

# North American COVID-19 Policy Response Monitor: Nova Scotia

July 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 January 30, the province of Nova Scotia launched a website ([novascotia.ca/coronavirus](https://novascotia.ca/coronavirus)) dedicated to the latest information about COVID-19 (NS, 2020e). On the website, advice regarding social distancing, respiratory and hand hygiene etiquette, shopping safely, face masks, showing rental units, volunteering, and safely performing other activities during COVID-19 is outlined (ibid). The Premier of Nova Scotia, Stephen McNeil, along with the Chief Medical Officer of Health (CMOH), Dr. Robert Strang, have held daily press briefings since March 13, 2020= (Government of Nova Scotia, n.d.). These press briefings are broadcast live, both on television and online, and are available through the province's YouTube channel (Government of Nova Scotia, n.d.). Since April 28, 2020, these briefings have been delivered with less frequency, occurring every Tuesday, Wednesday and Friday (ibid).

On February 28, CMOH Dr. Strang stated that, while the risk posed by COVID-19 in Nova Scotia remained low, the province was preparing for the possibility of seeing cases (NS, 2020g). At that time, there were no cases in the province (NS, 2020g). Following this, on March 6, the provincial government confirmed that while there were still no cases in the province, work was underway to respond to the situation as it evolved, including, implementing patient screening processes, monitoring and investigating potential cases, applying effective public health and infection control measures, establishing working groups, working with the emergency management office and other non-health partners on business continuity planning and sharing accurate, up-to-date information with partners (NS, 2020h).

New protocols for the province were announced on March 9, such as the expansion of screening to include travel outside of Canada, the need for self-isolation for 14 days after travel, and restricting visitors in long-term care (LTC) homes (NS, 2020i). This announcement also included a list of good hygiene practices to follow, such as hand washing, coughing and sneezing etiquette, minimizing contact with the suspected ill, and practicing effective disinfecting of high contact areas (NS, 2020i).

The first presumptive case of COVID-19 in the province was announced on March 15 (NS, 2020p). Daily updates on new cases, new safety measures, and new initiatives are provided in the News Releases section on the province's website (NS, 2020af). As well, the website lists public areas where there may have been possible exposure to COVID-19, such as stores or bus routes (ibid). Additionally, the NS provincial government and Nova Scotia Health Authority (NSHA) provide updates through their social media channels (NS, 2020au; NSHA, 2020n).

On June 10, the provincial government announced that they had reconciled and consolidated data sources to ensure that all publicly reported data comes from a single source (NS, 2020bi). Moving forward data will come from Panorama, the province's public health reporting system, and be updated daily to the website: [novascotia.ca/coronavirus](https://novascotia.ca/coronavirus) (NS, 2020bi).

## 1.2 Physical distancing

The government uses the term “social distancing” and recommends everyone in the province follow social distancing guidelines (NS, 2020c). According to the province’s website, social distancing means limiting your contact with other people and staying 2 metres apart (ibid). It is recommended that Nova Scotians avoid non-essential travel and avoid group gatherings, having visitors, public spaces, playgrounds and beaches, and non-essential travel (ibid). The following section details closures across the province in order to increase physical distancing between individuals throughout the pandemic

### **Non-essential business and service closures**

On March 13, the Government of Nova Scotia announced that all Nova Scotian museum sites, including the Art Gallery of Nova Scotia, would close to the public (NS, 2020l). On March 14, the government closed Shubenacadie Wildlife Park (NS, 2020n). The following day, the province closed casinos in Halifax and Sydney and video lottery terminals in bars (NS, 2020p). On March 16, the Nova Scotia Archives were also closed (NS, 2020r). On March 17, the government closed visitor information centres at Amherst and Halifax International Airport, as well as the tourism contact centre, and began asking Tourism Nova Scotia office staff to work from home (NS, 2020q). Most non-essential businesses could stay open as long, as they practiced social distancing. The exceptions included restaurants, which were restricted to take-out and delivery; all drinking establishments; and all personal service and fitness establishments, such as hair salons, gyms, and tattoo parlours (NS, 2020t, 2020v). These closures were ordered into effect on March 19, 2020 (ibid).

Notably, many medical and municipal services were exempt from social distancing requirements, as were food production plants, fishing vessels, and taxis, where distancing could not feasibly be maintained (NS CMOH, 2020).

On March 18, Access Nova Scotia and Registry of Motor Vehicle Offices closed (NS, 2020s) but later, on March 24, it was announced that they would start to resume operations in a scaled back, limited contact business model (NS, 2020z).

Notably, the province’s policy on wearing non-medical masks in public spaces, particularly those where physical distancing is hard to maintain, was initially “voluntary”, followed by “strongly recommended” (NS, 2020a). On July 24, face masks became mandatory on public transit and taxis (for both operators and passengers) and, on July 31, non-medical masks became mandatory for everyone over the age of 4 in most indoor public places (NS, 2020, 2020bm).

### **Gathering restrictions**

On March 15, the province limited gatherings to 150 or fewer people (NS, 2020p). On March 17, the CMOH and Premier announced that they would be further restricting gatherings sizes to a maximum of 50 people (NS, 2020y). On March 22, when the province declared a state of emergency, gatherings over five people were immediately prohibited (NS, 2020y).

On May 15, the province introduced “family household bubbles”, permitting two family households to come together without physical distancing, as long as these units were mutually exclusive and did not social with other units (CPAC, 2020; NS, 2020b).

