to clean items or consult with Alberta Health Services (AHS) Infection Prevention and Control (IPC). All IPC concerns, for all settings, are being addressed through the central intake email [infectionpreventioncontrol@ahs.ca](mailto:infectionpreventioncontrol@ahs.ca).

Many cleaning and disinfectant products requires special considerations for handling and storage. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Please review the labels of any products prior their use and ensure you follow Workplace Hazardous Materials Information System (WHMIS) symbols and instructions. Follow the directions on the disinfectant label for additional PPE needs. For more information about WHMIS requirements and resources please see their website <http://whmis.org/>.

It is extremely important to remember the following:

Clean visibly dirty surfaces with soap and water, use the appropriate cleaning product, and remember to use the “wipe twice” method.

Please see the following documents for additional information about Public Health Recommendations for Cleaning and Disinfecting:

- [COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities](#)

### *c. Personal Protective Equipment*

Self-employed nurses, staff, and volunteers must always wear a surgical or procedure mask continuously in all areas of the workplace, including a client’s home for home care, if they:

- are involved in direct client care;
- cannot maintain adequate physical distancing (2 metres) from client and co-workers; or
- do not have a physical barrier in place to aid in physical distancing

Please see Alberta Health Services’ [Guidelines for Continuous Masking in Healthcare Settings](#) for more information. Mask use reduces the risk of asymptomatic transmission.

Full PPE, including N95 masks, is not routinely required unless performing Aerosol Generating Medical Procedures (AGMP). AGMPs have the potential to accelerate the movement of airborne droplets. For a list of AGMPs please see Alberta Health Services' [Aerosol-Generating Medical Procedure Guidance Tool](#).

Whenever possible, it is recommended, to post an [AGMP in progress sign](#) on the client's door to indicate that an AGMP is in progress. In addition to an N95 respirator when performing an AGMP, gown, gloves and eye protection are also required. For more information about the PPE required, please see the AHS IPC guidance for [Contact and Droplet Precautions](#).

Nurses and staff should ensure they complete a point of care risk assessment and utilize the appropriate PPE for protection.

For more information on appropriate PPE for healthcare services, please utilize the following resources:

- [Personal Protective Equipment \(PPE\) novel coronavirus \(COVID-19\)](#)
- [Alberta Personal Protective Equipment Guideline for Care of Individuals with Suspect or Confirmed Covid-19 In Health Care Settings](#)

*d. Physical Distancing and Gathering*

All nurses must continue to follow public health orders and promote physical distancing where possible, and where not, use appropriate personal protective equipment (PPE).

Client appointments should be scheduled so that the number of clients does not exceed indoor mass gathering restrictions. Nurses and staff in healthcare settings are not included in mass gathering restrictions. However, when possible try to restrict the number of staff, volunteers, and clients in a space or put up a physical barrier, like plexiglass, to reduce the risk of transmission.

Nurses also need to maintain physical distancing, of at least 2 metres in waiting rooms with clearly marked spaces and directional cues. Clients who live together do not need to be kept 2 metres apart from one another, however, must remain physically distant 2 metres apart from other clients in the waiting room.

If physical distancing is not possible in a waiting area consider alternatives like asking clients to stay in their cars before appointments, staggering appointments so there is no overlap between clients, or providing clients with PPE.

Where feasible increase the space between desks and workstations and consider the installation of physical barriers.

Consider eliminating in person non-essential gatherings. Postpone or move them online when possible. Try to limit the number people in shared space (including staffrooms or lunchrooms) by staggering break periods, removing chairs from spaces, and taping markers at 2 metre intervals to support physical distancing.

## **Conclusion**

Every Albertan has been called upon to slow the spread of COVID-19 through physical distancing and prevention hygiene, such as frequently washing your hands and wearing appropriate PPE. Everyone also has a role in making sure our communities remain as safe as possible to reopen and remain open.

Nurses continue to be an important part of healthcare delivery. Those in self-employed practice can better align their business practices with the Alberta Relaunch Strategy with the guidance outlined in this document. Through this guidance document self-employed nurses should have a better understanding of expectations for practice during Alberta's Relaunch Strategy. Further, nurses should feel equipped with adequate resources and information to ensure the safety of their clients and staff.

This guidance document was developed collaboratively by the CLPNA, CARNA, and CRPNA. Members of these regulatory bodies should contact their respective organizations if they have any questions about this document or wish to seek practice guidance about this topic.

## Resources

### Aerosol-Generating Medical Procedure Guidance Tool

- <https://www.albertahealthservices.ca/topics/Page17091.aspx>

### Alberta Personal Protective Equipment Guideline for Care of Individuals with Suspected or Confirmed Cases of COVID-19 in Healthcare Settings

- <https://ppe.sp.alberta.ca/Shared%20Documents/PPE%20Guidelines.pdf>

### CMOH Order 05-2020

- <https://open.alberta.ca/publications/cmoh-order-05-2020-2020-covid-19-response>

### COVID-19 info for Albertans

- <https://www.alberta.ca/coronavirus-info-for-albertans.aspx>

### COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities

- <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-environmental-cleaning-public-facilities.pdf>

### COVID-19 Self-Assessment for Healthcare Workers Tool

- <https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>

### COVID-19 Self-Assessment Tool

- <https://myhealth.alberta.ca/Journey/COVID-19/Pages/Assessment.aspx>

### Education: Hand Hygiene (AHS)

- <https://www.albertahealthservices.ca/info/Page14955.aspx>

### Employment Standards (COVID-19 Leave) Regulation

- [https://www.qp.alberta.ca/570.cfm?frm\\_isbn=9780779816620&search\\_by=link](https://www.qp.alberta.ca/570.cfm?frm_isbn=9780779816620&search_by=link)

### Guidelines for Continuous Masking in Healthcare Settings

- <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-continuous-use-guidance-masking.pdf>

### Hard Surface Disinfectants and Hand Sanitizers (COVID-19) (Health Canada)

- <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19.html>

#### Help Prevent the Spread

- <https://www.alberta.ca/prevent-the-spread.aspx#toc-6>

#### Infection Prevention and Control (AHS)

- <https://www.albertahealthservices.ca/info/Page6410.aspx>

#### Interim IPC Recommendations

- <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>

#### Personal Protective Equipment (PPE)

- <https://www.albertahealthservices.ca/topics/Page17048.aspx>

#### Point of Care Risk Assessment

- <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-acute-care-pcra.pdf>

#### Public Health Orders

- <https://www.alberta.ca/covid-19-orders-and-legislation.aspx>

#### Reusable and Single Use Medical Devices Standards

- <https://open.alberta.ca/dataset/fd371ac2-b2be-49ac-93ef-43865a0bc0fb/resource/56c1cd3c-b617-4d91-947d-3e0e4a68cd09/download/health-reusable-single-use-medical-devices-standards.pdf>

#### Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic

- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html>

#### Tough Times

- <https://www.albertahealthservices.ca/amh/Page16759.aspx>

#### Travel Health Notices

- <https://travel.gc.ca/travelling/health-safety/travel-health-notices>

#### Workplace Hazardous Materials Information System

- <http://whmis.org/>