

North American COVID-19 Policy Response Monitor: Newfoundland and Labrador

February 21, 2021

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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List of Acronyms and Abbreviations

CMOH	Chief Medical Officer of Health
CSFP	Conseil Scolaire Francophone Provincial de Terre-Neuve-et-Labrador
FFS	Fee-For-Service
ICU	Intensive Care Unit
LTC	Long-Term Care
MCP	Medical Care Plan
MNL	Municipalities NL
NACI	National Advisory Committee of Immunization
NL	Newfoundland and Labrador
NLC	NL Liquor Corporation
NLCHI	NL Center for Health Information
NLESD	NL English School District
NLMA	NL Medical Association
NLPDP	NL Prescription Drug Program
NML	National Microbiology Lab
NP	Nasal Pharyngeal
OHML	Public Health and Microbiology Lab
PCR	Polymerase Chain Reaction
PHPPA	<i>Public Health Protection and Promotion Act</i>
RCMP	Royal Canadian Mounted Police
RHA	Regional Health Authorities
RNC	Royal Newfoundland Constabulary
UTM	Universal Transport Media

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 February 20, 2020, the province's Chief Medical Officer of Health (CMOH) stated that although the risk of COVID-19 to the province remained low and no cases had yet been reported in Newfoundland and Labrador (NL), measures to contain the potential future spread of COVID-19 had already begun (CBC News, 2020i; Salt Wire, 2020). For example, the province's four Regional Health Authorities (RHAs) began exercises to prepare for their response to the evolving situation.

On February 27, the CMOH announced the province was "still in containment mode"; however, she outlined that preparations were being taken to prepare for a COVID-19 pandemic, including the introduction of a patient screening process for use by frontline health care workers, a public-facing COVID-19 screening tool, the development of testing procedures, provision of advice to health care workers on proper procedures, and establishment of working groups to monitor the disease and its health system impact and to manage supplies and resources (CBC News, 2020a).

The first presumptive case of COVID-19 in NL was reported on March 14, 2020: a woman who had recently returned from travel aboard a cruise ship (CTV News, 2020). One day after the first presumptive case of COVID-19 was identified, Premier Dwight Ball announced he would be meeting with opposition leaders to discuss the province's response to COVID-19 (Executive Council, 2020b).

On April 3, the province launched its COVID-19 Data Hub dashboard (<https://covid-19-newfoundland-and-labrador-gnl.hub.arcgis.com/>) to provide accurate, timely and interactive data about the COVID-19 pandemic in the province, including the number of tests, confirmed cases, deaths and hospital admissions (NL, 2020c). The provincial COVID-19 website also includes an online self-assessment tool (www.811healthline.ca/covid-19-self-assessment/), which leverages the province's existing 811 HealthLine platform, a confidential and free webpage and telephone line staffed by experienced registered nurses which is available to all NL residents 24 hours a day, 7 days a week (HealthLine, 2021).

The province has established a number of communication pathways, collaboration channels and working groups to effectively communicate with the public throughout the COVID-19 pandemic. On March 13, the Government of NL launched a website (www.gov.nl.ca/covid-19/) dedicated to COVID-19 resources and updates, including general COVID-19 information; guidance on protective measures (e.g., use of face masks); materials describing provincial mathematical modelling projections; guidance for supporting vulnerable populations (e.g. older persons, persons with chronic conditions, residents of remote regions, person with opioid dependence, etc.); supports for supporting food security; guidance on travel restrictions and recommendations; etc. (NL, 2020c).

Starting March 15, 2020, the CMOH, Minister of Health (Dr. John Haggie), and the Premier provided daily televised COVID-19 press briefings; however, since May 25, 2020, these were reduced to three briefings

per week (Monday, Wednesday, Friday) (NL, 2021h). The province also has an active online presence on Twitter and Facebook, through which all provincial COVID-19 updates are live streamed, and relevant updates and user-friendly infographics are shared with the public (NL, 2021f, 2021q).

Following the previously planned retirement of Premier Dwight Ball, Dr. Andrew Furey sworn in as Premier of NL on August 19, 2020 and, thus, has since taken over Ball's role in COVID-19 communications (NL, 2020j).

Notably, CMOH Dr. Janice Fitzgerald has received much praise throughout the pandemic for her swift actions, communication style and mottos, such as "be kind always" and "hold fast" (B Sweet, 2021); for example, in February 2021, over 18,000 people signed a petition requesting a new medical building at the province's Memorial University be named after Fitzgerald (ibid). Fitzgerald has been serving as the province's interim Chief Medical Officer of Health since August 2019; while the hiring process to fill the position permanently has been out on hold during the pandemic, the Minister of Health has effectively removed the "interim" from Fitzgerald's title for the time being (CBC News, 2020i).

1.2 Physical distancing

All residents of NL are currently advised to practice physical (social) distancing and only leave their homes for essential activities; this guidance has been in place since the province issued its state of emergency on March 18, 2020 (NL, 2020h).

The province defines physical distancing as avoiding crowds and minimizing physical contact with people outside their home by maintaining a two-arm lengths distance. They also provide an explicit list of activities to avoid, including group gatherings; visitors in your home; sleepovers, playdates and other social interactions with friends; public spaces, such as malls; and crowded stores (NL, 2020h).

Schools, childcare facilities and youth camps

On Monday, March 16, 2020, the province announced all schools, early childhood education centres, and regulated daycare centres would close at the end of the week until further notice (Education and Early Childhood Development, 2020; Executive Council, 2020c; Justice and Public Safety, 2020). Schools were open the following Wednesday and Thursday for students to pick up items, at times set by the NL English School District (NLESD) and Conseil Scolaire Francophone Provincial de Terre-Neuve-et-Labrador (CSFP), the province's French language school district, and would remain open for teachers for the rest of the week only for planning purposes (NELSD, 2020).

Memorial University, the province's only university, and the College of the North Atlantic, the province's only public college system with 17 sites throughout the province, also announced that all on-campus and in-person events would be cancelled effective March 18 and 16, respectively, until further notice (College of the North Atlantic, 2020; MUN, 2020).

Schools re-opened for in-person lessons on September 9, 2020, and school boards released their re-opening plans in late August 2020 (Bird, 2020). According to provincial guidelines, face masks were required for all students in grades 7 and up while in common spaces, such as hallways, and while on school buses (Bird, 2020); face masks were not required while in class, but students are permitted to wear one if they choose. The province provided a re-usable cloth mask to every student at the start of the school year

(ibid). There were no changes to class sizes, but cohorting was recommended for students in Kindergarten through Grade 6 (Bird, 2020). To further support infection prevention, hand sanitizers were provided in schools, and activities were taken to support increased ventilation and cleaning measures, including the hiring of 70-100 additional custodial staff (ibid). School bus drivers were required to wear masks, as were teachers and school staff when distancing cannot be maintained, e.g. while in their break room (Bird, 2020). Non-essential visitors and group uses of schools were also prohibited to support infection control. A daily screen form was implemented for anybody entering a school and a dedicated room in each school was created where students or staff could stay while waiting for transport, should they develop COVID-19 symptoms while at school (Bird, 2020).

The province's school re-opening plan also outlines three scenarios: 1. In-school classes fully resume; 2. in-school classes partially resume; and 3. at-home learning continues (NL Department of Education, 2020). Under all scenarios, January 2021's public exams were cancelled. The plan gave flexibility to school boards to determine whether and how to delivery extracurricular activities (ibid).

In response to an outbreak of the B.1.1.7 variant which involved a large number of children and youth in the Avalon Peninsula, on February 11, 2021, all schools in the metro St. John's area closed for in-person classes (CBC, 2021a). The College of the North Atlantic also cancelled its in-person activities in the St. John's area (ibid). Starting March 3, most schools outside of the affected outbreak region were permitted to enter NL's Scenario 11 learning plan, i.e., fully in-person; 28 schools had certain grade levels alternating between in-person and in-class learning (i.e., Scenario 2) (CBC, 2021d). On March 13, all schools were permitted to reopen, with enhanced public health measures, including mandatory mask requirements for students in grades 4 and up. The use of face masks is encouraged, but not mandatory, for students in Kindergarten through Grade 3. Face masks are also required at all times while on a school bus (CBC, 2021f). Teachers and staff were also required to wear a non-surgical 3-ply face mask and face shield at all times while in the classroom and where distancing cannot be maintained (NL, 2021ai).

Public and private gatherings

On March 18, 2020, gatherings of more than 50 people were banned under the provincial public health emergency and *Public Health Protection and Promotion Act* (PHPPA) (NL, 2020m). On March 23, this order was revised to prohibit gatherings of 10 or more people and, on March 30, to prohibit gatherings of more than 5 people (NL CMOH, 2020g, 2020l). The March 18 order also prohibited funeral visitations and wakes (NL CMOH, 2020n).

Effective May 29, 2020, under Alert Level 4 of the province's re-opening plan, households are permitted to interact with one other household, if both households mutually agree (NL, 2020b). In addition to these so-called "double bubbles", Level 4 also allows for social gatherings of up to 10 people, the re-opening of parks and certain businesses, with distancing and other public health measures in place. The CMOH stated that this was in an effort to reduce social isolation, especially for those living alone; however, she reiterated that all other public health measures remain in place under Alert Level 4 and residents should not have close contact with anyone else outside of their two-household bubble and could not join up more than one household bubble (CBC News, 2020h; NL, 2020b). On May 29, the CMOH announced that residents could add six people to their bubble (NL, 2020b). This was met with confusion and, on June 1, the CMOH clarified this included an individual's two-household bubble, not in addition to, for a combined

total of six people per bubble (ibid). The CMOH advises residents who are at increased risk of severe COVID-19-associated illness and residents who work or volunteer in settings in which close contact with others is not avoidable, that extra vigilance around symptom screening and hand washing should be exercised between the two-household bubble and that residents should be extra cautious that they do not increase the risk to a vulnerable person (NL, 2020b).

On May 29, the province's website was updated to provide a detailed webpage explaining the concept of "double bubbles", which includes user friendly explanations of many relevant epidemiological concepts (i.e., person, space, time, and place), detailed guidance, cautions for vulnerable individuals and a sample log of social interactions that residents can use to assist contact tracing efforts (NL, 2021e).

On June 8, the province moved to Alert Level 3 of its reopening plan, which permitted social gatherings of up to 20 people (NL CMOH, 2020c; ServiceNL, 2020c). On June 25, with the move to Alert Level 2, gatherings of up to 50 persons were permitted, with physical distancing still in place (CBC, 2020c).

Since August 24, gatherings of up to 100 persons have been permitted, if hosted by "recognized businesses or organizations"; however, for indoor venues, 100 people must be less than 50% of the venue's capacity (Moore, 2020a). "Recognized" businesses and organizations are those which can ensure responsibility is taken to follow all public health guidelines, e.g. opposed to private gatherings.

In response to an outbreak of B.1.1.7, the province moved to Alert Level 5 on February 15, with the above gathering restrictions in effect (i.e., a maximum of 5 persons); on February 26, the province moved to Level 4, with the exception of the Avalon Peninsula, where the outbreak had been originally identified (CBC, 2021e). On March 13, the Avalon moved to Alert Level 4 and the rest of the province moved to Level 3 (Mullin, 2021). Under Alert Level 3, households were permitted to have a total of ten close contacts – referred to as a "tight 10" (bid). The CMOH suggested that school aged children should only be interacting with their class cohorts outside of the "tight 10" (ibid).