### **School, childcare facility, and youth camp closures**

On March 15, the province announced that closed all public schools would closed for two weeks following March Break (March 15-19, 2020), childcare centres from March 17 to April 3, and all March break camps would be cancelled, effective immediately (NS, 2020p). On March 30, the provincial government confirmed that all public schools and licensed childcare providers would remain closed until at least May 1, 2020 (NS, 2020x). On April 28, the government stated that schools and licenced childcare facilities would remain closed until at least May 19 (NS, 2020as).

### **Correctional facility restrictions**

On March 14, the government closed Nova Scotia’s correctional facilities to volunteer organizations and restructured family and friend visits to inmates to non-contact visits (NS, 2020m). Following this, on March 15, the government closed facilities to all visitors, including lawyers who were to arrange alternative methods of communication to speak to their clients (NS, 2020o). On March 18, to help further prevent COVID-19 from impacting inmates and staff at correctional facilities, the government announced that 41 people serving intermittent sentences would be released on a temporary absence (NS, 2020u).

### **Health care service restrictions**

On March 24, new measures stated that regulated health professional could only stay open for emergency or urgent cases or to provide virtual care, while meeting social distancing requirements (NS, 2020z). Non-regulated health professionals were required to close (ibid). Sections 3.1 and 3.3 of this document provide further detail regarding the planning of health services and the maintaining of health services throughout COVID-19.

### **Long-term care facility restrictions**

On March 15, the province closed LTC facilities to visitors (NS, 2020p). On April 6, the CMOH directed licensed LTC homes to follow COVID-19 prevention measures such as cleaning, monitoring residents and staff, testing and reporting (NS, 2020ag). On April 13, additional measures were implemented in LTC homes, residential care facilities and home care agencies, including requiring all front-line workers to wear masks (NS, 2020ak).

## **1.3 Isolation and quarantine**

On March 13, the Government of Nova Scotia announced that public sector employees who travel outside of Canada would be required to self-isolate for 14-days upon their return (NS, 2020k). This order applied to healthcare workers, teachers, civil servants and other public sector employees, as well as students of public schools and children in regulated childcare centres who have travelled with their families, even if parents or caregivers are not public sector employees (ibid).

Under the provincial state of emergency, beginning on March 23, anyone traveling outside of Nova Scotia is required to self-isolate for 14 days from the day they get back into the province (NS, 2020y). Others that

are required to self-isolate include persons waiting for COVID-19 test results, tested positive for COVID-19, tested negative but have had close contact with someone who has or is suspected to have COVID-19, and those who have been told by Public Health they may have been exposed (ibid). To self-isolate, an individual should avoid public areas, limit contact with people they live with, use a separate bedroom and bathroom, take and record their temperature daily, have groceries delivered, avoid anyone with chronic conditions or a compromised immune system, have no visitors, and avoid public transit (ibid).

Effective July 4, the four Atlantic provinces – Nova Scotia, Prince Edward Island (PEI), New Brunswick and Newfoundland and Labrador – introduced an “Atlantic travel bubble”, which permitted travel across these provinces without the requirement to self-isolate (PEI, 2020).

#### **1.4 Monitoring and surveillance**

The province of Nova Scotia uses the national case definition for COVID-19 (NS, 2020am). Surveillance of COVID-19 in Nova Scotia is in accordance with the Nova Scotia Surveillance Guidelines for Notifiable Disease and Conditions (NS, 2020ax). Additional surveillance guidelines are in place for LTC facilities (NS, 2020bc). For residents, staff and essential visitors of LTC facilities, public health ensures daily active screening and surveillance (ibid).

Contact tracing in Nova Scotia includes individuals who were in contact with confirmed COVID-19 cases 48 hours prior to case symptom onset or, for asymptomatic cases, testing date (NS, 2020bc). A public health nurse contacts individuals who have come in close contact with someone who has tested positive for COVID-19 (NS, 2020p). Public health units conduct an individual risk assessment to identify the contacts exposure risk level and determine the required level and parameters of isolation (ibid). There are three categories to determine the exposure risk level of probable cases including high (close contact of a case), moderate (non-close contact), and low/no risk (only transient interactions) (NS, 2020bc).

On April 14, the provincial government released COVID-19 projections, outlining how COVID-19 could progress through the province through to June 30 (NS, 2020al). The projections show the number of COVID-19 cases and deaths under different scenarios. According to the projections, if Nova Scotians continue to follow public health orders there could be 1,453 cases by June 30; however, with poor compliance, cases could grow to 6,269 over that time period (ibid). The projections showed that the curve of new cases will flatten in May, if public health measures continue (NS, 2020al).

Despite Nova Scotia not developing its own contact tracing application for COVID-19, on May 29, the NS Department of Health and Wellness announced its support to the federal government to adopt a contact tracing application for its residents (Thomas, 2020). Notably, in order for any contact tracing technology to be adopted by the NS government, it must comply with the privacy principles outlined in the Joint Statement by Federal, Provincial and Territorial Privacy Commissioners (OIPC) published on May 7; this requires any such application to seek consent, maintain public trust, and be minimally intrusive, purpose and time limited, transparent, and accountable (OIPC, 2020).

## 1.5 Testing

Currently, to receive testing for COVID-19 in Nova Scotia, an individual must call 811 and complete the over-the-phone assessment (NSHA, 2020o). From there, they are referred to an assessment centre for in-person testing. Individuals cannot go to an assessment centre without a referral.

### Screening and testing criteria

On March 24, the province's eligibility criteria for COVID-19 testing was expanded from just people who passed the 811 initial assessment to include all close contacts of laboratory positive COVID-19 cases (NS, 2020z). On March 26, testing criteria were expanded again to include anyone referred by 811 to an assessment centre, all close contacts of people who test positive, and people in hospital who meet the criteria for testing (NS, 2020aa). On April 5, the provincial government announced they were working with the NSHA and Emergency Health Services (EHS) to expand testing to identify community spread (NS, 2020ae).

