

North American COVID-19 Policy Response Monitor: Saskatchewan

June 26, 2020

What is the North American COVID-19 Policy Response Monitor?

The North American COVID-19 policy monitor has been designed to collect and organize up-to-date information on how jurisdictions are responding to the crisis. It summarizes responses of health systems as well as wider public health initiatives. The North American policy monitor is an offshoot of the international COVID-19 Health System Response Monitor (HSRM), a joint undertaking of the WHO Regional Office for Europe, the European Commission and the European Observatory on Health Systems and Policies. Canadian content to HSRM is contributed by the North American Observatory on Health Systems and Policies (NAO).

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1. Preventing transmission

This section includes information on key public health measures that aim to prevent the further spread of the disease. It details how jurisdictions are advising the general public and people who (might) have the disease to prevent further spread, as well as measures in place to test and identify cases, trace contacts, and monitor the scale of the outbreak.

1.1 Health communication

On March 12, the province announced the first presumptive case of COVID-19 (Saskatchewan, 2020e). At this time, the Ministry of Health's Provincial Chief Medical Officer confirmed that the risk in Saskatchewan was low but encouraged residents to take precautions including washing hands frequently, practicing good hygiene and staying home if sick. Following this, on March 18, the government launched a website, www.saskatchewan.ca/COVID-19, to provide COVID-19 related information to the public (Saskatchewan, 2020k). The website provides information on symptoms of COVID-19, transmission, hygiene and respiratory etiquette, and physical distancing (Saskatchewan, 2020bf). The website also updates testing information and news releases on new provincial measures daily. The home page of the Government of Saskatchewan website (dashboard.saskatchewan.ca) also contains a dashboard with key indicators on health and wellness, business and economy and people and community (Saskatchewan, 2020bi). The dashboard has been updated to contain key COVID-19 indicators including total cases, total tests, deaths, active cases, daily new cases, hospitalized cases, and recovered cases.

On March 25, the Saskatchewan Public Safety Agency launched a toll-free phone line for people who have general questions about COVID-19 that are not health specific (Saskatchewan, 2020x). The line is staffed 16 hours a day by operations who can answer questions or point people to information ranging from government services to travel restrictions. As well, on April 6, in a provincial news release the Saskatchewan Public Safety Agency (SPSA) encouraged residents to sign up for the SaskAlert App to get accurate and timely information about COVID-19 (Saskatchewan, 2020ai). The app allows users to choose to receive emergency public alerts for the entire province, a particular municipality or a First Nation community.

In addition to these sources of health communication, information is provided on social media through the Government of Saskatchewan, Saskatchewan Health Authority and eHealth Saskatchewan. The Government of Saskatchewan has also been streaming live daily briefings on Facebook (Saskatchewan, n.d.-b)

1.2 Physical distancing

The Government of Saskatchewan has outlined COVID-19 mitigation measures on the province's website, including prohibiting gatherings of more than 10 people, maintaining a distance of 2 meters between individuals in the workplace and limiting public outings to essential needs only.

On March 17, a public health order was issued suspending all primary and secondary institutions indefinitely effective March 20, 2020 (Saskatchewan, 2020h). This order also prohibited gatherings other 250 people except in settings were people are distributed into multiple rooms or retail locations. Public gathers over 50 people with attendees who have travelled internationally in the previous 15 days were



also prohibited. The public health order also restricted visitors in long-term care (LTC) homes, hospitals, personal care homes, and group homes to only visits for compassionate reasons. A provincial news release on March 17 confirmed that the Royal Saskatchewan Museum would close immediately until further notice (Saskatchewan, 2020i).

Following this, on March 19, another public health order was issued prohibiting gatherings over 50 people, reducing capacity of restaurants, food courts, cafeterias, bars, lounges, nightclubs and show theatres to 50 per cent and not exceeding 50 people, and closing all recreational and entertainment facilities including fitness centres, casinos, bingo halls, areas, curling rinks, swimming pools, galleries, museums and similar facilities (Saskatchewan, 2020m).

On March 20, new public health orders led to sweeping changes and restrictions across the province (Saskatchewan, 2020q):

- Public gatherings over 25 people in one room except for settings where people are distributed into multiple rooms or retail locations
- All bars, lounges, night clubs and similar facilities were also required to close except to provide take-out or delivery of alcohol or food products.
- All personal service facilities, including that of tattooists, hairdressers, acupuncturists, cosmetologists, estheticians, etc., would be required to close as of March 23.
- Dental, optometrists, ophthalmologist, physical therapy, occupational therapy, and podiatry
 clinics were order to only provider urgent services. This decision came after some controversy
 around whether optional dental work should be banned, with some dentists outranged that this
 restriction was not included in the original list of closures (Warick, 2020).
- Childcare services were limited to a maximum of 8 children per room and all childcare facilities co-located with LTC or person care homes were required to be segregated with a private entrance and no common areas.
- Provincial park facilities closed (as of March 23)

Under this March 20 public health order, there were specific requirements set for quarantine and self-isolation (these are described in Section 1.3 Isolation and Quarantine)

On March 27, the provincial government confirmed that staff at the Saskatoon Correctional Centre were identified as having COVID-19 (Saskatchewan, 2020aa). At this time, no offenders in provincial facilities were confirmed as having COVID-19. Measures in provincial correctional facilities to prevent the spread of COVID-19 include restricting the movement and placement of offenders within the facility, suspending or limiting programming to smaller groups of offenders, increasing communication to staff and offenders about proper hygiene, and thorough and regular handwashing by staff.

On April 4, a new public health order prohibited gatherings over 10 people, excluding family members living in the same household (Saskatchewan, 2020ah). Visitors to LTC homes, hospitals, personal care homes, and group homes, visiting for compassionate reasons, were required to undergo additional screening prior to entry. Under this order, all businesses that were not critical public services or allowable businesses (list found at Saskathewan.ca) were required to close. As well, retail locations that were allowed to be open were not allowed to serve self-served food products.



An order on April 17, required additional measures be taking in the LTC sector (Saskatchewan, 2020ap). Staff working in LTC facilities were restricted to work in only one facility, except when approved by a medical health officer. As well, health screening was implemented for all staff in these facilities, including a temperature check prior to entry to the facility. Individuals providing direct patient care were also required to wear a mask at all times in all areas of the facility.

The most recent public health order, published on May 3, extended all of the above restrictions and is available on the provinces website (Saskatchewan, 2020ay).

On April 22, the provinces premier announced the re-opening plan for Saskatchewan (Saskatchewan, 2020aq); this is described in detail in Section 5.

1.3 Isolation and quarantine

Under the public health order issued March 20, all persons who have been identified as a close contact or a person with COVID-19 were required to go into mandatory self-isolation for 14 days locations (Saskatchewan, 2020q). As well, all persons that have travelled internationally were required to self-isolate for 14 days from the day they return back to Canada. Individuals who have travelled outside of Saskatchewan, but within Canada, are also recommended to self-isolate (Saskatchewan, 2020bd). Anyone who lives with a person with COVID-19 was required to go into mandatory self-isolation under this new order. (Saskatchewan, 2020b). All persons who become symptomatic during this isolation were directed to call Healthline 811.