Non-healthcare businesses and services

On March 12, 2020, all provincial visitor information centres, libraries, provincial historic sites, Hockey NL events, the 2020 East Coast Music Awards, and numerous other events and activities were ordered to immediately close or be postponed (The Telegram, 2020). ServiceNL, which oversees all provincial services, also announced it would discontinue regular counter service at the Motor Registration Division in Mount Pearl, one of two locations in the provincial capital, and all Government Service Centres throughout the province (ServiceNL, 2020a). In-person services, excluding driver road tests, would continue to be offered by appointment for services not available online; further suspensions of walk-in counters for these services, other ServiceNL divisions, and other provincial services were announced over the following week (Health and Community Services, 2020a; ServiceNL, 2020b).

Many municipalities and private businesses followed suit by suspending in-person services and requiring staff to work from home (CUPE NL, 2020a). The Royal Canadian Mounted Police (RCMP) also began asking that the public visit detachments and headquarters only for urgent matters when unable to make contact by phone (Government of Canada, 2020b). Similarly, on March 19, the provincial House of Assembly announced it would not resume its sittings in accordance with the parliamentary calendar on March 23

but would convene for an emergency session, limited to 10 sitting members to meet quorum, on March 26 to deal with urgent business related to COVID-19 (House of Assembly, 2020).

On March 16, the province announced all non-essential public service employees would start working from home immediately, unless notified otherwise, and provincial courts would close (Education and Early Childhood Development, 2020; Executive Council, 2020c; Justice and Public Safety, 2020).

On March 18, all retail stores not providing services essential to life, health or personal safety of individuals and animals were required to close, restaurants were restricted to only take-out and delivery orders, and all drinking establishments were to close immediately (NL CMOH, 2020l). Essential services were defined as those providing food; pharmaceutical products, medicine and medical devices; personal hygiene products; cleaning products; baby and child products; gas stations; computer and cellphone service and repair; electronic and office supplies; hardware supplies; and pet and animal supplies (NL CMOH, 2020n). An additional stipulation was also included, stating that retail stores permitted to remain open were prohibited from selling scratch or break-open lottery tickets in store, to further reduce the number of non-essential trips outside of the home and reduce the length of time spent in-store (ibid).

On March 18, the NL Liquor Corporation (NLC) also announced it would be immediately taking actions to promote physical distancing and hand hygiene by employees in stores and would be closed to the public until further notice (effective March 21); however, purchase orders could be placed through email or phone and collected at curbside (NLC, 2020a).

On March 25, the Department of Transportation and Works announced new restrictions, starting March 26, to limit the number of ferry passengers travelling into and out of the province, along with additional measures to promote physical distancing and adequate cleaning procedures on ferries (NL, 2021aa).

Specific to May 5, 2020, an exemption order to the above gathering measures was issued by the CMOH to allow asymptomatic members and employees of the House of Assembly to convene; however, the total number of individuals permitted in the House of Assembly at any one time on May 5 was not to exceed 20 people and all other measures, such as distancing, remained in effect (NL CMOH, 2020l).

On June 8, the province moved to Alert Level 3 of its reopening plan, which allowed for the re-opening of various businesses and ServiceNL services (effective June 10), with physical distancing and other public health measures in place (NL CMOH, 2020o; ServiceNL, 2020c).

On June 25, NL moved to Alert Level 2 of its reopening plan, under which permitted recreational facilities, including gyms and indoor pools, and additional businesses to reopen (CBC, 2020c).

In February and March 2021, the province moved back to Levels 5 through 3 of its re-opening plan, which resulted in the temporary closure of business. See Section 5.3 for additional details.

Outdoor facilities

On March 13, the Premier announced the province's publicly owned Marble Mountain Ski Resort would be closed for the remainder of the ski season; all theatre events at Arts and Culture Centres across the province were cancelled until further notice, while activities involving 25 or fewer people were still permitted; and provincially owned and operated pools were closed effective March 14 until further notice

(Executive Council, 2020a). The province also made recommendations for sports and recreation organizations and teams to support physical distancing.

The province's March 18, 2020 emergency order also included specific requirements for campsites in municipal and privately owned parks which required these sites to close immediately, in line with federal closures of all Parks Canada site; however, individuals who were permanent residents of the campsite and who had no other residence were exempt from this closure (NL CMOH, 2020h).

Pending the anticipated postponement of the 2020 Olympics, it was announced on March 28 that the 2020 NL Summer Games, originally scheduled for August 15-22, would be postponed (NL, 2020w).

Throughout the spring and summer of 2020, the province moved through Levels 5-2 of its re-opening plan, which permitted the re-opening of outdoor facilities. See Section 5.2 for additional details.

In February and March 2021, the province moved back to Levels 5 through 3 of its re-opening plan, which resulted in the temporary closure of certain facilities. See Section 5.3 for additional details.

Notably, outdoors activities such as hiking and snowshoeing have been permitted, and promoted by the province, throughout the pandemic, even under Alert Level 5 (NL, 2021a).

Healthcare facilities

Since March 23, 2020, no visitors were permitted in any of the province's hospitals, with the following exceptions: children who are inpatients can have both parents visit at the same time; patients living with a significant cognitive, physical or mental disability that requires extraordinary medical care, assistance with activities of daily living, or who require substitute decision makers for treatment decisions can have one support person attend or visit, as deemed appropriate by the patient care team. Exceptions are in place for obstetrics and delivery patients, as well as those receiving end of life care (Health and Community Services, 2020b).

Under Alert Level 3, visitation restrictions were relaxed. Although this is under the purview of each RHA, all four released similar guidance documents within one hour of one another on June 10, and guidance has also been provided at the provincial level, through the province's dedicated COVID-19 website, suggesting these recommendations resulted from a collaborative effort (Labrador-Grenfell Health, 2020).

Notably, all acute care patients were permitted one designated visitor of their choosing and this individual must remain constant through the duration of these visiting restrictions (NL, 2020e). Obstetrics patients are permitted one support person (e.g. their partner) for the duration of their and the newborn's hospital stay (CBC News, 2020j; Eastern Health, 2020c; NL, 2020e). With the exception of Eastern Health, the other RHAs permit both one support person and a doula to attend the delivery (Central Health, 2020; Eastern Health, 2020c; Labrador-Grenfell Health, 2020; Western Health, 2020); similar guidance is provided on the provincial website (NL, 2020e). Previously, visitation was restricted to active delivery and a four-hour visit while in the obstetrics unit (CBC News, 2020j). Further, residents/patients of most acute care, palliative care, long-term care (LTC), intensive care, personal care homes and other care settings are permitted one designated visitor (CBC News, 2020j; Eastern Health, 2020c); however, Eastern Health has a two-visitor policy and Central Health permits two visitors at a time for patients in intensive care (Central Health, 2020; Eastern Health, 2020c). For most patients in NL, there is a 2-hour visit limit, with the

exception of patients with disabilities (Eastern Health, 2020c). Individuals in the emergency room are permitted one visitor but no visitors are permitted for individuals being tested for COVID-19 (ibid). For pediatric patients, most RHAs permit two parents/guardians to visit at a time (CBC News, 2020j; Central Health, 2020; Labrador-Grenfell Health, 2020; NL, 2020e; Western Health, 2020). Eastern Health states that only one parent/guardian is permitted to visit at a time, with the exception of neonatal units, where two parents/ guardians are allowed at a time (Eastern Health, 2020c). For both pediatric and neonatal patients, siblings are not permitted to visit. Further, no visitors are allowed in adult mental health inpatient units; however, two designated visitors are permitted for adolescent inpatients of psychiatric units. Outpatients who require a carer are permitted one support person.

In February and March 2021, the province moved back to Levels 5 through 3 of its re-opening plan, which resulted in the temporary closure or postponement of certain facilities and services. Specifics varied by facility and RHA; however, the province recommended the relaxation of visitation restrictions starting July 13 (Jackson, 2020c). In most facilities, acute care patients were permitted up to six designated visitors and obstetrics patients were permitted four designated visitors after delivery and one support person for the duration of their stay (ibid).

Long-term care facilities

On March 12, 2020, the CMOH first asked residents to restrict visits to hospitals, LTC homes and personal care homes (NL, 2020r).

On March 23, the immediate closure of LTC homes to visitors was ordered, including visitation restrictions for hospitals and other facilities across all four provincial health authorities (Health and Community Services, 2020b).

Specific guidelines for support persons and designated visitors have been provided by the province and are available on their COVID-19 website (www.gov.nl.ca/covid-19/guidelines-for-support-person-designated-visitors) (NL, 2020e).

Throughout the spring and summer of 2020, the province moved through Levels 5-2 of its re-opening plan, which permitted the relaxing of certain restrictions. While the specific policies varied by facility, most allowed for a larger number of visitors per resident (Jackson, 2020c). For example, since July 13, many LTC facilities permitted up to 6 designated visitors per resident, in response to provincial guidance; visitors were required to wear a mask for the duration of their visit, not visit other residents and go directly to the resident's room (ibid). Residents were asked to contact specific facilities to determine their visitation policies.

In February and March 2021, the province moved back to Levels 5 through 3 of its re-opening plan, which resulted in the temporary re-introduction of certain measures. See Section 5.3 for additional details.

Subpopulations

On March 23, 2020, visitation to all correctional facilities throughout the province was also suspended at this time (Correctional Service Canada, 2020).

On March 26, the Department of Children, Seniors and Social Development introduced a new toll-free telephone number to ensure that individuals and community groups can continue to connect with the Department during the pandemic (Department of Children, Seniors and Social Development, 2020).

On May 27, the Department of Children, Seniors and Social Development reinstated in-person family visits for youth in care (Department of Children, Seniors and Social Development, 2020).

To ensure individuals and community groups have continued access during the pandemic, on February 15, 2021, the Department of Children, Seniors and Social Development announced the contact number for the department (1-833-552-2368), including video conferencing options, was in full operation (NL, 2021ae).

Election

NL's premier retired during the COVID-19 pandemic (previously planned). His successor assumed the role on August 19, 2020 and NL law mandates that an election must be held within one year of a new Premier assuming office (Mullin & Moore, 2021).

There was much anxiety among the public and elections staff leading up to the election, including the reporting of several outbreaks, lack of custodial support, and a mass exodus of elections staff, e.g. many of whom are elderly and at increased risk of severe COVID-19 illness and others were quarantining or in isolation (CBC, 2021b). To support physical distancing, Elections NL issues specific guidance for candidates, emphasising the use of social media over door-to-door campaigning and rallies (ElectionsNL, 2021). Elections NL also promoted its vote by mail option and election day was scheduled for a Saturday, for the first time in the province's history (ibid). On February 10, 2021, the Office of the Chief Electoral Officer announced that an alternative voting option would be offered to any elector who was in quarantine or self-isolation (NL, 2021w). Further, a drive-thru isolation vote was scheduled to be offered in St. John's, on February 13, specifically for those in isolation or quarantine (ibid); however, this was option was later cancelled (CBC, 2021b).

On February 13, the province announced the closure of one of its voting returning offices in St. John's as a result of a COVID-19 exposure (NL, 2021u). In response to an overwhelming number of phone calls to their offices, on February 13, ElectionsNL also announced that residents could apply for a special ballot online (NL, 2021ad). Special ballots could be requested by residents until 8pm on February 19, 2021.