On April 8, the list of symptoms being screened for was expanded to include fever, new or worsening cough, sore throat, runny nose, and headache (NS, 2020ah). This was expanded again on May 22 to include fever, cough or worsening cough, sore throat, headache, shortness of breath, muscle aches, sneezing, nasal congestion or runny nose, hoarse voice, diarrhea, unusual fatigue, loss of sense of smell or taste, and red, purple, or blueish lesions on the feet, toes, or fingers without clear cause (CPAC, 2020).

### Laboratory capacity

COVID-19 tests in Nova Scotia were originally being processed at the National Microbiology Laboratory (NML) in Winnipeg (Manitoba) but the Queen Elizabeth II (QEII) Health Sciences Centre's Microbiology Laboratory became a validated COVID-19 testing facility (exact date unknown) (NS, 2020bc). On March 24, the province announced a doubling of laboratory capacity in order to accommodate for an expansion in testing criteria (NS, 2020aa). On April 5, the province expanded its testing capacity by instructing the QEII Health Sciences Centre Microbiology Laboratory to begin 24-hour operations to increase daily testing capacities (NS, 2020ae). At this time, the provincial laboratory was capable of processing over 1,000 tests per day (ibid).

### Assessment centres

There are 26 testing centres located across the province, including nine locations, in Eastern Nova Scotia eight in Central Nova Scotia, , five in Western Nova Scotia, and four in Northern Nova Scotia (NSHA, 2020o). On April 5, in response to increased infections in Nova Scotian communities, the NSHA and the EHS began expanding temporary assessment centres to manage influx by creating two new mobile assessment centres to provide accessible testing for those with mobility issues or restrictions, and EHS assessment units staffed by paramedics trained to do at-home testing (NS, 2020ae).

## 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

According to an interview with the head of critical care at the NSHA, the province had 120 intensive care beds, each equipped with ventilators prior to the COVID-19 outbreak (Tutton, 2020). These beds were emptied by 50% in early late March and early April to prepare for COVID-19 patients, however as of June 18, only one patient is in ICU in the province (NS, 2020av).

On March 24, the provincial government announced they would be creating COVID-19 inpatient units for patients requiring admission at 6 hospitals that have negative pressure rooms (NSHA, 2020e).

The provincial government has a central warehouse to store its provincial stockpile of PPE and obtains regular deliveries from local, national and international suppliers (NSHA, 2020I). In addition to these regular shipments, on April 29, the province received a donation of 75,000 surgical masks, followed by an additional 50,000 in the following weeks, from Michelin (NSHA, 2020I). The provincial government stated that a portion of these masks will be designated for staff at LTC facilities and the remainder will be for other front-line staff providing care to patients (ibid).

The Government of Nova Scotia has also called on business and organizations in the province who can supply emergency products and innovative solutions to support the COVID-19 response (NS, 2020aw). A list of products and services, including hand sanitizer, masks, gloves, security services, and nursing services, is provided on the province's website, and businesses are being encouraged to submit a form on the province's dedicated procurement website if they are able to provide any of these goods or services: [www.procurement.novascotia.ca](http://www.procurement.novascotia.ca). Business that have innovative solutions for virtual mental health services, supply chain resiliency monitoring, financial planning and advising for small businesses, and/or other services that may help Nova Scotians are also encouraged to submit their ideas (NS, 2020aw).

### 2.2 Workforce

Infection control measures at hospitals to protect health care workers and the public have been implemented. These measures include reassigning and adding new staff to increase the frequency of cleaning and disinfection, focusing on high-risk areas and high-traffic areas, and using stronger cleaning products (NS, 2020z).

On March 18, 2020, the Premier waived license renewal fees for retired doctors and nurses so that they can more easily return to work throughout the pandemic (NS, 2020z).

On April 19, the provincial government directed the NSHA to redeploy staff to areas in which they are needed, particularly in the NSHA and LTC facilities (NS, 2020). Another statement on this day requested

that NSHA staff be redeployed to Northwood Halifax LTC facility, where an outbreak began in early May, to respond to COVID-19 (NS, 2020ap).

### **Workforce support**

Partners for Care, a charity which raises money to support patients of the NSHA, has launched a website that lists various services and products that are convenient, discounted or free for healthcare workers across Nova Scotia (NSHA, 2020g). The organization seeks offerings in the areas of food, gas, home and automobile, drugstores, accommodations, and physical and mental well-being.

There are no dedicated childcare services for essential workers in Nova Scotia (Gorman, 2020).

## **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**

To date, the province has introduced a number of measures to support the planning of services in response to the pandemic including the introduction of screening processes, establishment of assessment centres, postponing of non-urgent health services and the consolidation of emergency services.

On March 6, prior to Nova Scotia's first case of COVID-19, the province announced the beginning of preparations for the disease as it spread around the world (NS, 2020h). These preparations included the introduction of a patient screening process for use by frontline healthcare workers, monitoring and investigating potential cases, establishing working groups to monitor the disease and health system impact, to focus on models of care, and to manage supplies and resources (ibid). Collaboration between the province's Department of Health and Wellness, Emergency Management Office and other non-health partners has also been established to address matters regarding the economy and business continuity (NS, 2020h).

On March 9, new national screening protocols were put into place, outlining the need for self-isolation for 14 days after travel restricting visitors in LTC homes, and the importance of following good hygiene practices (NS, 2020i).

On March 10, the NSHA opened new assessment centres across the province (NSHA, 2020b). The list of available assessment centres is evolving, and an up-to-date list of available centres can be found on the [NSHA website](#). Details regarding visiting an assessment centre, referrals and testing at the assessment centres can be found in Section 1.5 of this document.