According to the governments direction, self-isolation means "staying at home and avoiding situations where there is a potential to spread the infection to others" (Saskatchewan, 2020bd). If the self-isolation order is violated it may result in a fine of up to CA\$2,000.

1.4 Monitoring and surveillance

The Saskatchewan Health Authority defines a confirmed COVID-19 case as "a person with a laboratory confirmation of infection with the virus that causes COVID-19 performed at a provincial public health laboratory or national reference laboratory" (SHA, 2020a). Probable cases are defined as "a person with a fever and/or new onset of cough, who meets the COVID-19 exposure criteria, and whom laboratory diagnosis of COVID-19 is inconclusive, negative, or positive but not confirmed by the National Microbiology Laboratory (NML) or a provincial public health laboratory by nucleic acid amplification tests (NAAT)." A close contact is anyone who lives with or had other close prolonged contact with a case in the period extending from 24 hours before onset of symptoms or while case was symptomatic, anyone who had direct contact with infectious body fluids of a case, anyone who provided care for a case without use of PPE, anyone with laboratory exposure to biological material without use of PPE, or any airplane crew and passengers within 2 metres of a case.

On March 18, the provincial government confirmed that public health officials were completing contact investigations on all cases (Saskatchewan, 2020k). On March 28, the government announced that the Ministry of Health would deploy additional staff to the SHA to assist with contact tracing (Saskatchewan, 2020ab) and on March 30, the Government of Saskatchewan announced that there would be an additional 50 staff from across the government transitioning into contact tracing roles (Saskatchewan, 2020ad).



Modelling data was released by the Saskatchewan Health Authority on April 8, forecasting the "what if" scenarios to estimate the transmission of COVID-19, the impact of various public health interventions, and the impact on acute care demand (Saskatchewan, 2020aj). A new set of modelling released on April 28, showed that the introduction of public health measures in March and April have been effective in managing the COVID-19 outbreak (Saskatchewan, 2020as).

1.5 Testing

"High priority" testing for COVID-19 incudes hospitalized patients with symptoms, healthcare facility workers, workers in congregate living settings and first responders with symptoms, and residents in LTC facilities or other congregate living settings with symptoms (SHA, 2020a). "Priority testing" includes persons with symptoms of potential COVID-19 infection, including fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat, and persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

If individuals are experiencing symptoms of COVID-19 they are encouraged to use the online self-assessment tool at www.saskatchewan.ca/COVID-19 (Saskatchewan, 2020u). If the assessment tool recommends it, they should contact HealthLine 811 for further assessment and direction on where to be tested. Testing at assessment centres requires a referral.

On March 21, a provincial news release confirmed that The Roy Romanow Provincial Laboratory had the ability to confirm testing for COVID-19 (Saskatchewan, 2020r). This announcement meant that the province would no longer be reporting on presumptive cases as all new cases would be confirmed without sending samples to the national lab. As well, the speed of dissemination of results to physicians and individuals tested would increase due to this announcement. The provincial government reported that the lab could process about 456 COVID-19 tests a day. As of March 30, there were 40 communities in Saskatchewan where testing was available (Saskatchewan, 2020ad). Following this, on April 8, the government announced they had increased access to testing by creating 38 testing sites around the province and tripling the staff available for contact tracing efforts (Saskatchewan, 2020aj). On April 11, the provincial government stated that the province had the second highest rate of testing per capita among the provinces in Canada (Saskatchewan, 2020al).



2. Ensuring sufficient physical infrastructure and workforce capacity

Infrastructure and workforce capacity are crucial for dealing with the COVID-19 outbreak, as there may be both a surge in demand and a decreased availability of health workers. This section considers the physical infrastructure available in the jurisdiction and where there are shortages, it describes any measures being implemented or planned to address them. It also considers the health workforce, including what jurisdictions are doing to maintain or enhance capacity, the responsibilities and skill-mix of the workforce, and any initiatives to train, protect or otherwise support health workers.

2.1 Physical infrastructure

On March 24, the Saskatchewan Health Authority (SHA) announced that they would be expanding acute care capacity to meet future demand during the pandemic (Saskatchewan, 2020v). This announcement included directing non-essential services to shut down to increase bed availability, preserve supplies and support a labour pool for reallocation. The SHA announced that they planned to create additional capacity by creating dedicated spaces to cohort COVID-19 patients within facilities, creating COVID-19 designated hospitals in Saskatoon and Regina, and creating additional community based acute care capacity where required.

On April 8, the province's Health System Readiness modelling showed that the current capacity of ICU beds in Saskatchewan was 98 beds and the current average daily demand was 57, while the current capacity for acute care beds was 2433 with a current average daily demand of 1396 (SHA, 2020b). In this report, the provincial government announced that the health care system was planning to add capacity to prepare for COVID-19 cases. The phased project aimed to increase acute care capacity by 57% in anticipation of increased hospitalization rates. As well, the government planned to increase intensive care beds from 98 ICU beds to 963 beds as needed. The province also reported on having 450 ventilators available to meet modelled demand for low and mid-range scenarios, however, with a planned capacity ventilator requirement of 860 a gap of 410 ventilators would exist. The province confirmed that they would be receiving orders for 200 ventilators with 100 expected in the coming weeks to fill this gap.

The modelling report released on April 28, outlined new planning scenario assumptions estimating needing 100 fewer hospital beds, 400 fewer ICU beds and 400 fewer ventilators than announced on April 8 (SHA, 2020d). In this report, the provincial government announced that they would be adjusting local surge plans based on the updated planning scenario. These plans are further discussed in Section 3.1.

In an effort to mitigate shortages of PPE and other supplies needed, the government has encouraged individuals and businesses to donate supplies to help fight COVID-19 through their procurement email address (procurement@gov.sk.ca) (Saskatchewan, 2020af). On April 2, the government confirmed that they had received over 800 emails and were working to verify donations. Over 57 donations of PPE were received and 85 additional purchase opportunities were identified.

2.2 Workforce

In an effort to increase the availability of health workers, on March 20, the provincial government announced that they would be re-purposing childcare facilities in schools to provide child care services to support staff in healthcare and other employees delivering services related to the pandemic response



(Saskatchewan, 2020o). Eligible people for the emergency and pandemic response childcare spaces included: employees directly related to providing essential services in health care, employees working directly in child protection, income assistance and community living connected to the Ministry of Social Services, employees working directly in residential services connected to the Ministry of Social Services, child care centre employees of licensed child care facilities, employees directly related to providing essential services in SaskPower, SaskEnergy, SaskTel, water and wastewater management, and employees directly related to providing essential services for police and fire.