An outbreak of COVID-19 in the St. John's metropolitan area in early January 2021 caused in-person voting in the Avalon Peninsula to be delayed for roughly half of the province's population (18/30 districts, announced February 11) and, mail-in voting was highly recommended for the rest of the province (Mullin & Moore, 2021). On February 12, less than 12 hours before in-person polls were scheduled to open, ElectionsNL announced that all in-person voting was cancelled, as the province entered Alert Level 5, and voting would occur exclusively by mail (ibid).

The province's election was originally scheduled to take place on February 13 (announced January 15); however, on February 12, ElectionsNL announced that residents had until February 15 to apply for a special mail-in ballot and had until March 1 to return it (Herald, 2021). On February 17, these deadlines were extended to February 19 and March 5, respectively; on February 19 another extension was announced allowing residents to return their ballots no later than March 12 (post-marked) (Herald, 2021).

In response to poor weather conditions which had affected mail delivery, on March 9, another extension was issued, allowing ballots to be received by mail until March 25 (Smyth, 2021).

1.3 Isolation and quarantine

Since March 6, 2020, any NL resident with symptoms of COVID-19 has been asked to stay at home and complete the province's COVID-19 self-assessment tool, offered online and via telephone through the province's 811 helpline (NL, 2020o). On March 14, individuals returning from international travel were asked to voluntarily self-isolate and, since March 16, the provincial government has ordered public sector employees returning from international travel to self-isolate for 14 days (NL, 2020q).

Under the provincial state of emergency, declared on March 18, all individuals and businesses in NL are required to follow mandatory isolation and quarantine orders set out under the PHPPA (NL, 2020m; NL CMOH, 2020n). Specifically, this requires individuals to self-isolate at home for 14 days if diagnosed with an active COVID-19 infection; in close contact with someone diagnosed with COVID-19; assessed by Public Health for COVID-19 and/or are waiting to hear the results of a laboratory test for COVID-19; or upon arrival for travelers from anywhere outside of NL (ibid). Symptomatic individuals who test negative for SARS-CoV-2 are required to continue self-isolating until 24 hours after their symptoms have resolved.

If someone is self-isolating and develops symptoms, everyone in their home is also required to self-isolate, regardless of whether they have symptoms of COVID-19 (NL, 2020c; NL CMOH, 2020a). If any of the above individuals are caught not self-isolating, the CMOH advises that they and all other members of their bubble will be put in self-isolation and testing will be arranged (NL CMOH, 2020b).

Explicit guidance detailing self-isolation has been provided by the province, which states that "all individuals who are self-isolating must stay on their own property and cannot go for a drive, unless it is to receive medical attention" (NL CMOH, 2020b). Moreover, explicit guidance has been provided for individuals living in community dwellings, such as condominiums and apartments: "[Individuals] must stay in their own unit and are not permitted to go in common areas of the building" (ibid).

Since March 20, 2020, all individuals arriving in NL from outside of the province, including those arriving from other provinces and territories in Canada, have also been required to self-isolate for 14 days (NL, 2021i). Asymptomatic individuals who frequently arrive in NL from another province or territory in Canada for the purpose of specific essential activities, such as inter-provincial truck drivers, are exempted from this requirement to self-isolate while travelling to and from their home and place of work in the province (NL, 2020z). When not working, these workers must otherwise self-isolate for 14 days after arriving in the province. Ferry passengers are also required to inform ferry service providers if they had recently returned from travel outside the province (NL, 2020u). Border control and travel restriction measures are further described in Section 6.2.

On March 22, the provincial government announced a partnership with the Canadian Red Cross to support residents required to self-isolate (Canadian Red Cross, 2020). Specifically, the Canadian Red Cross established a helpline to assist people who are impacted by self-isolation in accessing a wide range of supports and services.

On March 22, Caul's Funeral Home in St. John's disclosed that people who had attended its LeMarchant Road business for the visitation for two people between March 15 and March 17 may have come into contact with a person suspected to be infected with COVID-19 (NL CMOH, 2020f). On March 25, an order was issued by the CMOH requiring any individual who attended Caul's Funeral Home, LeMarchant Road in St. John's, for a wake, visitation or funeral on March 15, March 16 or March 17, 2020 must stay home and self-isolate until April 1, 2020 (ibid). At the time, the Caul's Funeral Home cluster was Canada's largest recognized COVID-19 cluster (McKenzie-Sutter, 2020b). As of May 19th, 32% of all confirmed COVID-19 cases in NL had been traced back to Caul's funeral home (82 of 260 cases) (NL, 2020c).

1.4 Monitoring and surveillance

Screening and surveillance

On February 27, 2020, specific measures were announced outlining COVID-19 screening and testing processes, including the availability of nurses to visit a person at home to perform testing; monitoring and investigating potential cases; and plans for effective public health and infection control measures (CBC News, 2020a).

As of April 28, all staff of LTC and personal care homes are required to be screened for risk of COVID-19 at the beginning of each of their shifts (NL CMOH, 2020k). On April 29, these measures were extended to include assisted living facilities (NL CMOH, 2020j). Further, operators of assisted living facilities are required to "cooperate and provide reasonable access to their facility" to representatives of an RHA for the purpose of monitoring compliance with provincial orders (Health and Community Services, 2020b).

Contact tracing

Contact tracing includes individuals who were in contact with the cases 48 hours prior to case symptom onset (NL, 2021b). Contact tracing is performed by public health nurses, through the provincial RHAs. Specifically, all confirmed cases are interviewed by public health nurses and other close contacts may also be interviewed to provide further information on the case's contacts. When contacts are identified, public health nurses contact them to offer counseling, screening, and, if required, testing or treatment; contacts may also be required to self-isolate, if deemed necessary (ibid).

There are no publicly available estimates of the average time taken to initiate contact tracing in NL.

To date, the province has been able to identify the source of infection for nearly all of its cases. As of March 14, 2021, the source of infection for only 6.4% of the province's 1,012 cases was under investigation and the source for only 8 cases was deemed "community transmission of unknown source" (NL, 2020c).

Data Collection

The province uses the national case definitions for COVID-19 (Government of Canada, 2020a; NL, 2021k; NLMA, 2020f). The province's *Public Health and Promotion Act* (PHPPA) mandates all health care professionals to report suspected or confirmed diagnosis of notifiable communicable diseases within 24 hours of clinical diagnosis or laboratory confirmation (NL, 2020m). COVID-19 falls under the PHPPA definition of a reportable disease; specifically, as a "disease outbreaks, unusual disease clusters and unusual disease occurrence" (NL, 2020m; NLMA, 2020f). As such, health care providers are required to

report cases of COVID-19 immediately to the Department of Health and Community Services (DHCS) through their Regional Medical Officer of Health or regional Communicable Disease Control Nurse or, in the case of acute and LTC situations, to their Infection Control Practitioner (ibid).

Besides basic case demographics (e.g. age, sex, residence), contact information, and clinical outcomes, it is not clear if other data, e.g. race/ethnicity, are collected on confirmed COVID-19 cases in NL. The province's COVID-19 Dashboard reports cases by RHA, age, sex and likely exposure setting (e.g. travel, close contact, etc.) (NL, 2020c).

Projections and modelling

On April 8, 2020, the province released its first COVID-19 modeling projections, which suggested that cases might peak around mid-November and intensive care unit (ICU) bed capacity could be exceeded by mid-July if current preventive measures remained in place (NLCHI, 2020b). The projections suggested that, even with the rapid rise in cases observed over the month prior due to the Caul's Funeral Home cluster, which at the time accounted for 75% of the province's known cases, the province's epidemic curve had been flattening over the week prior. The best-case scenario projections suggested the province would see only 15 COVID-19-associated hospitalizations by April 30; the worst-case scenario projected 200 hospitalizations (ibid). Both scenarios were deemed manageable by provincial health authorities given the province's current acute-care bed capacity (McKenzie-Sutter, 2020c). Provincial Health Minister, Dr. Haggie, reiterated that these models provide "educated guesses" and should not be taken as a direct prediction of what is to come, while also reporting that health care authorities were taking additional actions to best plan for such a scenario (ibid).

On May 29, 2020, Dr. Proton Rahman (Associate Dean, Clinical Research, Faculty of Medicine, Memorial University) presented the province's updated projections (CPAC, 2020). The modeling showed the province has successfully controlled the pandemic to date and was likely to experience a small number of cases over the following weeks, if public health measures were adequately followed (ibid).

As of March 14, 2021, no other projections have been publicly released by the province.

Notably, in August 2020, Dr. Proton testified about his group's model projections in the court challenge of the province's travel ban (McKenzie-Sutter, 2020d). This included results from a pre-print paper co-authored by Dr. Proton and his colleagues, dated July 17, which suggested that the relaxing of the province's travel bubble would result in the increased transmission of the virus in NL (ibid).

1.5 Testing

Assessment centres

Individuals with symptoms of COVID-19 are advised to complete the online 811 [self-assessment tool](#) to determine if they should call 811, a free 24/7 telephone line available to all NL residents, for further assistance (HealthLine, 2021; NL, 2020c, 2021b). If determined through 811 that an individual requires testing, this is arranged through Public Health. Testing may be completed by appointment in an individual's home by a public health nurse, if necessary; at a drive-through testing site; mobile testing unit; or another location, as determined by public health (HealthLine, 2021).

As of April 27, 2020, there were also seven drive-in testing centers located throughout the province (CBC News, 2020g; Eastern Health, 2020b).

In February 2021, an additional, temporary drive-through testing center was opened at a high school in the St. John's area to support the increased demand for testing following an outbreak of the B.1.1.7 variant (Telegram, 2021).

Testing criteria

Initially, the provincial testing criteria were limited to individuals with two or more symptoms who had recently travelled out-of-province or had contact with a positive case or other exposure histories considered high-risk for COVID-19 transmission (e.g. attendance at a mass gathering with international attendees) (Jackson, 2020b). At that time symptoms were limited to fever (or signs of a fever, such as chills, sweats, muscle aches or light-headedness), cough, headache, sore throat or a runny nose (Jackson, 2020b; NL, 2020o). However, health care providers were also approved to test any individual admitted to hospital with acute respiratory illness, regardless of exposure history, if they suspected COVID-19 (CBC News, 2020a).

On April 4, 2020, testing guidelines were expanded to include individuals with any of the above symptoms who are in vulnerable or higher-risk situations or who work with vulnerable populations, such as employees of health-care facilities, LTC facilities, personal care homes, day cares, emergency shelters, correctional facilities and other housing programs serving vulnerable populations (HealthLine, 2021; Jackson, 2020a; Maher, 2020a; NL, 2021c). For example, on April 6, NL identified its first case of COVID-19 in a LTC facilities located at the U.S. Memorial Hospital in the Eastern Health Authority; all residents and staff of the facility were immediately tested (CBC News, 2020d).

On April 15, testing guidelines were expanded to include all people with COVID-19 symptoms, defined as an individual with two or more of the following (new or worsening) symptoms: fever or signs of fever, including chills, sweats, muscle aches and light-headedness; cough; headache; sore throat or painful swallowing; runny nose; unexplained loss of appetite or diarrhea; loss of sense of smell or taste; or small red or purple spots on the hands and/or feet (Jackson, 2020a; NLMA, 2020h). Notably, a physician may also refer a patient for testing even if the patient does not meet the testing criteria outlined in the screening algorithm (HealthLine, 2021; NLMA, 2020f). In this instance, the physician must contact a public health official at their local RHA office directly, on behalf of the patient, to refer for testing and provide the reason for the testing request (ibid).