On March 11, the Government of Nova Scotia announced measures supporting physician recruitment in rural and remote areas (NSHA, 2020b). Specifically, this included financial contributions to three community-led projects: a program that connects volunteers with new physicians in Port Hawkesbury, the creation of an online portal for new physicians in Canso, and to develop a web-based video guide that



introduces new physicians to their community in Guysborough (NS, 2020j). Financing details for each of these projects can be found in Section 4.1 of this document.

On March 17, the provincial government announced that all elective outpatient visits would be cancelled, all non-urgent diagnostic imaging appointments will be rescheduled, all walk-in x-ray services would close, outpatient blood collection services will be reduced, all same-day admission and elective surgical procedures will be postponed and currently-occupied inpatient beds will be held open as they become available to establish COVID-19 units in designated hospitals (NSHA, 2020c).

On March 24, the province designated the following hospitals to care for patients with COVID-19: QEII-Halifax Infirmary site, Dartmouth General Hospital, Yarmouth Regional Hospital, Cape Breton Regional Hospital in Sydney, St. Martha's Regional Hospital in Antigonish, Colchester East Hants Health Centre in Truro and the IWK Health Centre in Halifax (NSHA, 2020e).

On March 24, the province announced plans to increase the frequency of cleaning and disinfection of high-risk areas, high-traffic areas and high-tough surfaces in hospitals (NS, 2020z). The same day, the NSHA also announced that they will be increasing infection control measures in hospitals (such as more frequent and focused cleaning; taking on more staff for cleaning; using stronger cleaning products etc.) (NS, 2020z).

On March 26, the NSHA announced the consolidation of emergency services and the optimization of emergency departments in Cumberland County in an effort to better match available resources with required care (NSHA, 2020f). Some of these changes include transitioning three collaborative emergency care centres to becoming two urgent treatment centres and a general practice clinic, while diverting some of their ambulances to emergency departments that provide care 24/7 (NSHA, 2020f).

On April 16, the NSHA announced the provision of interim care for families and patients that are not under the direct supervision of a family doctor or a nurse practitioner in areas of northern Nova Scotia (NSHA, 2020i). In order to continue efforts towards better health care provision in these areas throughout the pandemic, virtual clinics have been established in Cumberland County, New Glasgow and Truro (NSHA, 2020i). The clinics will be open until June 30, (NSHA, 2020i). The participating health professionals are offering same day or next day primary medical care to those who need it (NSHA, 2020i).

### **3.2 Managing cases**

As briefly discussed in Section 1.5 of this document, a typical COVID-19 patient pathway to treatment begins with calling the provincial 811 line for a telephone assessment and a referral. Once a referral has been made, the patient must visit a designated assessment center for further screening and a COVID-19 test (NSHA, 2020o). If confirmed positive, the patient will either be directed to self-isolate or will be given medical treatment, depending on the severity of symptoms (NS, 2020d). The following describes additional measures the province put in place to manage cases of COVID-19.

On April 11, 211 Nova Scotia, a free community and social services helpline, launched a new service to connect people needing COVID-19 assistance with the Canadian Red Cross (NS, 2020aj, p. 19). Through this new initiative, the Red Cross will link people to resources and offer “wellness check-ins” for people affected by isolation or who are experiencing anxiety (ibid).

### **3.3 Maintaining essential services**

In order to maintain essential services for Nova Scotians throughout this pandemic, the province dedicated efforts towards expanding virtual health services, supporting mental health and addiction programs, supporting healthcare workers, regulating the dispensing of pharmaceuticals and more. The following section provides further detail on the provinces key initiatives to date for maintaining essential services.

#### **Essential health services**

On March 17, the NSHA announced that all cancer and emergency procedures will continue throughout the pandemic (NSHA, 2020d).

On March 20, the government announced new confidential and secure videoconferencing and telephone services in order for physicians and pharmacists to provide virtual care (NS, 2020v)

On March 24, the provincial government announced that “regulated health professions can only stay open for emergency or urgent cases”, and in other cases should provide virtual care (NS, 2020z). This excluded physicians, pharmacists, nurse practitioners, nurses and paramedics and those remaining open must abide by physical distancing, in waiting rooms and non-clinical areas, and enhanced cleaning requirements (NS, 2020z).

As of April 27, the NSHA will be providing an in-home blood collection service to help manage chronic illnesses and support those who require immediate testing and cannot leave their places of residence due to COVID-19 or other challenges (NSHA, 2020k).

By May 25, the IWK Health Centre and the NSHA began to resume day and short-stay surgeries (NSHA, 2020).

#### **Mental health and addictions**

On March 24, the NSHA’s Mental Health and Addictions Program transitioned all group-based sessions and meetings to one-on-one via telephone or video, in effort to slow the spread of COVID-19 (NSHA, 2020e). A toll free number (1-855-922-1212) has been made available to access services, such as Mental Health and Addictions clinics, Withdrawal Management Services, and Opioid Replacement and Treatment Programs (NSHA, 2020e). The existing Mental Health Provincial Crisis Line (1-888-429-8167) is still available during the pandemic to provide assistance to those in need (NSHA, 2020e).

On April 2, the Mental Health and Addiction program also launched an online mental health tool called Therapy Assistance Online (TAO), a tool with a focus on stress management, problem solving, and strategies to avoid dwelling and promote positive thinking patterns (NSHA, 2020h).

#### **Support for healthcare workers**

On March 30, Partners for Care announced they will be launching a website that provides various products and services that are discounted or free to support healthcare workers across Nova Scotia (NSHA, 2020g). This comprehensive list includes food and groceries, essential services (e.g. gas and fuel), pharmaceuticals, accommodations, and physical and mental well-being services (NSHA, 2020g).