As well, on April 3, the Government of Saskatchewan announced that were working with professional health bodies to put measures in place to provide temporary licenses for retired, non-practicing and student members (Saskatchewan, 2020ag). The provincial government is also covering the fees for these professionals.

On April 30, 2020, the provincial government announced a wage supplement for essential workers helping the provinces most vulnerable populations (Saskatchewan, 2020av). The investment is further outlined in Section 4.1. On June 4, the provincial government announced that they would be expanding the program to include anyone, regardless of income level, who is working at a public or private LTC facility. As well, the criteria was expanded to include workers at assisted living facilities if they earned a wage less than CA\$24 per hour in the four week period for which they applied for the supplement (Saskatchewan, 2020bn).

On May 20, the Saskatchewan Health Authority announced supports for health care staff (SHA, 2020g). These efforts include deploying staff to testing sites, assessment and treatment centres, and hospitals and LTC homes to help with staff and visitor screening. More recently, staff have also been deployed to areas of outbreak in the province. According to the announcement about 1,500 employees have been redeployed to new roles, worksites and in some cases travelling to new communities across the province.

3. Providing health services effectively

This section describes approaches for service delivery planning and patient pathways for suspected COVID-19 cases. It also considers efforts by jurisdictions to maintain other essential services during periods of excessive demand for health services.

3.1 Planning services

In response to the COVID-19 pandemic, health system demand throughout the province has been shifting, creating a need for timely reallocation of resources and planning of services. Some of Saskatchewan's initiatives include managing surgical services, redistributing system capacity, and expanding HealthLine 811 call service capacity. Below is a more detailed summary of key initiatives across the province to date.

On March 23, 2020, the province announced the discontinuation of all non-urgent or electives surgeries and procedures. However, cancer treatment, urgent care and emergent care continue to be available. (Ministry of Health, 2020c).

With the halt of non-essential services on March 24, 2020, numerous staff, bed units, and resources were available for the influx of expected COVID-19 cases. More so, the Saskatchewan Health Authority (SHA)



dedicated facility spaces to COVID-19 patients, creating designated COVID-19 hospitals in Saskatoon and Regina, and adding community-based acute care capacity where necessary by retrofitting school gyms, community centres, skating rinks and more. (Ministry of Health, 2020d).

According to the Health System Readiness for COVID-19 Plan released on April 8, 2020, the SHA plans on expanding the HealthLine 811 service by employing an extra 250 staff to deal with call volumes. They are also offering more virtual information and assessment sessions with the help of over 750 clinicians who have signed up. There are currently 38 SHA-operated testing sites, with 21 more to be opened in the coming weeks. There has also been an increase in intensive care bed capacity, from 93 to 963. In terms of health services in rural parts of Saskatchewan, field hospitals and restructuring of existing sites is planned in order to meet demand. Throughout Saskatchewan there are 450 available ventilators, with a planned order of 200 more, 100 of them soon to be delivered in the coming weeks (Saskatchewan Health Authority, 2020a).

On April 28, 2020, the province released a COVID-19 Modeling and Health Systems Readiness Update presentation outlining the provinces system planning in order to address the pandemic. Key system planning messages include: the province has 16 assessment sites, with more to open soon; the province has over 2,000 virtual clinician users with over 35,000 sessions completed; and the province has two field hospitals in Regina and Saskatoon which are equipped with 309 beds and with room for an extra 341 beds to be built (Saskatchewan Health Authority, 2020c).

On June 9, the SHA announced that they will soon be opening two new field hospitals, likely in the coming weeks (SHA, 2020h). The two hospitals, one in Regina and the other in Saskatoon, will have the capacity for a total of 304 COVID patients (SHA, 2020h).

3.2 Managing cases

In the province of Saskatchewan, a suspected case is to abide by the following pathway of care: (1) self-monitor and self-assess for any symptoms using the province's Self-Assessment Tool, (2) if necessary, call the provincial HealthLine 811 for further symptom assessment and guidance for testing, (3) if instructed to do so, arrive in-person to a designated testing site, (4) based on the severity of symptoms, testing criteria and test results, the individuals will be instructed either to isolate at home, or isolate at a designated care facility for treatment. Please refer to Sections 1.3 and 1.4 for more detail regarding the province's isolation and monitoring guidelines, and Section 1.5 for more detail regarding testing criteria, capacity and updates throughout the province. The following section further details the provincial measures for managing cases of COVID-19.

On March 16, 2020, the government released a COVID-19 Self-Assessment Tool for individuals to determine whether they need to seek further assessment of their symptoms. Based on self-assessment results, the tool guides users towards next steps, essentially acting as their first point of contact in care for COVID-19 (Saskatchewan, 2020f). The online Self-Assessment Tool can be found at https://public.ehealthsask.ca/sites/COVID-19/.

On March 17, 2020, the Ministry of Health clarified the difference between self-isolating and self-monitoring in terms of COVID-19. These clarifications, along with updated guidelines are to help individual better monitor and manage any symptoms they may experience, and reduce the risk to those around



them. Self-isolation applies to individuals who have been in contact with a COVID-19 patient or in an area of high disease spread. Such individuals are required to stay home, not attend work, school, social or sporting events. If symptoms develop or worsen, HealthLine 811 must be dialed for further direction and assessment. Self-monitoring refers to checking personal symptoms as well as avoiding crowded places and high traffic areas (Ministry of Health, 2020b).

On March 20, 2020, the Premier signed an order directing that all orders given by the government and the Chief Medical Health Officer must be followed, emphasized that law enforcement agencies have the authority to enforce them. This stemmed from concerns that individuals were not following policies and recommendations put in place by the health authorities (Saskatchewan, 2020n).

On March 31, 2020, the SHA announced that they are working on consolidating a comprehensive guideline that deals with worst-case scenarios regarding the COVID-19 pandemic. An ethical guideline is being prepared to help doctors make difficult choices regarding patients where resources are scarce. These guidelines shift physician priorities from the individual level to the societal level (White-Crummey, 2020a). Age will not be the single determining factor but societal benefit will be evaluated on a case-by-case basis. It was also noted that although the province is not yet facing such ethical dilemmas, preparation for such possibilities is underway and part of the SHA's responsibility (Quenneville et al., 2020).

On April 1, 2020, the Ministry of Health announced that all employees working in Saskatchewan's LTC facilities will have their temperatures checked and will be monitored for COVID-19 symptoms prior to beginning their shifts (Ministry of Health, 2020g).

Beginning on April 15, 2020, all individuals entering any SHA facility or program area will be subject to mandatory screening of COVID-19 symptoms. These screening measures will become applicable throughout all SHA facilities, long term care facilities, hospitals and any other care sites. In keeping with the most recent Health Canada guidelines, screening and temperature check will take place twice daily alongside individuals self monitoring (Ministry of Health, 2020h).

On April 24, 2020 the SHA updated orders and work standards on maternal/children's health including instructions on providing care for mothers with COVID-19 and mother/infant dyads where one or both mother and infant may be infected (SHA, 2020c).