Effective September 9, asymptomatic rotational workers who worked outside of the Atlantic provinces have been provided the option of calling 811 to book a diagnostic test for SARS-CoV-2 as early as day five, but ideally on day 12, of their 14-day quarantine (NL, 2020bd). This option was introduced as part of a four-week trial to determine the feasibility of this new measures and whether any further changes should be made to the requirements for rotational workers (ibid).

Notably, political opposition parties have called upon the provincial government to introduce point of entry testing for COVID-19 at all NL border access points (Barb Sweet, 2021).

Throughout the pandemic, the province has also notified the public of potential exposures during air and ferry travel, and have recommended that individuals who might have been exposed call 811 and be tested

for COVID-19 (NL, 2020bl). Similarly, during the province's 2021 election, several notifications were made regarding potential exposures at voting stations; e.g. on February 10, the province notified the public of a potential exposure at a community polling station following a positive test result of a custodial staff member (NL, 2021t).

On February 18, 2021, the province announced that all inmates and staff at Her Majesty's Penitentiary in St. John's were being tested, as one of the correctional officers had been exposed during the recent outbreak in the St. John's metropolitan area (NL, 2021ah). Notably, as of this date, no cases had been confirmed among any inmates or staff of any correctional facilities in NL.

Laboratory and testing capacity

On March 21, 2020, the NL Public Health and Microbiology Lab (PHML) was certified by the National Microbiology Lab (NML) to report negative swab results for COVID-19; this was since expanded (on an unknown date) to certify PHML to report both negative and positive swab results (NL CMOH, 2020e). This means that samples taken processed by PHML do not require further confirmation by the NML in Winnipeg.

The NL Medical Association (NLMA), at the request of the CMOH, released revised testing guidelines to physicians on March 17 (NL CMOH, 2020d). The letter stated that COVID-19 had profound effects on the province's existing testing supplies, particularly nasal pharyngeal (NP) swabs and universal transport media (UTM) containers and, in order to fill the gap, the province had turned to other compatible collection devices for continued COVID-19 testing (ibid). Further, the NLMA requested community physicians to return unused supplies of swabs and media containers, which would be sent to regional hospital laboratories to address the needs for COVID-19 testing (ibid). On April 16, a letter from the Provincial Public Health Laboratory Network stated that testing supplies had been replenished and that use of standard testing equipment could resume (NLPPHLN, 2020).

Since at least February 2021, private clinics in NL have begun to offer diagnostic tests for a fee, typically CA\$250 (CBC, 2021c). The service targets individuals needed a test for travel requirements, not covered by the province's testing eligibility criteria, or otherwise not wanting to wait for a provincial test (ibid). In February 2021, private clinics also sought approval from the province to buy and use rapid testing kits; however, review of the request was put on hold until after the election (ibid).

In February 2021, Minister Haggie reported the province's testing capacity was 2,300 tests per day but they had recently received a new PCR testing device, through federal funding, which would increase the province's testing capacity by 35% (CBC, 2021c). He projected that, by the end of February 2021, the province would be able to process 7,000 samples per day (ibid).

Test results and reporting

Polymerase chain reaction (PCR) diagnostic test results are typically received within 72 hours of samples being taken and the Government of NL has a dedicated website to allow residents to securely check their COVID-19 results online from their homes (<https://healthnl.ca/concerto/covidresults>); however, it may take up to 5 days for test results to be posted to this website (NL, 2021d).

Since at least April 9, the PHML has employed a COVID-19 testing strategy that prioritizes the reporting of swab results for intensive care patients, other inpatients, symptomatic health care workers, and vulnerable persons (e.g. aged 75 years or older) (NLPPHLN, 2020).

Antibody testing for COVID-19 is currently not offered by the province; however, private clinics have offered this, for a fee, since late September 2020 (Main Street Clinic, 2020).

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

Health system capacity

There are many unique challenges facing the adequate delivery of health care services in NL, given its geography, demographics and other unique attributes. Foremost, NL is a geographically vast province. Although the province has a relatively small population (approximately 520,000), residents are dispersed across the province, which includes a landmass on continental Canada (Labrador); a large island (Newfoundland), accessible only by air or water; and several inhabited small islands (Heritage Newfoundland, 1997; Natural Resources Canada, 2013; NL, 2020i). Further, the health status and demographics of the population place increased demands on the province's health care system (DHCS, 2002). NL has among highest prevalence of chronic diseases in the country, including circulatory disease, cancer, diabetes, and other conditions. The prevalence of unhealthy lifestyle behaviors, such as tobacco smoking, obesity, high alcohol consumption, and physical inactivity, are also much greater in NL than in most other provinces (ibid). Additionally, the province has a slowed growth rate, particularly in rural regions, a low birth rate and considerable outmigration of young people; thus, the average age of the population is higher than elsewhere in the country. 21% of the NL population is aged 65 years or older, and 84% of these residents have at least one chronic disease (DHCS, 2002).

These contextual factors have resulted in historic, ongoing challenges to the timely and adequate delivery of care, such as ensuring the location and availability of services for all residents throughout the province. This underlying situation is further complicated by a history of broader provincial financial constraints facing the province, which has recently been further exacerbated by declining oil prices – the province's offshore oil industry makes significant contributions to the province's economy and its government revenues (Premier Ball, 2020). Further, an "unprecedented" snowstorm in mid-January 2020 resulted in a state of emergency in the capital, St. John's, and many other municipalities (City of St. John's, 2020b; McKenzie-Sutter, 2020a). The blizzard conditions resulted in most of the province being homebound for 8 days, and longer in certain areas, including widespread power outages and emergency orders explicitly ordering businesses closed and vehicles off the roads (ibid). In response to the additional funds that would

be required to adequately respond to COVID-19, Premier Ball sent a plea to Prime Minister Trudeau on March 20, 2020; the letter outlined the province's financial crisis and stated that, without federal assistance, the province would be unable to meet its financial responsibilities (Premier Ball, 2020).

The first specific plans regarding NL's infrastructural responses to preparing for COVID-19 were announced in mid-March. In an effort to redeploy resources to prepare for cases of COVID-19, on March 15, the provincial government announced that all RHA services would be restricted to urgent and emergency services; specifically, all elective outpatient visits would be cancelled, all non-urgent diagnostic imaging appointments would be rescheduled and walk-in x-ray services closed, outpatient blood collection services reduced, all same-day admission and elective surgical procedures postponed and currently-occupied inpatient beds held open as they became available to establish COVID units in designated hospitals (CUPE NL, 2020b; NL CMOH, 2020c). According to Minister of Health, Dr. John Haggie, this allowed the province to free up 30% of acute care beds and nearly half of all intensive care beds (CBC NL, 2020).

On March 31, it was announced that Eastern Health had set up one dedicated COVID-19 unit, with negative pressure rooms, in the Health Sciences Centre in St. John's and was preparing to set up a second (Gillis, 2020a). David Diamond, president and CEO of Eastern Health, also announced another 24 cardiac beds across the region would be converted into ICU beds, and other beds would be converted, depending on the availability of equipment, such as ventilators (ibid).

Mr. Diamond also announced that Memorial University's Field House could be used as a backup emergency clinic (with 10 beds), if needed (Gillis, 2020a). Similarly, plans had also been made for the campuses of the College of the North Atlantic and stadiums in the region's two largest municipalities, Gander and Grand-Falls Windsor, for surge capacity (100 cots) (Gillis, 2020b).

Medical equipment and supplies

As of April 16, 2020, the province reported having approximately 100 critical care beds, 700 ward beds and 200 ventilators across the province; however, the availability of resources varies across the four RHAs (Gillis, 2020b; NLCHI, 2020b). In Labrador-Grenfell Health, where the province's first cases of COVID-19 were identified, there is one four-bed intensive care unit and 15 ventilators, but no ICU beds (Gillis, 2020b). Any resident of Labrador-Grenfell Health requiring highly specialized tertiary care is transported to another RHA, typically Eastern Health. Throughout the Western Health Authority, there were 33 hospital beds, 10 ICU beds, and 29 ventilators, with planning underway to create more capacity across both regional hospitals located within the region's two largest municipalities, Corner Brook and Stephenville (ibid). In Central Health, the province's second largest health authority, there were 23 beds dedicated to COVID-19, 17 ICU beds and 17 ventilators available (Gillis, 2020b). In Eastern Health, the province's most populous region and home to the province's capital (St. John's), there were 65 ICU beds and 127 ventilators available, including a 30-bed COVID-19 unit at the Health Sciences Centre in St. John's (ibid).

In response to the province's April 8 modeling projections, Dr. Haggie announced several activities were currently underway to expand the province's provincial infrastructure, including the creation of a second COVID-19 unit at the Health Sciences Centre in St. John's, a second 11-bed unit at the Western Memorial Regional Hospital in Corner Brook, the opening of a new LTC facility in Corner Brook to free up additional

existing ward beds, and the ordering of additional ventilators for use across the province (McKenzie-Sutter, 2020c).

The province does not operate a central provincial warehouse for medical supplies; however, certain RHAs operate their own warehouses. Central Health has a warehouse but had few supplies in its stockpile (Crowe, 2020). Eastern Health previously operated a warehouse, created in response to the 2009 H1N1 pandemic; however, in September 2016, Eastern Health decided to stop renting this space, given fiscal constraints, and had used up as many supplies as possible (ibid). Labrador-Grenville confirmed that while it operates a warehouse, many of the 103,700 surgical and procedural masks; 111,960 N95; and other PPE previously purchased in response to the H1N1 pandemic had since expired and were undergoing testing to confirm they meet current specifications (Cowan, 2020).

CEO Diamond stated that he was not concerned about Eastern Health's PPE supply in the short term (Cowan, 2020; Gillis, 2020b). He further stated, "We are fine at this point. We're issuing our personal protective equipment based on the best scientific evidence that we can find, with direction from the chief medical officer of health, Dr. Fitzgerald" (ibid). However, to further prepare for future surges, the province began sourcing additional equipment from international sources, such as China; federal and provincial governments; and local entrepreneurs, whose products would be reviewed by the Living Lab Innovation Centre at Eastern Health to ensure products meet proper safety specifications and standards (Cowan, 2020; McKenzie-Sutter, 2020c).

On April 3, the NLC announced it had repurposed its bottling plant operation, Rock Spirits, to start production of hand sanitizer. It planned to produce over 400,000 litres over the coming weeks, which would be delivered to front-line workers and other priority groups (depending on supply), as directed by the DHCS, through the NLC's province-wide distribution network (NLC, 2020b). On April 9, the province called on all businesses, organizations and individuals throughout the province who could supply emergency products and innovative solutions to support the response to COVID-19 (CBC News, 2020e; Penney, 2020). Taskforce NL, a group of 75+ business leaders, convened to volunteer their expertise in logistics and manufacturing to source more equipment for the province. As of April 15, approximately two weeks after the group was created, it had sourced approximately 1.7 million units of PPE, including gloves, masks, shields and gowns (Penney, 2020; TaskForceNL, 2020). The group has a dedicated telephone line and website ([TaskforceNL.ca](https://www.taskforcenl.ca)) with a list of required equipment and a registry of existing equipment to enable quick deployment where equipment is needed. Further, the NL-based technology company, Verafin, donated a total of CA\$325,000, including matched staff donations, towards the purchase of new ICU beds throughout the province (Salter, 2020).