## **Vulnerable populations**

On March 19, when Nova Scotian officials announced new measures to be implemented throughout the province to support vulnerable populations, such as seniors, throughout the pandemic (NS, 2020w). Specifically, the province will be making a financial investment towards the provinces Senior Safety Programs and Community Links programs (NS, 2020w). More information regarding these investments can be found in Section 4.1 of this document.

## **Pharmaceuticals**

As of March 18, pharmacists in Nova Scotia have been permitted to renew most medication prescriptions and the government will cover the assessment fee (NS, 2020v).

On April 22, the Nova Scotia College of Pharmacists (NSCP) recommended that prescriptions be dispensed every 30 days rather than longer periods of time in order to protect the provinces drug supply throughout the pandemic (NS, 2020aq). To mitigate the financial burden of additional dispensing fees for individuals, the government will be covering the extra dispensing fees for Pharmacare clients and waiving the CA\$5 prescription co-pay for clients of the Income Assistance program and the Low-Income Pharmacare for Children program (NS, 2020aq). These new measures took effect on April 23, 2020 (NS, 2020aq).

On May 19, the NSCP announced that they are relaxing the previously announced 30-day restriction on prescription dispensing (NS College of Pharmacists, 2020). Pharmacists are now permitted to dispense quantities as prescribed for medications with a stable supply (NS College of Pharmacists, 2020). Medications that are still in short-supply due to the pandemic as still limited to 30-day dispensing (NS College of Pharmacists, 2020).

## **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**

In response to the COVID-19 pandemic, the federal government, provincial government, affiliate organizations, and public entities have all contributed to fighting the pandemic and providing relief to Nova Scotians. Key health investments include funding for health-system community projects, funding for senior safety programs and funding for the Nova Scotia COVID-19 Health Research Coalition.

As mentioned in Section 3.1 of this document, on March 11, the government announced funding for three community-led projects that support rural and remote health systems: CA\$10,000 to a program that connects volunteers with new physicians in Port Hawkesbury, CA\$10,000 to the creation of an online portal for new physicians in Canso, and a CA\$9,400 grant to develop a web-based video guide that introduces new physicians to their community in Guysborough (NS, 2020j).

On March 19, Nova Scotian officials announced new measures and funding to be implemented throughout the province to help vulnerable populations and prevent the further spread of the disease (NS, 2020w). Of this, CA\$230,000 in emergency funding was allocated to support seniors in Nova Scotia through the Senior Safety Programs and Community Links (ibid).

On April 17, a new Nova Scotia COVID-19 Health Research Coalition announced a CA\$1.5 million investment to address the COVID-19 pandemic (NSHA, 2020j). The investment, collectively put forth by the coalition's eight members, will be allocated towards COVID-19 focused research (NSHA, 2020j). Shortly thereafter, on May 4, the Coalition announced their selected group of 40 recipients (NSHA, 2020m).

## **4.2 Entitlement and coverage**

### **Coverage for provincial healthcare**

To date, there have been no announced changes to provincial healthcare coverage or out-of-pocket health care expenditures in Nova Scotia. To be eligible for the province's Medical Service Insurance (MSI) benefits, an individual must be (1) a Canadian Citizen or Permanent Resident, (2) a resident who makes their permanent home in Nova Scotia, (3) is present in the province for a minimum of 183 days every calendar year and (4) is registered with MSI (NS, 2019). Applications are assessed on a case-by-case basis (ibid).

### **Coverage for COVID-19 testing**

As mentioned in Section 1.5 of this document, eligibility for COVID-19 testing is determined on a case-by-case basis, on an evolving set of criteria.

It is not clear whether COVID-19 diagnostic tests are free for everybody in Nova Scotia, or only those with a valid MSI card. Serological tests for COVID-19 are currently not available in the province.

## **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 Nova Scotia's Respiratory Response Plan for Public Health**

On February 10, the Respiratory Response Plan for Public Health was updated to address the COVID-19 pandemic (NS, 2020f). The plan outlines the roles and responsibilities of the three levels of government in Canada, as well as collaboration with international organizations (ibid). The key components of the plan

include risk assessment, case definitions and clinical information, surveillance and reporting, public health management of respiratory pathogens, outbreak management and immunization (NS, 2020f).<sup>1</sup>

Under the Respiratory Response Plan, the key role and responsibilities at various levels of government are as follows:

### **Provincial level**

In Nova Scotia, the Department of Health and Wellness (DHW) leads the provincial public health response. Within this department, the Office of the Chief Medical Officer of Health (OCMOH) coordinates the preparation of the response, including developing policies, standards, and protocols for known or emerging pathogens (NS Department of Health and wellness, 2014). The OCMOH also coordinates, performs, and reports surveillance activities of the pathogen, and provides recommendations to Ministers of the province for necessary public actions that should be taken in response to the pathogen (NS Department of Health and wellness, 2017).

Also within the DHW, is the Provincial Public Health Laboratory Network, which provides “direction, consultation, and advice” on laboratory investigations in the province (NS, 2020f). Health Services Emergency Management is responsible to manage health system preparedness in emergencies, if required (ibid). The Provincial Biologicals Depot is responsible for overseeing the “inventory, supply and distribution” of vaccines in the province (NS, 2020f). The Infectious Disease Expert Group provides advice on the prevention and control of the disease to the DHW (NS Department of Health and wellness, 2019).