On April 28, 2020, the SHA's COVID 19 Health System Readiness Plan, outlined that the health authorities planned to use hotels to house COVID-19 patients who require intermediate care. This is done in part to manage COVID-19 cases across the province and reduce strain on select facilities dealing with a surge (Ministry of Health, 2020i).

On May 1, the SHA released Essential Skills Lists for COVID Training which outline skills that could be needed during "advanced stages of a pandemic" to facilitate rapid training of clinical and non-clinical staff for Field Hospitals to manage cases (SHA, 2020f). Skills lists were also released for allied health professions to support training and "upskilling" of supplemental staff to provide services (SHA, 2020e).



3.3 Maintaining essential services

The province of Saskatchewan has applied a range of approaches across the province in order to maintain essential health services throughout the pandemic, notably through the increased provision of virtual care. The province ensured the provision of virtual appointments for physician clinics, mental health services, and pharmacist consultations. Another notable change in health service provision is the province's decision to temporarily close select Emergency Rooms (ERs) in rural Saskatchewan. The following section further details these changes in essential service provision across the province.

On March 13, 2020, the Ministry of Health announced that they are introducing virtual appointments and video conferences for clinics and offices, with new billing codes for physicians. Telephone services were available immediately upon this announcement, whereas virtual care platforms for video services were available as of March 20, 2020. (Ministry of Health, 2020a). The province's Virtual Care page outlines the approved and available services, such as Pexip for one-on-one consultations and Webex for group sessions, as well as lists the corresponding billing codes for physicians (Saskatchewan, n.d.-d). On April 21, 2020, the government of Saskatchewan permitted pharmacies and pharmacists to provide virtual consultations through their approved Pexip software as well (Saskatchewan Health Authority, 2020b).

On March 26, 2020, an updated list of essential services has been provided by the Ministry of Health. This newly updated list contains health care and public health workers; law enforcement, public safety and first responders; production, processing and manufacturing and the supporting supply chains; transportation and logistics; government and community services; media and telecommunications; construction including maintenance and repair; select retail services; and banking and financial services (Ministry of Health, 2020e).

On April 1, 2020, the SHA ensured that all mental health inpatient units for adults, children and youth will remain open. However, community mental health sites and Family Services Saskatchewan will no longer be offering in-person consultations, but will be available by phone instead. For funding allocations towards mental health services throughout the province, please refer to Section 4.1 of this document (Ministry of Health, 2020f).

On May 14, 2020, the province made the decision to close 12 ERs across the province, with less than a 48-hour notice to residents in their respective regions. This decision was made in an effort to better address the COVID-19 pandemic within the province, intending to allow the hospitals to manage surges in COVID-19 cases. However, this decision came with a lot of pushback across the province, as many residents were left with emergency care as far as an hour away from their homes. Nevertheless, the ERs remain closed to date, but the province reassures that the "emergency room closure will not be permanent" (White-Crummey, 2020b).

On May 19, the government began Phase 2 of the reopening plan and resumed certain health services such as outpatient physiotherapy appointments, kidney health services, some laboratory services, home care services and expanded immunizations for all (Saskatchewan, 2020bg). Some services may not be available right away as health clinics continue to reorganize their patient admittance practices to allow for physical distancing and additional screening (Saskatchewan, 2020bg). Health services will continue to be provided virtually and an emphasis will be placed on offering these services over in-person consultations (Saskatchewan, 2020bg). Non-urgent surgeries alongside elective exams are on their way to



resuming to normal, however they are dependent on the availability of post-surgical care to be provided by nurses and therapists, surgeons and their assessment of patients, and availability of surgical bookings across all specialties (Saskatchewan, 2020bg).

On June 8, as part of Phase 3 of reopening, the government announced that emergency rooms at eight of the twelve regional hospitals will be reopening (Saskatchewan, 2020bp). They have been closed as part of governments plan to convert the space to alternative care to meet COVID-19 outbreaks and prevent further transmissions (Saskatchewan, 2020bp). The government has provided a targeted timeline of reopening for each site, they are as follows: June 12 – Kerrobert, June 16 - Leader and Arcola, June 18 – Preeceville, June 22 – Biggar and Oxbow, June 24 – Davidson, June 25 – Herbert (Saskatchewan, 2020bp).

On June 10, the government announced the next phase of the SHA Service Resumption (Saskatchewan, 2020bq). It is set to start June 16 and will see an increase in the volume of surgical and imaging services being provided at SHA-operated specialty clinics, up to 70% capacity (Saskatchewan, 2020bq). The services provided by these speciality clinics include: sleep disorder testing, cardiac stress testing, eye centre testing and operations, and additional cast clinics (Saskatchewan, 2020bq). New COVID-19 related precautions will be put into place that respect physical distancing, grouping staff, the use of PPEs, and Infection Prevention and Control standards (Saskatchewan, 2020bq).

On June 10, the government also announced that since the beginning of the pandemic in March, the province has delivered 122,000 virtual appointments to date (Saskatchewan, 2020bq). On June 23, the province updated that they have had "almost 370,000 virtual care physician services" offered between March 13 to June 15, bringing the number of residents connecting to physicians virtually to 19 percent (Saskatchewan, 2020bx).

4. Paying for services

Adequate funding for health is important to manage the excess demands on the health system. This section considers how jurisdictions are paying for COVID-19 services. The subsection on health financing describes how much is spent on health services, where that money comes from, and the distribution of health spending across different service areas. The section also describes who is covered for COVID-19 testing and treatment, whether there are any notable gaps (in population coverage and service coverage), and how much people pay (if at all) for those services out-of-pocket.

4.1 Health financing

Health-related financing began flowing into the province early-on in the global battle with COVID-19, from both provincial and federal sources. Specifically, a significant amount of financing was dedicated towards Saskatchewan-based researchers at the VIDO-InterVac lab, in their development of a vaccine. Provincial funding was also allocated towards combatting a diverse set of COVID-19 challenges such as increasing health system capacity, financing the workforce and more.

Before the province of Saskatchewan saw their first case of COVID-19, funding towards battling the pandemic and developing a vaccine had already begun. On March 6, 2020, the University of Saskatchewan received their first funding injection of CA\$1 million from the CA\$26.7 million federal rapid research



funding initiative. The university's Saskatoon-based lab, VIDO-InterVac, received a CA\$1 million investment over the course of two years to test vaccine candidates The lab had already received approval to work on the new virus (O'Donovan, 2020). On March 11, 2020, Innovation Saskatchewan, the provincial government's central innovation agency, provided an additional CA\$200,000 to VIDO-InterVac to support their search for a COVID-19 vaccine (Saskatchewan, 2020d).