2.2 Workforce

Workforce capacity

Health care delivery in NL occurs within a historical context of severe shortages of primary and specialist physician care throughout the province, as well as shortages of full-time registered and licensed practical nurses and other health care staff (Health Intelligence Inc., 2019; NLMA, 2020b; RNUNL, 2020a). This has resulted in NL having one of the highest rates of relief nursing in Canada (20%); where relief nursing refers

to the use of overtime and casual, on-call staffing, in place of the hiring more full-time, permanent employees (Health Intelligence Inc., 2019; RNUNL, 2020a, 2020c).

Additional registered nurses were added to support the province's 811 HealthLine service, as well as an increase in the number of telephone lines to reduce wait times; officials stated that call volume would be monitored to determine if additional resources were needed (The Guardian, 2020). Health Minister Haggie also stated the province was investigating the possibility of bringing recently retired respiratory therapists and other health care personnel back to work, if required, by allowing the College of Registered Nurses of NL and the College of Physicians and Surgeons of NL to provide emergency licenses (ibid).

As of March 24, 2020, there were an estimated 7,000 home support workers throughout the province, working for nearly three-dozen agencies and providing a wide range of in-home supports, such as feeding, cleaning, and nursing care; most clients are seniors (Roberts, 2020). In March 2020, a growing exodus of workers occurred, presumably due to misinformation about the risks posed to them through COVID-19 (ibid). This prompted the province to temporarily relax hiring requirements, such as the need to have first-aid training, to ensure there was an adequate workforce to meet client needs (Roberts, 2020). The association also called on the provincial government to provide financial aid to support the hiring of administrative staff to assist with the placement process for the growing number of clients and hiring of new workers (ibid).

Workforce training

Throughout the pandemic, guidance has been provided to support the safe continuation of essential workplace training activities (NL, 2021j). On May 8, 2020, WorkplaceNL released guidelines for WorkplaceNL-approved trainers and training providers delivering safety certification training during COVID-19 (WorkplaceNL, 2020a).

In July 2020, the province piloted a COVID-19 Work Safe Course through its existing SkillsPassNL online workplace training platform (Preston, 2020). Reportedly, over 15,000 workers registered for the course in its first 3 months and the program has since been adopted by other provinces, including Ontario, Manitoba, and Nova Scotia (ibid).

Workforce support

In response to COVID-19, four unions representing health care workers across NL issued a joint statement on March 18, 2020, calling for better safety measures and supports in their workplaces (Maher, 2020b; RNUNL, 2020a). According to their statement, among their biggest concerns were the supply of PPE, as well as training, support, and adequate communication. "Our health-care system is already running over capacity," their letter reads. "We cannot afford for health-care workers to get sick and erode staffing levels any further" (RNUNL, 2020c). On May 7, the Government of NL, the RHAs, and six professional organizations of health care, allied health care, and public employees issued a joint statement outlining PPE standards for all health care and allied health workers (RNUNL, 2020b). The statement stipulated that a point-of-care risk assessment must be performed before every patient interaction to determine what PPE a worker is required to safely provide care and that appropriate PPE would be provided to all workers who cannot maintain a 2-meter distance from clients or family members. It further outlined employer commitments to ensuring workers are provided with adequate information and training on the safe use

of all PPE. Moreover, it outlined that airborne precautions, including N95 respirators (or approved equivalent or better protection), are mandatory in areas where aerosol-generating medical procedures are performed and, at a minimum, contact and droplet precautions are mandatory for all interactions with suspected, presumed or confirmed cases of COVID-19. Finally, the statement commented on the importance of PPE conservation and stewardship and, further, reminded workers that they have the right to refuse unsafe work (ibid).

On March 26, Premier Ball announced that regulated child care services in NL would be allowed to open for limited operation for children aged 1-13, effective April 1 (CBC News, 2020c; NL, 2020d). He stated these services would be provided freely, through an application process, to essential workers who have no other childcare options during the pandemic. Essential workers eligible to apply for these childcare services include all health care workers, paramedics, firefighters, police and correctional workers, early childhood educators providing essential childcare services and other public servants required to work during the pandemic (NL, 2020d). However, according to the province, employees who are able to arrange childcare in a home environment with family members or friends should do so and would be reimbursed up to CA\$200.00 per child per week, upon submission of invoices and receipts (ibid).

On May 29, the province announced that its Essential Worker Child Care Program would conclude on June 26, 2020 (NL, 2020af). The province stated it had reportedly provided one of the most generous child care support packages in the country that included nearly CA\$17 million in child care funding: CA\$14.7 million in compensation to regulated child care services and CA\$2.3 million for child care for essential workers (ibid). The announcement also outlined that regulated child care services were currently operating at 50% capacity (Alert Level 4) and would expand to 70% with the move to Alert Level 3; it was also stated that many families, including essential workers, had already been able to increasingly make use of their regular, pre-pandemic child care arrangements (NL, 2020af).

On June 15, the province announced details for the NL COVID-19 Essential Worker Support Program, which provided a one-time payment to eligible essential workers outlined in the federal “Guidance on Essential Services and Functions in Canada During the COVID-19 Pandemic”; this payment was cost-shared between the provincial (CA\$13.8 million) and federal (CA\$52.5 million) governments (NL, 2020ao). Lump sum payment amounts were determined based on the total number of hours worked between March 15 and July 4, 2020, and the individual’s maximum monthly gross income (ibid). Employers were responsible for submitting applications and delivering payments to eligible workers. On July 17, the modified deadline of July 30 was extended again (to August 20, 2020) (NL, 2020aw).

On January 12, 2021, the province increased the maximum monthly income threshold for this program from CA\$3,000 to CA\$3,500 (NL, 2021r). The province further modified the program to allow employers who had not previously applied on behalf of an eligible worker to do so and reapply on behalf of newly eligible workers; further changes were introduced to allow workers to directly apply on their own behalf (ibid). The deadline to apply was also extended to February 26, 2021.

Further, NLMA members and their immediate family members have access to additional mental health services, by telephone or the web (NLMA, 2020a). During the pandemic, physician clinic staff also had access to the NLMA assistance program. Additional NLMA Peer Support Groups were developed for physicians.

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

Infection control

Various infection control measures have been implemented throughout the province to protect health care workers and the public visiting health care facilities throughout the province, including reassigning staff and adding new staff to increase the frequency of cleaning and disinfection, focusing on high-risk and high-traffic areas, using stronger cleaning products, and implementing revised sick leave policies, including compensation for self-isolating workers (RNUNL, 2020b; Roberts, 2020). Similarly, the Home Care Association of NL, which represents most of the home support agencies in the province, also implemented a number of measures to protect employees and clients, including frequent handwashing, regular cleaning, and tighter restrictions on contact between workers and clients (Roberts, 2020).

Since April 29, 2020, operators of assisted living facilities, including personal support and LTC facilities, have been prohibited from permitting staff to work across multiple assisted living facilities, or other employment activities while simultaneously employed at an assisted living facility, unless required in exceptional circumstances and where an exemption has been granted (NL CMOH, 2020k). However, this order was repealed on September 10, 2020, in response to a prolonged period of minimal community transmission of COVID-19 across the province (CMOH, 2020e).

Specific guidance has been provided for infection control for visitors of patients receiving end of life and long-term care. Specifically, all immediate family members are permitted to visit and pastoral personnel are considered part of the end of life care team (NL, 2020e). Guidance is provided for outdoor and window visits. For example, windows may be opened but distance should be maintained, other occupants must consent (in the case of shared rooms), etc. All visitors must be screened for COVID-19 and are required to wear a mask, provided to them, during their visit (CBC News, 2020j). Visitors are also required to wash their hands, or use hand sanitizer, whenever they enter or exit a patient room (Eastern Health, 2020c). Visitors to residential aged care facilities must also provide proof of influenza vaccination (ibid). All visitors are asked to consult with the patient's/resident's care team, as specific visitation policies may vary by facility and circumstances; further, appointments may be required, particularly for larger facilities where additional measures may be required to prevent crowding (DHCS, 2020b). No visitors are permitted for patients with confirmed COVID-19 infection; patients suspected to have COVID-19 are required to wear PPE during visits (NL, 2020e).

Prioritized reduction of services

On March 15, 2020, the province announced medical services would be limited to emergency surgeries, cancer, dialysis, inpatient rehabilitation, urgent outpatient and urgent diagnostic and therapeutic conditions (NL CMOH, 2020c). On March 17, dental offices were also ordered to close until further notice;(CBC News, 2020b) under the March 18 provincial state of emergency order, all private health

clinics were ordered to close, except those of physicians and nurse practitioners (NL CMOH, 2020n). The province outlined that advanced foot care was permitted to continue, though explicit requirements were outlined, such as eligibility based on the treatment of specific medical conditions and education requirement (NL, 2021g). All health care providers are encouraged to provide virtual care, where possible.

On May 11, NL moved to Alert Level 4 and RHAs began allowing some health care services to resume, although visitor restrictions remained in place (NL, 2020b). Private health care clinics (e.g. dental offices) remained closed, except for urgent and emergent care, with virtual care options available for non-urgent care. This restriction did not apply to physician and nurse practitioner clinics, which were open for routine medical care; although, the NLMA still urged physicians and nurse practitioners to see patients virtually or by telephone, unless an in-person visit was deemed necessary (NLMA, 2020c). Further, many of these clinics implemented enhanced cleaning procedures and screening protocols for in-person patient appointments; for example, some clinics require patients to wait in their vehicle prior to their appointment.

On June 8, NL moved to Alert Level 3. Under Alert Level 3, RHAs further expanded the resumption of health care services, including private clinics, with public health measures in place; however, virtual care continued to be offered and encouraged (NL, 2020ai).

On June 11, the province announced an enhancement to the existing 811 HealthLine, allowing residents to schedule virtual appointments with nurse practitioners for urgent, non-emergency health issues (NL, 2020al). Consults can occur via text, telephone or video, 8am to 8pm Monday through Friday, by calling 811 or using the 811 HealthLine app.

In response to an outbreak of the B.1.1.7 variant in February 2021, the province moved back to Alert Levels 5-3, which resulted in the reduction of certain services. See Section 5.3 for additional details.

COVID-19 Vaccination Strategy

Phase One of NL's COVID-19 vaccination strategy targeted those most at risk of exposure to SARS-CoV-2, most likely to experience complications due to COVID-19, and persons essential to the province's pandemic response. In line with recommendations from the National Advisory Committee of Immunization (NACI), priority groups in Phase One included persons living in congregate living settings for seniors, including LTC, personal care, community care, and assisted living facilities; health care workers at high risk of exposure to COVID-19, and those who are directly involved in the pandemic response; adults aged 85 years and older; and adults living in remote or isolated Indigenous communities, defined as communities located over 350 kilometres from the nearest service centre having year-round road access in all weather conditions (NL, 2020k). Eligible health care workers included those working within COVID-19 testing and assessments centers; emergency departments and labour and delivery rooms; COVID-19 immunization programs; COVID-19 units; and critical care units (ibid).

Once these priority groups are vaccinated, and pending vaccination availability, Phase Two will target health care workers not included in Phase One; residents and staff of all other congregate living settings; and essential workers, including teachers and rotational workers (NL, 2020k). Once most high risk priority groups have been vaccinated, the province will begin offering vaccines to the general public in Phase Three (ibid). It is expected that Phase Three will occur by Fall 2020.