On February 28, the NSHA and the OCMOH in partnership with Public Health Agency of Canada (PHAC), released a COVID-19 update, in which they outlined that the NSHA Incident Management Team (IMT) is planning and coordinating across the province to monitor and handle future cases of COVID-19, as there were no known cases present at that time in Nova Scotia (NSHA, 2020a).

### **Regional level**

In 2015, the province of Nova Scotia merged the nine regional health authorities existing at the time, in order to create a more centralized health system structure under the NHSA (NS, 2020an). Since then, the NHSA, partnered with the IWK Health Centre are the two bodies that plan and coordinate care across the province, including the response to COVID-19 (NS, 2020an). The NHSA and IWK Health Centre now have four regional offices across the province, each of which have a local Medical Officer of Health (NS, 2020an). Local Medical Officers of Health may be contacted by clinicians in the province to discuss, or request, testing for a patient (Doctors NS, 2020, p. 10).

## **5.2 Reopening Plan: “Planning for a New Normal”**

On May 8, the government released preliminary considerations to keep in mind for when the nation begins reopening after the pandemic (NS, 2020az). The framework – “Planning for a New Normal” – outlines the province readiness to lift the current restrictions in place will be assessed based on the

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<sup>1</sup> The full Respiratory Response Plan can be found on the Nova Scotia Government website [https://novascotia.ca/dhw/CDPC/documents/Respiratory\\_Response\\_Plan\\_for\\_Public\\_Health.pdf](https://novascotia.ca/dhw/CDPC/documents/Respiratory_Response_Plan_for_Public_Health.pdf) (NS, 2020f).

following seven criteria: (1) epidemic control, (2) health care system capacity, (3) public health capacity, (4) management of outbreak risks, (5) workplace prevention, (6) managing risk of bringing new cases, and (7) community awareness and engagement (ibid). A weekly assessment of these seven criteria will be used to determine the timing of provincial reopening. The reopening of the province is also to be a slow, phased approach with certain areas re-opening sooner than others, based on jurisdictional readiness and control of the virus (ibid).

The announcement also emphasizes this is not an official reopening plan for Nova Scotia, but rather guidance on what the reopening plan may look like (NS, 2020az).

The document outlines the provincial re-opening to follow a 5-phase approach, with no dates determined yet (NS, 2020az). Throughout the phases, key public health measures are to remain in place, including: maintaining physical distancing, practicing good hygiene, staying informed and following public health advice, limiting non-essential travel, maintaining enhanced disinfection and public cleaning practices, self-isolating when symptomatic, using face masks where physical distancing cannot be maintained or when symptomatic (ibid).

The following is a brief outline of the key re-openings throughout the phases, though phases 2 to 5 are still under deliberation:

- Phase 1: This phase includes the reopening of some businesses, day cares, resumption of certain outdoor activities, non-urgent health care services, some small essential cultural gatherings such as funerals, and increasing the permissible size of gatherings
- Phase 2: Further increasing the permissible size of gatherings and reopening additional “low-risk” businesses and workplaces.
- Phase 3: Further increasing the permissible size of gatherings and reopening “moderate-risk” businesses and workplaces.
- Phase 4: Further increasing the permissible size of gatherings and reopening “high-risk” businesses and workplaces.
- Phase 5: Depending on the availability of a vaccine, there may potentially be a reopening of all businesses.

Notably, as of June 12, the provincial government has yet to announce an official re-opening plan for Nova Scotia that is in line with the above approach. In contrast, the province has progressively announced individual re-openings of certain businesses and sectors over the months of May and June.

The strategy for re-opening businesses and organizations in Nova Scotia differed from other provinces insofar as there was no schedule of prearranged dates stipulating when they would be able to reopen. Rather, sector associations for these entities were required to prepare a “Workplace COVID-19 Prevention Plan” showing how they would comply with the Health Protection Act Order and public health measures, such as social distancing, and how they would ensure the safety of employees and customers (NS, 2020bd). Businesses associations could prepare and submit these plans to the province in their own time, starting June 5, 2020; businesses and organizations could re-open once their sector-specific re-opening plans were approved (ibid). Specific details regarding each sector’s re-opening plan is publicly available through the Government of Nova Scotia’s dedicated re-opening webpage (ibid).

The following re-openings have occurred to date:

- On May 1, the province introduced the first easing of provincial restrictions. This included the reopening of provincial and municipal parks, trails, community gardens, golf driving ranges, sportfishing, preparing boats for use at boating, yachts or sailing clubs, and drive-in religious services where individuals remain isolated in their vehicles for the duration of their stay (NS, 2020ar).
- As of May 8, home births and midwifery services, provided by the IWK Health Centre and the NSHA, resumed (IWK Health Centre, 2020).
- As of May 12, two immediate family households could come together without physical distancing, as long as they are mutually exclusive of other households (NS, 2020bb).
- As of May 16, the following outdoor activities resumed: archery, equestrianism, golf, paddling, sailing, boating and tennis (NS, 2020bb).
- As of May 16, public beaches re-opened, where people must maintain a 2-meter distance from each other, and gatherings are limited to 5 people (NS, 2020bb).
- As of May 25, the NSHA announced the resumption of certain day surgeries, outpatient surgeries, diagnostic imaging, laboratory services, outpatient clinics, cervical screening, and other non-urgent services and procedures, such as dental, cataract and endoscopy procedures (NSHA, 2020p).
- As of May 29, the gathering limit has increased to 10 people both indoors and outdoors. Weddings and funeral services may have 15 attendees (NS, 2020bf).
- As of June 1, Schubencadie Wildlife Park with reopen with a reduced visitor capacity (NS, 2020bg).
- As of June 5, most businesses previously required to close re-opened, given they follow protocols pertaining to their sector. Such businesses include dine-in restaurants, licensed businesses (except lounges), personal service businesses, fitness facilities and veterinarians (NS, 2020be).
- As of June 5, previously restricted health providers also reopened, both regulated and unregulated. Such health providers include dentistry, optometry, chiropractic, physiotherapy, massage therapy, podiatry and naturopathy (NS, 2020be).
- As of June 5, private campgrounds re-opened at 50% capacity (NS, 2020bf).
- As of June 12, summer daycares (with sector-specific operating plans) were allowed to open as of June 12, in groups of up to 10; however, overnight summer camps were cancelled for the 2020 season (NS, 2020b).
- As of June 15, provincial campgrounds will reopen at a reduced capacity, ensuring a 20ft. distance between campsite can be maintained (NS, 2020bf).
- As of June 18, “Household bubbles” were replaced to permit any 10 individuals (i.e., not just consistent household units) to gather without social distancing (NS, 2020b). Gathering limits for both indoor and outdoor activities increased to 50 people (ibid). Outdoor playgrounds were also permitted to re-open (ibid).
- As of June, outdoor graduation ceremonies were allowed, if they met the conditions set out in the *Health Protection Act Order* (NS, 2020b).