On March 18, 2020, shortly after the virus has reached the province, the government released their provincial spending plan in relation to the pandemic. Within this plan, the total Ministry of Health spending amounted to CA\$5.77 billion, with roughly a 3.9% increase in spending from the previous year (Saskatchewan, 2020j). These funds will contribute to Saskatchewan's health system preparedness and capacity in the fight against COVID-19. Key budget allocations are as follows:

- A CA\$3.74 billion investment to the Saskatchewan Health Authority, which will be used towards funding **front-line health care professionals** across the province (Saskatchewan, 2020j).
- An additional CA\$400,000 investment for the aforementioned VIDO-InterVac lab in Saskatoon.
 This particular investment is towards their work on building a new vaccine manufacturing facility (Saskatchewan, 2020j).
- An increase of CA\$12 million will be invested towards Saskatchewan's mental health and addiction services, CA\$5.8 million and CA\$6.2 million respectively, totalling the ministry's budget on these services to CA\$434.5 million this year (Saskatchewan, 2020j).
- An additional CA\$20 million is allocated towards addressing surgical wait times and performing
 an additional 3,700 surgeries. This investment is indented to fast-track procedures and alleviate
 pressure on the health system for when the COVID-19 pandemic arrives to Saskatchewan
 (Saskatchewan, 2020j). This fast-tracking, in combination with the aforementioned reduction in
 elective surgeries across the province (Section 3.1), will allow Saskatchewan to dedicate more
 space, beds and staff towards tackling the pandemic (Wiens & Solomon, 2020).
- An additional CA\$18.4 million, or 10%, will be allocated towards the **Saskatchewan Cancer Agency**, totalling this year's investment to \$194.4 million (Saskatchewan, 2020j).
- An CA\$8 million investment is dedicated towards the Royal University Hospital, in order to add **36 acute-care beds** (Saskatchewan, 2020j).
- An investment of CA\$2.3 million to Regina and Emerald Park is intended to add 100 LTC beds to their facilities (Saskatchewan, 2020j).
- A CA\$142 million investment is dedicated towards the renewal and expansion of Prince Albert Victoria Hospital. Of this allocation, CA\$15 million will be going towards "planning, design and procurement activities" (Saskatchewan, 2020j).
- A CA\$15.7 million investment will be spent towards a new Meadow Lake LTC facility, with 72 new LTC beds (Saskatchewan, 2020j).
- A CA\$6 million investment is dedicated to the city of Melfort, of which CA\$4 million will go towards new diagnostic imaging equipment and CA\$2 million towards a new CT scanner (Saskatchewan, 2020j).



Towards the end of March, there were two waves of federal funding towards the VIDO-InterVac laboratory in Saskatoon. The first wave, on March 23, 2020, was an investment of CA\$23.3 million. Of this funding, CA\$11.3 million is dedicated towards their COVID-19 vaccine research and development, and CA\$12 million is dedicated towards further increasing their manufacturing capabilities (McKay, 2020). The second wave, on March 25, 2020, was an investment of CA\$28 million. To date, Saskatoon researchers have received provincial funding totalling to CA\$4.2 million and federal funding totalling to CA\$52 million (Saskatchewan, 2020w).

On April 30, 2020, the provincial government announced a wage supplement for essential works helping the provinces most vulnerable populations. This includes people working in "senior-care, group homes, childcare facilities, and emergency and transition shelters". Under this investment, roughly 35,000 workers will be given a CA\$400 per month supplement, for up to 16 weeks. This investment will come from both provincial and federal sources (Saskatchewan, 2020av). As mentioned in Section 2.2, on June 4, the government announced that they will be expanding the temporary wage supplement to also include any LTC workers, regardless of income or whether they work for a public or private institution (Saskatchewan, 2020bn).

On May 28, the government announced a CA\$1.125 million in funding for caregivers that will provide CA\$100 per month from June to September 2020 for respite activities to allow caregivers a broader range of options for activities during the pandemic (Saskatchewan, 2020bj). It is estimated that 2,800 caregivers will be eligible for these payments (Saskatchewan, 2020bj). This includes: "families caring for adult Community Living Service Delivery clients in their homes; families receiving the Family Respite Benefit for children under the age of 18 with an intellectual disability; and Approved Private Service Home (APSH) proprietors, including Mental Health Approved Home proprietors" (Saskatchewan, 2020bj).

On June 15, the government announced additional health budget investments throughout the province:

- A CA\$118 million investment will be made towards the purchase of hospital equipment, testing equipment, personal protective equipment and operating costs (Saskatchewan, 2020bs).
- A CA\$200 million investment will be allocated towards health and safety contingency. This is to cover any COVID-19 related costs that are not outlined in the current Health budget (Saskatchewan, 2020bs).
- Another CA\$1.8 million in funding will be used to improve the provincial gynecologic-oncology programs (Saskatchewan, 2020bs).
- Another CA\$1.0 million will be given to Ovarian Cancer Canada (OCC) for priorities such as treatment, research and clinical trials. Of that sum, CA\$600,000 will be used to improve sexual assault nurse examiner (SANE) services and CA\$400,000 to increasing midwifery programs with three new positions (Saskatchewan, 2020bs).
- Another CA\$750,000 in funding will be allocated to increasing the individualized funding for children under the age of six with Autism Spectrum Disorder. An estimated 535 families will benefit from this annual increase from CA\$6000 to CA\$8000 (Saskatchewan, 2020bs).

On June 15, the government announced more details of their initial CA\$435 million investment in mental health and addiction services. Of this funding, CA\$6.2 million will improve mental health services by dedicating:



- CA\$3.0 million to fund ongoing efforts to create new residential support beds for individuals with intensive mental health needs transitioning from a hospital setting back into the community, freeing up hospital space for incoming patients (Saskatchewan, 2020bt);
- CA\$1.4 for the construction of a specialized crystal methamphetamine inpatient treatment centre in Estevan (Saskatchewan, 2020bt);
- More than CA\$1.3 million to develop intensive supports for children and youth with complex mental health needs (Saskatchewan, 2020bt);
- CA\$1.25 million in one-time funding to support suicide prevention, including improved use and monitoring of suicide protocols, and enhancing research, data and surveillance (Saskatchewan, 2020bt);
- CA\$437,000 in one-time funding to pilot the integration of nurses working with RCMP members to support mental health needs in rural areas (Saskatchewan, 2020bt);
- CA\$200,000 to sustain the development of a mental health program for Emergency Medical Services workers in the province (Saskatchewan, 2020bt); and
- CA\$150,000 is being invested to establish four pre-treatment beds and six post treatment beds in Estevan) (Saskatchewan, 2020bt).

On June 16, 2020, the government announced that a new CA\$73 million investment into new LTC facilities in Grenfell and La Ronge (Saskatchewan, 2020bu). Another CA\$7.2 million will be dedicated to 82 priority renewal projects in 51 LTC facilities and will include: flooring and window replacements, heating and air conditioning upgrades, and water and sewer line replacement (Saskatchewan, 2020bu).