As of December 23, an estimated 1,900 priority health care workers in the Eastern Health region had received their first dose of the Pfizer COVID-19 vaccine (NL, 2020bq). Officials further stated that they expected to receive two shipments of 2,400 doses (each) of the then recently approved Moderna vaccine during the weeks of December 28 and January 11, which would be prioritized for residents in Labrador's remote and isolated Indigenous communities (ibid). Further, the province expected to receive additional doses of the Pfizer vaccine throughout January, which would be distributed to all RHAs and allocated to priority groups across the province (NL, 2020bq).

On February 26, 2021, the province launched its official COVID-19 vaccination plan, developed based on guidance from the CMOH, NACI, Provincial Health Ethics Network of NL, other scientists and experts; the province also launched their online pre-registration system (NL, 2021ak). Starting February 26, residents aged 70 years and older and home support workers could pre-register for their vaccine appointment online (<https://covidvaccine.nlchi.nl.ca/>) or using a dedicated telephone line (ibid). To support a smooth registration process, a staged approach was taken to registration, based on resident last name; e.g. residents with last names starting with A-F could pre-register between February 26 and February 28.

In addition to the groups outlined above, adults aged 70 years and older would be eligible for vaccination, starting with those aged 80 years and older, were eligible for vaccination under Phase 2 (NL, 2021aj). Adults identifying as First Nations, Inuit or Metis were also eligible, as well as other vulnerable adults (e.g. those experiencing homelessness). Other priority groups for Phase 2 included adults aged 60-69 years and people aged 16-59 years considered "clinically extremely vulnerable" for severe COVID-19 illness (detailed guidance was provided for this definition, e.g. solid organ recipients and people with certain cancers) (ibid). The province expected to begin Phase 2 in April 2021.

According to the province's vaccination plan, all adults aged 16-59 years would be eligible to receive a COVID-19 vaccine during Phase 3, starting with those aged 55 years and older (NL, 2021aj). The province expected to begin Phase 3 in July 2021.

Vaccine clinics were led by RHA public health teams, with community clinics planned for Phases 2 and 3 to meet a larger number of residents (NL, 2021aj). Further, specific health care providers, including pharmacists, would also be permitted to deliver vaccinations during Phase 2 and 3. In Indigenous communities, vaccine programs will be led by Indigenous governments/organizations with authority to deliver public health services (NL, 2020c).

As of March 9, 2021, 33,621 total doses of the Pfizer and Moderna COVID-19 vaccines had been administered in the province (NL, 2020c).

As of March 14, 2021, the province requires vaccinated individuals to continue following all public health measures (NL, 2021aj).

3.2 Managing cases

Patient pathway and treatment protocols

Residents who are concerned they may have COVID-19 and residents experiencing fever and/or symptoms of respiratory infection are asked not to go to a physician's office (NL, 2021c). Instead, they are asked to stay home, self-isolate and phone 811, the province's Healthline which will provide further

advice; these residents are also asked to complete the [811 self-assessment tool](#) to help determine whether they should be tested for COVID-19.

To guide clinical decision making and ensure the quality of care for COVID-19, the NLMA has provided a series of guidance documents, recommendations and resources for health care providers (NLMA, 2020c, 2020f). As of March 10, 2021, the NL's COVID-19 website clarifies that, at this time, there are no proven therapies for the prevention or treatment of COVID-19, and that treatment is aimed at symptomatic relief (NL, 2021c). The province has widely adopted the guidelines and recommendations provided by federal organizations, such as the Canadian Medical Association and the Canadian Paediatric Society (NL, 2020c, 2021o).

Certain RHAs have provided specific guidance documents for health care professionals who suspect their patient may have COVID-19. For example, Eastern Health has provided guidance on the identification of suspected and confirmed COVID-19 cases in LTC (NLMA, 2020f).

Home care and LTC facilities

Specific guidance was provided on April 17, 2020, to support a safe and effective admission process and client flow in LTC, personal care, and community care facilities (Eastern Health, 2020a). It was advised all routine admissions be paused, except in extenuating circumstances; all persons considered for placement must be screened and tested for COVID-19; all new admissions and readmissions from acute care must be isolated for 14 days; residents attending medical appointments outside of the facility are required to self-isolate upon return; and all staff are required to be screened at the beginning of each shift (ibid).

Ethical considerations

On February 26, 2021, the province launched its official COVID-19 vaccination plan, developed based on guidance from the CMOH, NACI, Provincial Health Ethics Network of NL, other scientists and experts (NL, 2021ak).

As of March 14, 2021, no specific ethical considerations regarding the management of cases have been made publicly available.

3.3 Maintaining essential services

Health services and virtual care

For over 30 years, telehealth has played an important role in improving the delivery of health services to patients in NL through the province's publicly funded Telehealth Program, which includes telephone and videoconferencing services for primary and specialist care (NLCHI, 2020a). The province operates a website specific to the delivery of virtual care: <https://virtualcarenl.ca/>. Use of these services has increased over the past decade but, as a result of COVID-19, adoption of these services has further increased to ensure physical distancing and continued access to health care services during COVID-19 (DHCS, 2020b; NL, 2020s; NLCHI, 2020a; NLMA, 2020c). On March 24, 2020, the Government of NL and the NL Center for Health Information (NLCHI) began providing detailed guidance for expanding private and secure virtual health care across the province (NLMA, 2020c).

On March 20, additional virtual care supports were announced for Newfoundlanders and Labradorians who wish to visit their doctor via telephone or real-time video conferencing (DHCS, 2020b). The NLMA has provided specific guidance to patients and clinicians for the delivery of virtual care, including a list of online tools and templates for electronic correspondence for providers (NLMA, 2020c). Further, WorkplaceNL, the province's occupational health and safety commission, announced on March 27 that it would compensate physicians providing a Pandemic Virtual Care Assessment using the same new, temporary fee code and a rate of CA\$42.00 per visit, as outlined by the province's Medical Care Plan (MCP) in its March 25 newsletter (NLMA, 2020d). There is a daily limit of 40 virtual care assessments per physician per day. This change, retrospective to March 18, was made in consultation with the NLMA and DHCS to enable greater access for both COVID and non-COVID patients while abiding by the physical distancing orders and, also, providing a safer workplace for staff and physicians in health care clinics. For teleconferencing, the CISCO Jabber application has been made available to physicians at no cost through the NLCHI. According to the MCP, this program has been rigorously evaluated by NLCHI and meets acceptable standards of privacy and security; NLCHI also offers full technical support and training for physicians on the use of Jabber (DHCS, 2020b; NLMA, 2020c).

On March 31, the NLMA released a Fee-For-Service (FFS) Work Disruption Policy, retroactive to March 18, when the COVID-19 state of emergency was declared, and to remain in place until July 1 or until the DHCS advises otherwise (NLMA, 2020e). The policy outlines that physicians must remain present at their normal work site or provide virtual care based on their regular schedule. When not required to carry out their normal activities, physicians must be available to work in areas that may be outside their normal scope of practice but are within the scope of their license and competencies (ibid). For physicians who agree to these and other criteria, the policy outlines that compensation will be based on the individual physician's average FFS earnings for the previous 26 pay periods. The DHCS will, on a request from a physician, exclude any pay period(s) from this calculation that are lower than normal for a variety of reasons (e.g. parental leave) (NLMA, 2020e). It further outlines that physicians will continue to bill FFS and will be guaranteed 80% of their average FFS payments, in instances where FFS billings are below this level. Physicians who are asked and agree to provide "additional services", i.e. work in assessment centers, coverage in emergency rooms, support to another clinical area, extended clinic hours beyond normal practice hours, regional community call services, assessment clinics, support for quarantine units, etc., will continue to bill FFS and will be provided the greater of actual FFS earnings during the pandemic period or 100% of their historical average income (ibid). Physicians are expected to maintain normal responsibilities and duties to the extent possible while providing these additional services.

On April 6, Minister Haggie announced emergency medical services at the U.S. Memorial Health Center in the Burin Peninsula, located with the Eastern Health Authority, would be temporarily relocated to the Burin Peninsula Health Care Centre, following a confirmed COVID-19 case within the center's LTC department (CBC News, 2020d). The statement suggested that emergency services were expected to resume on April 20; however, Eastern Health later announced urgent in-person family practice appointments, when required by a physician, and urgent laboratory appointments would resume at the U.S. Memorial Health Centre effective June 1 (ibid).

On May 4, the NLMA launched the "Your Voice" engagement platform to solicit physician input on reintroducing hospital services which resulted in a May 15 report outlining physicians' advice for restarting health care services across the province (NLMA, 2020g). Among the report's many recommendations is

the need for prioritizing patients whose care has been delayed, or whose condition has progressed from non-urgent to urgent. The report outlines the need for developing a process to rank and identify these patients to ensure timely care. The report suggests that clearly defining and streamlining processes between community physicians, i.e., physicians located within community-based health centers, and RHAs will be the most effective way to reduce the pressures on the health care system (ibid).

First responders

To reduce the risk of transmission of COVID-19 among first responders and to ensure that adequate emergency services could be diverted to the pandemic response, a ban on open fires came into effect on April 22, 2020 for all of NL and was set to remain in place until September 30, 2020 (NL, 2020x). The ban prohibited the setting of all open fires on forest land or within 300 meters of forest land in all regions of the province and includes a ban on grass burning, brush burning, campfires and personal fireworks; gas barbeques and approved patio wood burning devices were excluded, except in municipalities that had previously issued bans on these devices.

The minimum fine associated with violation of the fire ban proclamation is CA\$1,000, enforceable by the Department of Fisheries and Land Resources (NL, 2020x). The public are encouraged to report any wildfires, or any open burning being conducted in violation of the fire ban by calling 1-866-709-FIRE (3473) or their nearest local Forestry and Wildlife District Office.

First responders are included as a priority group in the province's Phase 2 vaccination plan (NL, 2021aj).

Pharmaceutical services and supply

On March 19, 2020, the NL Pharmacy Board issued a recommendation limiting the dispensing of medications to a maximum of a 30-day supply to ensure adequate supply throughout the pandemic; however, these restrictions were eased in May 2020 (CBC, 2020a).

Mental health and addictions services

Throughout the pandemic, mental health resources were provided through telehealth services, online support, online or app-based self-management tools, and mobile mental health crisis response teams. Additional supports have also been provided that are tailored for teaching mental health coping strategies, as well as culturally appropriate supports for Indigenous residents (HealthLine, 2021; NL, 2021l). The province's [dedicated COVID-19 website](#) has a section specific to mental health and wellness with various resources for residents, such as various provincial and national helplines, including targeted supports for seniors, children, people with opioid dependence, and frontline workers. Resources are also provided for individuals that feel isolated and alone during the pandemic, as well as for residents dealing with violence, including resources specific to women and Indigenous persons.

Services for subpopulations

On June 15, the NL Minister for the Status of Women announced the province was partnering with the Transition House Association of NL, a network of ten provincially funded shelters, to create a new dedicated, province-wide domestic violence phone line, set to launch the following week (NL, 2020an). It

will automatically detect the location from which the person is calling and route their call to the closest Transition House site, where the caller will be immediately able to speak anonymously with a trained professional who can directly assist them or connect them to the appropriate service/organization in their community; e.g. women's centres, Violence Prevention NL organizations, or medical and/or police services (NL, 2020an).

Outreach and volunteer services

On May 14, the Minister of Advanced Education, Skills and Labour announced CA\$300,000 in funding to launch a new Students Supporting Communities Program (NL, 2020ab; NL Hydro, 2020). This program enables communities to hire students to help seniors and other vulnerable groups facing social isolation during the COVID-19 pandemic (NL, 2020ab).