- As of July 3, social events organized by “a recognized business or organization” are permitted a maximum of 250 people for outdoors activities or 50% of the venue’s capacity (to a maximum of 200 indoors) (NS, 2020b).
- On July 22, the province announced that all students would return to the classroom on September 8, with contingency plans in case of a resurgence of COVID-19 (NS, 2020bl). Some universities, such as Dalhousie and Saint Mary’s Universities, have announced their classes would be delivered online-only in the fall term, while others, such as Acadia and St. Francis Xavier Universities, have announced that they will be offering blended in-person/online classes (Ryan, 2020).
- As of July 22, indoor visits resumed in LTC facilities are permitted with a maximum of three visitors allowed per resident; although only one visitor was permitted at a time (NS, 2020b). The limit for outdoor visits is five visitors per resident (ibid). All visits must be scheduled, follow social distancing guidelines, and required both residents and visitors to wear masks (ibid). Further, residents and staff within these facilities are permitted to gather in groups of up to 10 people, as long as the groups were consistent (ibid). Licensed hair salons in LTC facilities and bus tours for residents are also able to recommence (ibid).

**Table 1. Overview of key re-openings**

<b>Category</b>	<b>Dates and Relevant Notes</b>
Schools (e.g. primary, higher education, etc.)	The Premier announced that elementary and secondary students will not be returning to schools this school year (NS, 2020ba). Dalhousie University and Nova Scotia Community College confirmed that they will be beginning the 2020-21 academic year online (Dalhousie University, 2020) (NSCC, 2020).
Workers (e.g. essential workers, childcare workers, etc.)	As of June 5, previously restricted health providers may re-open, such as dentists, physiotherapists, massage therapist etc. (NS, 2020be). Licensed childcare centres and family daycare homes are set to reopen on June 15. Childcare centres may reopen at 50% capacity, while family daycares may reopen at 100% capacity (NS, 2020bh).
Businesses (SMEs, restaurants, etc.)	As of May 1, garden centres, nurseries, golf driving ranges, and boating, yacht and sailing clubs can reopen (NS, 2020at). As of June 5, many previously restricted businesses may re-open such as restaurants, bars, gyms, etc. (NS, 2020be).
Travel (local, cross-border, etc.)	No official easing of travel restrictions has been made.
Gatherings (events, informal gatherings, religious services, etc.)	As of May 1, drive-in religious gatherings have been permitted given attendees remain in their vehicles (NS, 2020at).
Public places and public activities (e.g. parks, beaches, boating, fishing etc.)	As of May 1, provincial and municipal parks, trails, community gardens re-opened and sportfishing is permissible (NS, 2020at).

To ease the re-opening transition for businesses and employers, the province has developed, and regularly updates, a COVID-19 Employer Assessment Tool. This tool allows business to check where they fall under



the provinces business restrictions, and to clarify whether the new easing restrictions apply to them prior to reopening. The tool may be found at <https://covid19-employer-assessment.novascotia.ca/en> (NS, 2020ay). The province also launched a website that provides guidelines for business planning to 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 22, the Government of Nova Scotia declared a provincial state of emergency (NS, 2020y). Under the state of emergency, travel restrictions were implemented, further closures of public facilities were announced, including closing all provincial parks and beaches (ibid). Declaring a state of emergency authorized police to enforce orders under the *Health Protection Act*, meaning that failure to comply with public health measures, such as physical distancing or mandatory isolation orders, could result in fines of up to CA\$1,000 for individuals and CA\$7,500 for businesses (ibid). With this announcement, the government also stated that Nova Scotians should not leave the province and should only leave home for essential items/ activities (ibid). The province's state of emergency has since been regularly extended throughout the pandemic, with the most recent renewal in place until August 9 (NS, 2020bn).

### 6.2 Border Control and Travel Restrictions

On March 15, the government announced that public health inspectors would be onsite at the Halifax International Airport and the J.A. Douglas McCurdy Sydney Airport to strengthen the screening processes. With this announcement, the government advised that both airports had information on digital screens in all areas frequented by travellers (NS, 2020p).

Under the provincial state of emergency, beginning on March 22, Nova Scotia borders began to be monitored to ensure only essential travellers are entering and exiting the province (NS, 2020y). There were no internal travel restrictions in the province.

Effective July 4, the four Atlantic provinces introduced an "Atlantic travel bubble", which permits travel across these provinces without the requirement to self-isolate (PEI, 2020). For other travellers from outside of Atlantic Canada, since July 7, a tracking form with contact details must be submitted to local authorities upon arrival; to support verification of these mandatory quarantine measures, these individuals are monitored by provincial authorities through phone calls (NS, 2020bk).