On June 19, 2020, the government, announced an investment of \$17.8 million in 87 health facility maintenance and upgrade projects across the province (Saskatchewan, 2020bw, p. 8). The actual projects and services rendered are as follows: front entrance upgrades to Battlefords Union Hospital, water and sewer lines replacement at the Regina General Hospital, replacing the roof of a 1978 Building at Royal University Hospital in Saskatoon, boiler replacement project at Melfort Hospital, new design for ambulance bay at the La Ronge Health Centre, a generator replacement/upgrade project Kindersley Hospital and District Health Centre, replacing the cast iron pipes in the acute care wing of the Shaunavon Hospital and Care Centre (Saskatchewan, 2020bw, p. 8).

4.2 Entitlement and coverage

Health coverage across the province has remained unchanged amid the COVID-19 pandemic. The complete list of services is published at www.Saskatchewan.ca. To be eligible for Saskatchewan Health Coverage, individuals must reside in the province at least five months every calendar year (Saskatchewan, 2020a).

Although coverage and eligibility for health services have remained unchanged, as of March 18, 2020, pharmacists began to limit drug dispensing across the province to a 1-month supply in an effort to prevent the stockpiling of medications and ensure a continued supply throughout the pandemic (CPSS, 2020). As the provincial response to COVID-19 evolves, the province has updated that the drug supply is now "in a more stable condition" and thus will allow residents to fill their prescriptions as usual beginning on March 20, 2020 (Guignard, 2020b).



5. Governance

The governance of the health system with regard to COVID-19 relates to pandemic response plans and the steering of the health system to ensure its continued functioning. It includes emergency response mechanisms, as well as how information is being communicated, and the regulation of health service provision to patients affected by the virus.

5.1 The COVID-19 Preparedness Plan and the Emergency Planning Act

In response to the COVID-19 pandemic, the SHA released a COVID-19 Preparedness Plan on March 11, 2020. The new preparedness plan was developed leveraging the provinces existing H1N1 Pandemic Plan (Saskatchewan, 2020c). Prior to the SHA's development of this plan, the province already had Emergency Guidelines and an Emergency Planning Act in place. The following is a brief summary of the key roles and responsibilities of both the federal and provincial governments, as outlined in the province's COVID-19 Preparedness Plan, the Emergency Management guidelines, and the Emergency Planning Act:

Federal Government

The federal government's Special Advisory Committee for COVID-19 is responsible for coordinating federal, provincial and territorial preparedness in Canada (Saskatchewan, 2020c).

Additionally, PHAC's National Microbiology Lab in Winnipeg, Manitoba is responsible for performing diagnostic testing of the SARS-CoV-2 virus, which causes the COVID-19 disease. The lab closely collaborates with provincial and territorial public health laboratories to perform this work.

Provincial Government

The Government of Saskatchewan's primary responsibility is to "detect cases as early as possible and delay spread as long as possible". As such, the SHA has developed operational plans for addressing the following matters across the province in response to COVID-19: (1) continuity of health services and surge capacity; (2) supply chain management; (3) surveillance; (4) lab and testing services; (5) infection prevention and control; (6) public health measures; (7) assessment sites; (8) clinical guidelines; (9) human resource management; (10) occupational health and safety; (11) communications; and (12) psychological considerations (Saskatchewan, 2020c).

Aligned with this, on March 3, 2020, Saskatchewan's Ministry of Health launched a Health Emergency Operations Center. Shortly after, on March 9, 2020, the Saskatchewan Health Authority launched their Emergency Operations Center as well. The following day, on March 10, 2020, the province's Public Safety Agency launched their Provincial Emergency Operations Center (Saskatchewan, 2020c). Emergency Operations Centers, as described by the provincial government, is a central managing body that may be enacted once an emergency escalates beyond jurisdictional capabilities. The center becomes a centralized point of contact for communities within the province who needs help and is operational 24/7. It allows governing bodies and stakeholders across the province, such as ministries, agencies, and organizations to collaborate and assist each other through a centralized point of coordination and communication (Saskatchewan, n.d.-a).



According to the COVD-19 Preparedness Plan, the province's Ministry of Health is also responsible for working with First Nations partners throughout Saskatchewan (Saskatchewan, 2020c).

The provincial government is responsible for modelling potential scenarios, monitoring, and analyzing the impact of COVID-19 on health services, thus informing jurisdictions on the appropriate response (Saskatchewan, 2020c). The province is also "actively working with the [Saskatchewan Medical Association] SMA and the College of Physicians and Surgeons to address physician concerns and questions" (Saskatchewan, 2020c). According to the province's Emergency Management guidelines, the province is responsible for providing "support and advice to local officials during an emergency event" (Saskatchewan, n.d.-a).

Municipal Governments

Under the province's *Emergency Planning Act*, municipalities across the province are responsible for establishing emergency plans, directing, and controlling municipal emergency response. More specifically, municipalities must: "[1] appoint a municipal planning committee; [2] establish an Emergency Measures (Management) Organization (EMO); [3] appoint an Emergency Coordinator; and [4] prepare an emergency plan" (Saskatchewan, n.d.-a).

The provincial government may also declare a state of emergency, as is the case with the COVID-19 pandemic, thus allowing the provincial government to "direct municipal resources or direct one municipality to assist another during the emergency" (Saskatchewan, n.d.-a).

The provincial government also released a statement on March 22, 2020, providing clarity that provincial emergency orders take precedence over municipal ones. This announcement came in light of a conflicting order released in the municipality of Regina to the provincial orders in place. In an effort to minimize confusion for residents, the province will be reviewing municipal policies and standards in place to ensure consistency between both levels of government. The provincial government has also addressed the Saskatchewan Urban Municipalities Association and the Saskatchewan Association of Rural Municipalities to ensure that there is consistency and compliance (Saskatchewan, 2020s).

The full COVID-19 Preparedness Plan, *Emergency Planning Act* and Emergency Management guidelines can be found at www.saskatchewan.ca.

5.2 Re-Open Saskatchewan Plan

On April 23, 2020, the province introduced the Re-Open Saskatchewan Plan, which was later updated on May 8, 2020, and began on May 4, 2020 (Saskatchewan, 2020bc). The plan consists of five phases, with restrictions being lifted slowly and progressively (Saskatchewan, 2020bc). A number of factors will be assessed throughout the reopening, such as the spread of the virus, health care capacity, and outbreak risks and will adjust the timeline accordingly (Saskatchewan, 2020bc). Throughout the five phases, the plan also includes a brief list of recommendations to remain in place, such as protecting vulnerable populations, working from home wherever possible, physical distancing, maintaining rigorous personal hygiene, enhanced cleaning practices in shared spaces etc. (Saskatchewan, 2020bc). The following is a brief outline of the Plan's five phases and key dates:



Phase 1 - May 4, 2020

Throughout this phase, the size of public and private gatherings was set to a maximum of 10 people (Saskatchewan, 2020bc). The list of re-opening businesses included:

- Previously-restricted medical services (i.e. dentistry, optometry, physiotherapy etc.);
- Boat launches:
- Community gardens;
- Fishing depending on geographic location (i.e. Southern Zone may resume fishing on May 5, 2020, Central Zone on May 15, 2020, and Northern Zone on May 25, 2020);
- Golf courses are set to reopen on May 15, 2020;
- Drive-in theatres are set to re-open on May 15, 2020;
- Outdoor individual recreation is set to re-open on May 15, 2020;
- Parks and campground registration may re-open on May 4, 2020, however, attendance is only permitted beginning June 1, 2020 (Saskatchewan, 2020bc).