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

On March 26, 2020, provincial legislators authorized a borrowing capacity of CA\$2 billion under the *Pandemic Response Act* as part of their response to the social and economic upheaval from the COVID-19 pandemic (NL, 2020a). This act enables the province to increase its borrowing capacity and to set aside funds to respond to the pandemic; however, no specifics regarding the additional funding for COVID-19 health services have been announced to date by the province (as of March 14, 2021).

4.2 Entitlement and coverage

Coverage for provincial/territorial healthcare

NL's provincial health system requires residents to enrol in the Medical Care Plan (MCP), the province's universal health insurance plan. A resident is defined as a person "who is lawfully entitled to be or to remain in Canada, makes his or her home in the province, and is ordinarily present in the province but does not include a tourist, transient or visitor to the province" (MCP, n.d.). Additional eligibility requirements are in place for international workers and international post-secondary students, while exclusions exist for certain populations, such as refugee claimants.

The MCP provides free access for all NL residents to testing, medical treatment, pharmaceuticals provided in-hospital, and some select other services. In addition, the NL Prescription Drug Program (NLPDP) provides financial assistance for the purchase of eligible prescription medications for those who reside in

the province and are currently aged 65+, receiving low-income supports, meet other low-income requirements, or require drugs for certain medical conditions (MCP, 2020).

Further, to ensure ongoing health insurance coverage during the pandemic, on March 31, 2020, the DHCS announced it was extending the validity period of cards for MCP to June 30, 2020 (NL, 2020ao). This covered all individuals whose MCP eligibility otherwise expired on March 1 or later, excluding those who have permanently moved out of NL. The extension also preserves provincial public health coverage for residents, including permanent residents, who are outside the province or country but are experiencing difficulties with returning home to NL because of the pandemic. The extension also preserved coverage for international students and workers whose study or work durations had ended but who may not have a reasonable means of departing the province during the pandemic or who choose to leave temporarily (ibid). This extension also supported them in the event they experienced difficulties obtaining the documentation necessary to renew their MCP coverage from their education institutions or employers. These changes also eliminated the need to mail, fax or drop off MCP renewal applications to the province's two MCP offices during the pandemic.

While many mental health services are not universally covered by the provincial health plan, several mental health counseling, referral services and helplines are freely available (NL, 2021l). These include the provincial CHANNAL Warm Line, which enables residents experiencing isolation and loneliness to speak with a trained mental health peer support person, and "Bridge the gApp", an online platform that offers wellness webinars, support groups and other mental health supports.

Coverage for COVID-19 testing

SARS-CoV-2 testing is provided free of charge for all who need it, regardless of residency; however, treatment still required individuals to have an MCP card, or otherwise pay out of pocket (HealthLine, 2021).

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 Newfoundland and Labrador's pandemic response plan

Provincial Level

Collaboration between DHCS, the four RHAs, and other provincial departments, such as the Department of Children, Seniors and Social Development and the Department Municipal Affairs and Environment, have also been established to address matters regarding the continuity of the economy, business, and communities continuity during the pandemic (Salter, 2020). In 2007, the province had also previously created a Pandemic Response Plan which outlined specific planning activities and responsibilities for ensuring the continuity of services during a pandemic (NL, 2007).

The DHCS provides a lead role in policy, planning, program development, and support to the four RHAs, including the province's response to the COVID-19 pandemic (NL Department of Health and Community Services, 2020). All COVID-19 laboratory tests in the province are performed by the NLPHL, a certified COVID-19 testing laboratory (NLPPHLN, 2020).

The existence of a provincial COVID-19 task force is not documented in existing media briefs, official reports, or other informal reports. However, CMOH Fitzgerald, Health Minister Haggie, and Premier Ball regularly provide regular joint televised updates and press conferences on the province's response to COVID-19 and have been referred to by Minister Haggie as the province's "small and reasonable team" (NL, 2020v).

Indigenous communities

There are five Inuit governments located across the province, collectively referred to as Nunatsiavut, which self-govern their communities, in partnership with the NL government (NL, 2020g).

Regional level

There are four RHAs that directly provide client services: Western Health, Central Health, Eastern Health and Labrador-Grenfell Health (DHCS, 2020a). Each RHA is responsible for developing and implementing its own pandemic response plan (NL, 2007). There are no public health units in NL; however, the public health division of the DHCS oversees the delivery of public health services in the province (NL, 2020l)

Local/ Municipal Level

Municipalities have no formal roles outlined in the PHPPA and cannot issue their own states of emergency for pandemics;(MNL, 2020) however, many serve as a point of contact and communication with residents.

Although there are 269 towns in NL, there are only three official cities (as defined by the *Municipal Act*): the capital, St. John's, located within the Eastern Health RHA; Mount Pearl, which neighbours St John's; and Corner Brook, located within the Western Health RHA (Municipalities Newfoundland and Labrador, 2016). While the three cities and Nunatsiavut have adequate financial and staff resources to host regularly updated websites, including dedicated COVID-19 information pages, in many municipalities, Facebook is used as the primary method for disseminating updates and public advisories to residents (City of Corner Brook, 2020; City of Mount Pearl, 2020; City of St. John's, 2020a; Municipalities Newfoundland and Labrador, 2016; Nunatsiavut Government, 2020).

To further support the limited capacity of municipal councils, Municipalities NL (MNL) was created in 1951 to provide coordinated support and resources (Municipalities Newfoundland and Labrador, 2016). MNL hosts a dedicated COVID-19 webpage and provides standard knowledge dissemination products to municipal councils. It recommends that all municipalities follow provincial guidelines for COVID-19 and provide additional resources to support municipal responses to COVID-19 and urges neighbouring towns to create mutual aid agreements to share staff, if required (e.g. staff shortages due to illness or self-isolation) (Municipalities Newfoundland and Labrador, 2020).

5.2 Newfoundland and Labrador's framework for reopening

On April 30, 2020, CMOH Fitzgerald announced the province's re-opening plan. The plan, 'A Foundation for Living with COVID-19', also referred to as *NLife with COVID-19*, includes five alert levels based on guidance from the World Health Organization (Health and Community Services, 2020b). Depending on which level the province is in, as determined by the CMOH, public health restrictions will be gradually relaxed; details are provided in Table 1 and Appendix A. The province was at Level 5 at the time of the announcement and moved to Levels 4, 3 and 2 on May 11, June 8, and June 25, respectively.

In brief, under Alert Level 5, gatherings for funerals, burials, weddings and religious and cultural services are restricted a maximum of 5 people, while public visitation and wakes are prohibited; other gatherings are restricted to members of a single household; fitness facilities must close, and group sports are prohibited; private clinics are required to close, except for urgent and emergency care; visitation restrictions are in place for acute care, LTC, personal care and assisted living facilities; child care can operate at 500% capacity; and non-essential businesses are required to close for in-person services, including restaurants and personal service establishments (NL, 2021n). Under Level 4, the above organized gatherings are permitted, up to 10 persons, but visitations and wakes remain prohibited; informal gatherings are limited to the person's bubble; RHAs can begin to resume health services and private clinics are re-open; child care can reopen to full capacity; and non-essential retail stores can open to 50% capacity, but restaurants, bars and similar venues must remain closed for in-person services (ibid). Under Level 3, organized gatherings can increase to 20 people, visitations are permitted (one household bubble at a time), and wakes remain prohibited; gatherings can expand to the double bubble of "tight 10"; fitness facilities are permitted to open; retail can open, with reduced capacity; restaurants can open for up to 50% in-person dining capacity (buffets are prohibited); and personal care establishments can re-open (ibid). Under Level 2, gatherings and all establishments can reopen, although limits will be informed based on the current epidemiological situation (NL, 2021n).

The provincial framework stipulates a minimum of 28 days before moving to Level 1, which would represent "the new normal" with minimal restrictions. Level 1 would remain in effect until a vaccine is approved and herd immunity can be achieved, assuming favorable epidemiological conditions permit the province to remain in Level 1 (Central Health, 2020). Despite optimism from officials during the summer, as of February 2021, the province has not yet entered Level 1 (as of March 11, 2021) and, on September 17, 2020, CMOH Dr. Fitzgerald stated that the province was not "anywhere close" to moving to Alert Level 1 in the near future (Moore, 2020b).

The public health measures and specific responsibilities of residents for each alert level are described within this framework. Additional information and guidance will be provided to businesses by the COVID-19 Business Response Team, overseen by the provincial Ministry of Heritage, Sport, Tourism and Culture Industries (NL, 2021n).

Since August 24, 2020, face coverings have been mandatory in all indoor public spaces in NL for all individuals aged 5 years and older, with exemptions in place for persons with physical and mental health conditions which prevent them from wearing a mask and for seated activities where physical distancing can be maintained (CMOH, 2020d). While all elementary, secondary and post-secondary students are

exempt from the mask policy while seated (so long as physical distance is maintained), masks are required on school buses and for teachers (ibid).

On July 6, the province also outlined its back to school plan for September 2020 (NL, 2020av). While the plan focused on maximizing in-person class attendance, it also included plans for two other scenarios including the partial resumption of in-person classes and at-home learning (ibid). The plan was heavily informed by a back to school plan which had been recently released by the Hospital for Sick Children in Toronto (Ontario), Canada, and included a number of infection prevention and control measures, physical distancing requirements, and screening protocols for students (NL Department of Education, 2020). On July 20, the province announced that elementary and secondary schools staff would return to work on September 8, instead of September 2, to provide additional preparation time to ensure COVID-19 protocols were in place before the resumption of in-person classes (NL, 2020ax).

On August 26, the province announced they would hire 15 new administrators and 25 additional guidance counsellors as part of its back to school plan, in addition to the hiring of 70 new substitute teachers (term contracts, assigned to specific schools) and 25 casual custodians (temporary full-time basis) which had previously been announced (NL, 2020ba). This also included increasing custodian services from five to seven hours per day for current custodians. These additional positions were supported through the federal government’s back-to-school support package; with CA\$13 million immediately going to schools and an additional CA\$13 million being provided in January 2021 (ibid).

On September 1, the Minister of Education announced that face masks would be required for students in grades 7 through 12 when in classrooms where one meter of physical distancing cannot be achieved (NL, 2020bc). He further announced that all public exams scheduled for January 2021 would be cancelled, in recognition of the lost instructional time when schools had closed in the spring. Further, he announced that additional buses had been contracted, as well as additional cleaning supplies provided to busing contractors, and that the province was in conversation regarding additional measures, such as increased ventilation (ibid).