### 6.3 Financial Support

The provincial government is taking steps to support individuals who are affected by the COVID-19 outbreak. On March 19, the Government of Nova Scotia announced measures to help vulnerable Nova Scotians during the COVID-19 pandemic including the following investments (NS, 2020w):

- CA\$2.2 million to increase income assistance payments by CA\$50 for individuals receiving these benefits,
- CA\$1 million to help Feed Nova Scotia purchase food and hire staff, and
- CA\$230,000 for Senior Safety Programs and Community Links to help vulnerable older adults

Other supports included in this announcement ensure that tenants are protected from eviction due to income being impacted by COVID-19 and providing space for social distancing for students from outside the province who are not able to travel. The Government of Nova Scotia has also invested CA\$50,000 for 100 phones and CA\$5,000 per month for calling plans to vulnerable clients who have no other means of communication; CA\$20,000 to support transition houses and other organizations that serve vulnerable women and children; CA\$55,000 to support 12 smaller community food banks; and extended the hours of its toll-free line for income assistance (NS, 2020ab). On March 27, the provincial government announced they will distribute 800 iPads to LTC homes across the province for residents to connect with family and friends (NS, 2020ab). Further, on April 17, the government committed to redirecting CA\$3 million from the HomeWarming program to fund organizations that deliver prepared meals, operate soup kitchens, help the homeless and provide other services (NS, 2020ao).

Additional measures to support businesses affected by the COVID-19 pandemic have also been implemented. On March 20, the provincial government announced the first set of measures to help support Nova Scotia Businesses (NS, 2020x). Through a CA\$161 million investment, small- and medium-sized businesses will have access to credit to help address cash flow difficulties (ibid). Notably, small businesses working with the government are guaranteed payment within 5 days (ibid). Payments on government loans and small business fees were also deferred until June 30 (ibid). Additional measures to support businesses were announced on March 7, including encouraging retail and commercial landlords to defer lease payments for the next three months for businesses that had to close due to the pandemic and allowing restaurants to include alcohol purchases with takeout orders (NS, 2020ab). On April 2, a CA\$20 million Worker Emergency Bridge fund was announced to help self-employed individuals and laid off workers who do not qualify for Employment Insurance and also a CA\$20 million investment to fund the Small Business Impact grant for eligible small businesses to receive a grant of 15% of their revenue from sales (NS, 2020ad).

On March 25, the federal government assented the *COVID-19 Emergency Response Act* (Canada, 2020). Under this Act, the federal government authorized an additional payment of CA\$12,922,000 to Nova Scotia for Fiscal Year 2019-2020 in an amendment to the *Federal-Provincial Fiscal Arrangements Act* (Canada, 2020).

The COVID-19 Small Business Credit and Support Program was announced on April 24, which enables businesses to access credit, cash grants and support through participating credit unions (NS, 2020ar). The government has also launched a new online support tool (<https://covid19-employer-assessment.novascotia.ca/en>) for businesses who remain open to ensure they are complying with public health orders and workplace safety requirements (NS, 2020x). Another webpage to provide COVID-19 investing information to the public has also been launched (NS, 2020ai). The webpage, <https://nssc.novascotia.ca/covid19>, includes news releases, notices and blanket orders issued to provide relief for a number of individuals.

To support people working from home during the COVID-19 pandemic, the provincial government invested CA\$15 million as an incentive to providers to speed up projects under the Internet for Nova Scotia Initiative (NS, 2020x). As well, to support students facing financial burden, the government suspended all payments of Nova Scotia students loans for six months (NS, 2020x).

On June 11, additional funding by the province was announced to help start-up businesses seize opportunities emerging from COVID-19 (NS, 2020bj). Specifically, the CA\$750,000 investment will support business incubators including Volta, Ignite and the Organization for Nova Scotia Innovation-Driven Enterprise (ibid).

#### **6.4 Home Education Support**

As previously mentioned in Section 1.2, on March 30, the provincial government confirmed that all public schools and licensed childcare providers will remain closed until at least May 1 (NS, 2020x). With this announcement, the government ensured families that students will not be penalized because of the COVID-19 situation (ibid). They also confirmed that students and families without internet access would be provided access to e-learning and at-home learning materials (ibid). Further, a dedicated learning website for families was also announced: <https://curriculum.novascotia.ca/learning-home>. Students and families who require support are encouraged to connect with SchoolPlus facilitators and community outreach workers to access student support services (ibid).

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## Appendix A. List of Acronyms

CMOH	Chief Medical Officer of Health
DHW	Department of Health and Wellness
IMT	Incident Management Team
LTC	Long-term care
MSI	Medical Service Insurance
NHSA	Nova Scotia Health Authority
NML	National Microbiology Laboratory
NS	Nova Scotia
NSCP	Nova Scotia College of Pharmacists
OCMOH	Office of the Chief Medical Examiner of Health
OIPC	Federal, Provincial and Territorial Privacy Commissioners
PHAC	Public Health Agency of Canada
QEII	Queen Elizabeth II Health Sciences Centre
TAO	Therapy Assistance Online

## Appendix B. Key Resources

Government of Nova Scotia  
COVID-19 Website [novascotia.ca/coronavirus](https://novascotia.ca/coronavirus)

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Nova Scotia Health COVID-19  
Assessment Centres <http://www.nshealth.ca/coronavirus-assessment>

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Nova Scotia Securities  
Commission COVID-19 Investing  
Information <https://nssc.novascotia.ca/covid19>

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## About NAO

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