The Northern Village of La Loche was only be permitted to enter Phases 1 and 2 on June 8 (Saskatchewan, 2020bl).

Phase 2 – May 19, 2020

Throughout this phase, the size of public and private gatherings was set to remain at a maximum of 10 people (Saskatchewan, 2020bc). The list of re-opening businesses included:

- Select retail businesses;
- Shopping malls;
- Select personal services;
- Public and farmers markets (Saskatchewan, 2020bc).
- Provincial park campgrounds were permitted to reopen for overnight stays on June 1, given that
 physical distancing guidelines were implemented (e.g. minimal in-park contact, automatic checkin) as well as enhanced sanitization (e.g. campers bring hand sanitizer and disinfectant)
 (Saskatchewan, 2020bk).

Phase 3 – June 8, 2020

Throughout this phase, the size of public and private gatherings was set to a maximum of 15 people indoors, and 30 people outdoors (Saskatchewan, 2020bc). The list of re-opening businesses included:

- Remaining personal services;
- Restaurant, food services and licensed establishments at 50% capacity;
- Gyms and fitness facilities (Saskatchewan, 2020br).
- Childcare facilities will be accessible to working parents, with a maximum of 15 children per designated facility (Saskatchewan, 2020bm).
- Places of worship, with one third of the seating capacity and up to 150 people, whichever is less (Saskatchewan, 2020br).
- Outdoor playgrounds will reopen on June 12;
- Beaches and associated washrooms reopened on June 12 (Saskatchewan, 2020bp).

Additionally, effective June 8, restrictions on travel for Northwest Saskatchewan were lifted, meaning travel to, from, and within these communities is now permitted. Additionally, gatherings in the region



were permitted to increase to 20 people outdoors and 10 people indoors. However, Phase 3 was delayed in the entire northwest region (Saskatchewan, 2020bl).

Phase 4 – June 22 and June 29

Throughout this phase, the size of public and private gatherings was set to a maximum of 30 people, where space allows for 2-meter distancing between people. This phase was designed to roll out in two parts. Phase 4, part 1 began on June 22, and reopenings included:

- Child and youth day camps;
- Outdoor pools and spray parks;
- Seasonal/recreational outdoor sports and activities (Saskatchewan, n.d.-c).
- Parks and campgrounds were also permitted to expand capacity to 100%, and permit access to washrooms and showers as of June 26 (Saskatchewan, 2020by).

Phase 4, part 2, which began on June 29, included the following reopenings:

- Libraries;
- Museums;
- Galleries;
- Movie theatres;
- Live theatres (Saskatchewan, n.d.-c).
- Locker room, showers and changerooms in business facilities (Saskatchewan, 2020by).

The following activities are set to also begin in the coming weeks, but no date has been announced yet:

- Indoor sports and activities;
- Indoor pools;
- Indoor rinks;
- Casinos;
- Bingo halls (Saskatchewan, n.d.-c).

Phase 5 - Date to be announced

Limits on the size of public gatherings may still be in place.



Table 1. Overview of key re-openings

Category	Dates and Relevant Notes
Schools (e.g. primary, higher	Primary and secondary schools across the province are to
education, etc.)	remain closed until September 2020 (Djuric, 2020).
	The University of Saskatchewan and the University of Regina
	have also made official announcements to hold courses online
	for the Fall 2020 term (Guignard, 2020a).
Workers (e.g. essential workers,	Essential workers have remained in operation throughout the
childcare workers, etc.)	pandemic.
	Non-essential medical services reopened in Phase 1, on May
	4.
	Childcare facilities reopened to working parents in Phase 3 on
	June 8, with a maximum capacity of 15 children per
	facility(Saskatchewan, 2020bm).
Businesses (SMEs, restaurants, etc.)	Most businesses are set to reopen in Phase 2, beginning on
	May 19, with some restricted business remaining closed until
	Phase 3, no date announced yet.
Travel (local, cross-border, etc.)	Travel is to remain closed as a long-term restriction, no
	reopening announced yet.
Gatherings (events, informal	The permitted size of gatherings gradually increases in size
gatherings, religious services, etc.)	from 5 to 30 attendees throughout the five phases, beginning
	on May 4.

More details and information on the Re-Open Saskatchewan Plan may be found at https://www.saskatchewan.ca/re-open.

6. Measures in other sectors

Many measures beyond the immediate scope of the health system are being taken to prevent further spread of the virus. This section contains information on many of these areas, including border and travel restrictions and economic and fiscal measures, among others.

6.1 State of Emergency

On March 18, the Government of Saskatchewan declared a provincial state of emergency (Saskatchewan, 2020l). This announcement included new safety measures, as mentioned in section 1.2, including prohibiting public gatherings larger than 50 people, limiting seating in restaurants and bars to 50 per cent of capacity, closing gyms, fitness centres and casinos, advising residents to limit non-essential travel outside of the province, and government ministries implementing a phased on-work from home policy. On May 13, the provincial state of emergency was extended for a period of two weeks (Saskatchewan, 2020be), and has since been extended every 2 weeks. The latest update occurred on June 25 where the state of emergency was extended until July 8 (CFIB, 2020).



6.2 Maintaining food and essential good supply

On April 13, the Financial and Consumer Affairs Authority (FCAA) announced that businesses could face regulatory action and prosecution if found to have engaged in price gouging during the COVID-19 pandemic under *The Consumer Protection and Business Act* (Saskatchewan, 2020am). Under this order, businesses can reasonably raise prices to cover increased costs of acquiring inventory but cannot impost excessive price increase on consumer goods or services. Consumers that observe price gouging are encouraged to contact the FCAA.

On April 17, the government took steps to help lessen the impact of challenges in the provincial agriculture sector, including working with the Saskatchewan Association of Rural Municipalities to lift spring road bans for priority goods (Saskatchewan, 2020ao).

6.3 Travel restrictions

On April 24, a public health order issued by the provincial government prohibited any travel to or outside the Norther Saskatchewan Administration District except for people living in this area, employees of and persons delivering critical public services and allowable business services, Aboriginal persons engaging in activities such as exercising their constitutionally protected right to hunt, fish or trap, and persons who need to travel for medical treatment (Saskatchewan, 2020ar). On April 30, a new order stated that persons whose primary residence is the Town of Town of La Ronge or the Northern Hamlet of Stony Rapids, Saskatchewan may travel outside of Northern Saskatchewan Administrative District (NSAD) provided that they do not stop in any other NSAD communities (Saskatchewan, 2020au). As well, persons whose primary residence is outside of the NSAD may travel to the Town of La Ronge or the Northern Hamlet of Stony Rapids provided that they do not stop in any other NSAD communities.

On April 30, the Government of Saskatchewan announced new travel restrictions in the NSAD (Saskatchewan, 2020at). These restrictions included: restricting all non-critical travel into and out of the NSAD and restricting all non-critical travel between northern communities and ordering Northern residents to remain in their local communities and practice social distancing.

On May 6, the travel restrictions in the NSAD were amended at the request of the communities of Stony Rapids and La Ronge in consultation with local public health officials (Saskatchewan, 2020az).

6.4 Financial supports

On March 17, the provincial government announced proposed amendments to the *Saskatchewan Employment Act* in an effort to ensure employees have access to protected leaves during the pandemic (Saskatchewan, 2020g). The amendments including removing the requirement of 13 consecutive weeks of employment with the employer prior to accessing sick leave, removing the provision to require a doctors note, and introducing a new unpaid public health emergency leave.

On March 18, when the provincial state of emergency was declared, the government confirmed that all crown utilities will implement a bill-deferral program to allow a zero-interest bill deferral for up to six months for residents whose ability to make bill payments may be impacted by the COVID-19 pandemic (Saskatchewan, 2020).



On March 20, the government announced their financial support plan in response to the COVID-19 pandemic (Saskatchewan, 2020p). Support for individuals included the Self-Isolation Support Program, providing CA\$450 per week for a maximum of two weeks for residents forced to self-isolate that are not covered by federal supports. On March 26, the provincial government announced that they would be temporarily suspending eviction hearings as a result of COVID-19, meaning that no tenant can be evicted from a rental unit during this time (Saskatchewan, 2020z). On this day, the province also temporarily suspended provincial fine collection for the next 6 months (Saskatchewan, 2020y). On April 30, the provincial government announced additional funding for workers helping Saskatchewan's vulnerable citizens as mentioned in Section 4.1 (Saskatchewan, 2020aw). The provincial government has also put in place a six-month student loan repayment moratorium, providing individuals with student loans immediate relief (Saskatchewan, 2020p).

The province of Saskatchewan has begun to make investments to help people get back to work, including launching the Accelerated Site Closure Program (ASCP) on May 22. Through the federal COVID-19 Economic Response Plan, ASCP will access up to \$00 million, over two years. The investment will support projects including reclaiming over 8,000 inactive well and facilities, providing 2,1000 full time jobs (Saskatchewan, 2020bh).

In an effort to support the provinces most vulnerable individuals the province announced, on March 31, that they would be providing additional funding to emergency shelters and modifying service delivery models to accommodate capacity due to physical distancing (Saskatchewan, 2020ae). The province provided one-time funding of CA\$171,000 to meet the extra cost pressure of emergency shelters facing the pressures of the COVID-19 pandemic. The provincial government also committed to supporting those in need with funds for emergency hotel stays when emergency shelters reach capacity. Any families receiving part-time benefits through the Child Care Subsidy will receive full-time benefits, retroactive to March 1, 2020. The province has also introduced the new Saskatchewan House Benefit, providing a monthly benefit to eligible households who rent from a community housing provider (e.g. a non-profit housing provider), who pay more than 50% of household income on rent and utilities, who have incomes and assets below the program limits, or who are not receiving another government benefit to help with housing costs. Eligible households will receive a benefit based on their household composition.

In an effort to support Saskatchewan businesses, the provincial government has implemented the following measures:

- On March 20, the government announced the businesses who are unable to remit their PST due
 to cashflow concerns will have relief from penalties and interest charges (Saskatchewan,
 2020p). The government also announced an information webpage for businesses to access
 information and receive timely updates on provincial support initiatives.
- On March 23, the government launched a Business Response Team to support businesses in the
 provinces facing challenges resulting from COVID-19 (Saskatchewan, 2020t). An email address
 and toll-free number were also created to provide businesses a single point of contact to help
 answer any questions businesses may have.



- On March 30, the government announced support for agriculture companies by extending deadline to apply, reinstate, cancel or make changes to Crop Insurance contracts was extended until April 13, 2020 (Saskatchewan, 2020ac).
- On April 9, additional support was announced for Saskatchewan businesses through the
 Saskatchewan Small Business Emergency Payment (Saskatchewan, 2020ak). Through a CA\$50
 million investment, the program will provide financial support to small and medium-sized
 businesses that have had to close due to the COVID-19 pandemic. Eligible businesses will receive
 a one-time grant, paid based on 15 per cent of a business's monthly sales revenue, to a
 maximum of CA\$5,000. On May 8, this program was extended to the month of May for
 businesses that are required to remain closed (Saskatchewan, 2020bb).
- On April 14, in an effort to support the oil and gas industry, provincial relief measures for the
 energy sector were implemented (Saskatchewan, 2020an). These measures include: extending a
 series of filing and other deadlines to assist the oil and gas sector in stabilizing operations,
 extending mineral rights, scheduled to expire in 2020 by one year, and reducing the industry
 portion of the Oil and Gas Administrative Levy by 50 per cent this fiscal year and delaying the
 invoicing of the remaining balance until October 1, 2020. A draft agreement between the
 provincial and federal government has also been reached on the regulation of methane
 reductions.
- On April 30, in an effort to support northern outfitters and businesses operating in provincial
 parks, amendments were made to the Saskatchewan Small Business Emergency Payment
 program to ensure that small these small businesses are eligible for grants up to CA\$5000
 (Saskatchewan, 2020at). The Ministry of Environment is also waiving leasing feeds for outfitters
 and providing flexible licensing arrangements for those suspending outfitting activities.
- On May 1, the provincial government announced that they would be providing CA\$1 million to support a province-wide marketing campaign to encourage residents to support local businesses (Saskatchewan, 2020ax).
- On May 7, the Government Relations Minister announced that the Municipal Revenue Sharing (MRS) will be fast tracked for the 2020-2021 year to all funds to be paid in full directly to all compliant Saskatchewan municipalities in June (Saskatchewan, 2020ba).
- On May 26, the Government of Saskatchewan announced they would be investing CA\$10.3
 million into renewal projects across the provincial park system as part of the CA\$7.5 billion plan
 to stimulate the provinces economic recovery from the COVID-19 impact
- On June 5, the Government of Saskatchewan announced temporary commercial eviction protection for small business tenants (Saskatchewan, 2020bo)
- On June 18, the Government of Saskatchewan announced the Re-Open Saskatchewan Training Subsidy (RSTS) program to help businesses train employees to enhance safety protocols and adjust business models as they re-open. The program will reimburse eligible private-sector employers 100 per cent of employee training costs up to a maximum of CA\$10,000 per business to mitigate against additional financial impacts from training required to support their safe reopening (Saskatchewan, 2020bv).



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