Table 1. Overview of key re-openings

Category	Dates and Relevant Notes
Schools, childcare facilities and youth camps	<p>Level 2 (effective May 11): Childcare centers permitted to re-open, further re-openings occurred under Alert Level 3 (June 8). Childcare has been available for essential workers throughout the pandemic.</p> <p>June 1: Elementary and secondary schools reopened to teachers and staff that wish to work on year-end reports and planning for the 2020-21 school year on-site. (151) Notably, the school year finished on June 5, 2020.</p> <p>Sept 8: elementary, secondary, and post-secondary classes resumed in-person</p>
Non-essential businesses and services	<p>Professional services: Alert Level 4 (effective May 11)</p> <p>Gardening, lawn and animal services: Alert Level 4 (effective May 11)</p> <p>Retail (with restrictions): Alert Level 3 (effective June 8)</p> <p>Personal services (with restrictions): Alert Level 3 (effective June 8)</p> <p>Animal grooming services: Alert Level 3 (effective June 8)</p> <p>Restaurants (reduced occupancy): Alert Level 3 (effective June 8), no buffets</p>

Bars and lounges (reduced occupancy): Alert Level 2 (effective June 25)
 Indoor entertainment (reduced occupancy): Alert Level 2 (effective June 25)
 Public service: gradual shift towards in-person work during Alert Level 3 (June 8)

Public and private gatherings	Level 5: Gatherings ≤5 people; no wakes, generals or visitations Level 4 (effective May 11): Gatherings ≤10; no wakes or visitations Level 3 (effective June 8): Gatherings ≤20; visitations, with restrictions; no wakes Level 2 (date TBD): Gatherings ≤50 (expansion may be limited to outside gatherings); places of worship can resume operations, with restrictions
Outdoor facilities	Level 4 (effective May 11): angling, hunting, golf courses (with restrictions), municipal parks Level 3 (effective June 8): campsites (with restrictions - day use of provincial sites effective June 12 and overnight effective June 19), summer day camps, medium-risk outdoor activities (e.g. team sports), outdoor pools (limited capacity) Level 2 (June 25): Fitness facilities and arena (with restrictions), indoor pools (with restrictions), full use of campsites, playground equipment
Healthcare service facilities	Resumption of full services occurred throughout May and June 2020, at the led of RHAs, with restrictions in place and a focus on procedures most likely to reveal imminently treatable conditions that would otherwise pose a risk to health, e.g. screening for certain cancers, such as colon cancer (CBC, 2020b). For example, under Level 4, surgery capacity was 25%.
Long-term care facilities	Since July 13, visitor restrictions have been relaxed
Subpopulations	N/A
Mobility and travel	“Responsible” non-essential intra-provincial travel (e.g. to cottages) permitted under Alert Level 3 (effective June 8) Transit: users are encouraged to distance and wear a face covering; maximum of 50% capacity, e.g. maximum 19 passengers for a full-sized bus No other changes to travel restrictions announced to date.

5.3 Newfoundland and Labrador’s framework for reclosing

The province has no dedicated framework for reclosing but has continued to use its re-opening framework when stricter measures have been needed.

On February 8, 2021, the province notified the public of a school-based outbreak in St. John’s (Quon, 2021). In response, on February 8, the CMOH introduced an order suspending all LTC facility group activities in the St. Johns area (NL, 2021s). On February 10, the CMOH issued an order cancelling all extracurricular activities in the St. John’s area, effective immediately (NL, 2021v). On February 11, the CMOH further introduced broader restrictions, a modified Alert Level 5 for all individuals and businesses in the St. John’s area (NL, 2021x).

During an emergency press update on February 12, in which it was announced the outbreak was due to the B.1.1.7 variant, the CMOH introduced various restrictions, effectively immediately, to slow the spread of the variant, including closing all schools in the St. John’s and surrounding metropolitan area (ibid). Further, effective February 12, the entire province moved to Alert Level 5 of its COVID-19 response

framework; thereby, closing all non-essential businesses, private health clinics, restricting gathering sizes to no more than 5 persons, and re-introducing previous limitations on activities and visitation within LTC, personal care and assisted living facilities (CMOH, 2021a, 2021b). These measures were introduced for a 2-week “circuit breaker” period, ending February 26, and would be re-evaluated at the end of the period to determine if an extension to the order was justified.

On February 12, the province also announced that all practical driver examinations in St. John’s (Mount Pearl) were temporarily suspended; however, consideration was given for any urgent requirements for commercial licences (NL, 2021y).

On February 12, the Department of Children, Seniors and Social Development also announced that visitation arrangements for children, youth and families served by the department in the metro St. John’s may be modified as a result of the recent pandemic orders (NL, 2021z). However, the department assured that alternate arrangements for ongoing contact would be provided, such as the use of technology (ibid).

In response to moving to Alert Level 5, additional measures were introduced in the province’s correctional facilities, including minimizing inmate movement, preparing a quarantine area, screening of new inmates; further, on February 8, all visitation and in-person programming was suspended in St. John’s Her Majesty’s Penitentiary (NL, 2021ah).

On February 13, the province clarified that several services would be operating at reduced capacity during the 2-week “circuit breaker” (NL, 2021ac). Officials stressed residents to stay home as much as possible and, if they needed to visit a Government of NL office, it was recommended that they call ahead first. All of the province’s call lines would continue to operate, though officials cautioned that response times may be slower than normal, many operational activities (e.g. water testing) would continue as normal, and in-person responses for certain services (e.g. occupational health and safety incidents) would be informed by a health and safety assessment (ibid). A number of walk-in services, such as those offered by the province’s probation office, were temporarily suspended or only available by appointment. Interprovincial and inter country adoptions were also temporarily suspended. Several ServiceNL services were also suspended, e.g. walk-in service at the motor registration division, or moved online, e.g. drive permits testing (NL, 2021ac). Many tourism, cultural, arts and recreational centers were also temporarily closed.

On February 14, the Department of Education issued a press release stating that all regulated child care centers were permitted to remain open during the closure exclusively for existing clients who were required to leave their home to work while NL was in Alert Level 5 (NL, 2021af). However, staff and children are not permitted to attend if they have symptoms suggestive of COVID-19, were a household contact of a confirmed case, or otherwise advised by public health or through a public advisor that they should quarantine/ isolate (ibid). Parents not requiring child care during this period would not be required to pay their normal fees to have their space held.

On February 16, the Department of Education announced that full-day early learning and child care for school-aged children would remain available during the two week “circuit-breaker” (NL, 2021ag). However, these services were limited to parents required to leave home during the closure and parents would have to pay their normal full day fees for this service (ibid). School children were permitted to bring their devices for online learning, and children without their own devices would be provided a device by their school or school district, as previously communicated. While child care would not be responsible for

ensuring children are participating in their regular online or offline learning, providers could choose to do so if they are to accommodate. The press release further stated that not all child care centers offer public Wi-Fi or would be equipped to assist students in using their devices, troubleshooting or logging into Google Classroom (ibid).

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, 2020, Minister Haggie, on the advice of CMOH Fitzgerald, declared a public health emergency as a result of the COVID-19 pandemic. The provincial state of emergency was extended on June 15, 2020 for an additional 14-day period (NL CMOH, 2020n) and remains in place to date (as of March 14, 2021). Several communities have also issued their own states of emergency in response to specific needs to protect their local communities (Gaudi, 2020). For example, the coastal Labrador town, Cartwright, issued the first municipal state of emergency on March 25, which prohibited anybody from entering the community (Gaudi, 2020).

While this declaration is in effect, the CMOH may do one or more of the special measures authorized under section 28 of the PHPPA for the purpose of protecting the health of the population and mitigating the effects of the public health emergency (NL, 2020m).

A person found in breach of these orders could face a fine of CA\$500 to CA\$2,500, or jail time up to 6 months, or both a fine and jail time, while a corporation found in breach of these orders could face a fine of CA\$5,000 to CA\$50,000 (NL, 2020m). The Royal Newfoundland Constabulary (RNC) and RCMP have the authority to issue tickets to those acting contrary to these orders, under the PHPPA (ibid). On March 21, the province provided a form for members of the public to report individuals not following self-isolation and social distancing requirements. Individuals can complete an [online public report form](#), available through the province's COVID-19 website, to report concerns about any individual or business they think is acting contrary to the public health emergency orders (NL, 2021n). Residents also face the loss of their driving license as a consequence of not adhering to self-isolation orders (NL, 2020m).

6.2 Border control, mobility, and travel restrictions

NL's geographic isolation and rurality has proved a strength in its response to effectively preventing the transmission of COVID-19. Monitoring and restricting travel into the province has been one of the province's primary defence measures against the transmission of COVID-19 (NL, 2021i). The province has enforced strict travel restrictions in the province throughout the pandemic, largely viewed as the major contributor to the province's ability to tightly control the spread of COVID-19, including a 42-day streak of no new cases (between May 29 and July 10, 2020) (CBC, 2020d).

Internal travel

Since the beginning of the pandemic, provincial authorities gave recommended that travel within NL be limited to essential travel only. Any travel within the province should occur in private vehicles and passengers should be from the same household. However, residents are advised to stay at home as much as possible and go out only for essentials such as groceries or medication (NL, 2021p, 2021m). Given the geographical remoteness of the province, many services are accessible only by car and not all residents own a personal vehicle; further, public transport is only available in large municipalities, such as St. John's (NL, 2020f) While residents are not recommended to interact with individuals outside of their household bubble, the province has acknowledged that it may be necessary for residents to carpool to get access essential goods, attend in-person medical appointments, or go to work (in the case of essential, in-person activities) (NL, 2020h). In these cases, carpooling with members outside of the household bubble is permitted; however, the number of people in the carpool will depend on whether residents can arrange seating to ensure physical distancing (i.e., at least 2 metres) between occupants (ibid). For example, the number of people in a car should be limited to the driver and one passenger, sitting in the back seat, directly behind the driver to reduce potential viral transmission. The use of non-medical masks was also recommended at the time.

In response to the Stay Home Year campaign and announcement of the Atlantic Bubble, provincial visitor travel information centers began to gradually re-open starting June 27 and summer ferry schedules, beginning July 1, were introduced in anticipation of increased intra- and interprovincial travel (NL, 2020ar, 2020as). Notably, ferry passengers were still required to remain in their vehicles during transit, capacity remained limited to 50%, and physical distancing was required in common spaces (NL, 2020as).

In response to the province moving to Alert Level 5, on Feb 13, 2021, the previously implemented restrictions on ferry travel were re-introduced, including limiting passengers to essential workers traveling to their workplace, medical travel, travel for the purchase of essential goods and supplies not available in the resident's home community, and passengers transporting essential goods (NL, 2021aa).

External travel

Travel restrictions for residents of NL were first announced on March 6, 2020, when the Minister of Education and Early Childhood Development, Brian Warr, announced that the NLESD had cancelled two student tours planned for Northern Italy (NL, 2020n). On March 10, the Ministry announced it had extended cancellations to all European destinations until the end of April 2020 (NL, 2020p).

On March 12, the CMOH asked recent travellers and persons with COVID-19 symptoms to restrict their visits to hospitals, LTC homes and personal care homes;(Health and Community Services, 2020b). On March 14, individuals returning from international travel were asked to voluntarily self-isolate and, since March 16, the provincial government has ordered public sector employees returning from international travel to self-isolate for 14 days (NL, 2021i, 2021p). Since March 20, all individuals arriving in NL from outside of the province, including those arriving from other provinces and territories in Canada, have been required to self-isolate for 14 days (NL, 2021i). However, these restrictions were later expanded, particularly following concerns around out-of-province tourists entering the province during the spring iceberg viewing season (Neustaeter, 2020; NL, 2021p).

Notably, the island portion of province (Newfoundland) is only accessible by water and air, and many residents and visitors travel by intra- and interprovincial ferries (Heritage Newfoundland, 1997). On March 25, ferry restrictions were introduced restricting travel to essential workers travelling to their workplace; patients travelling for medical reasons, including for doctor's appointments and visits to pharmacies; persons travelling to purchase essential goods and supplies, such as groceries, that are not available in their home community; and persons transporting essential goods (NL, 2020u, 2021i). Passengers were also required to remain in their vehicles during crossings and advised to practice physical distancing while in common areas (NL, 2020u).

On April 22, 2020, an exemption order was issued by the CMOH outlining individuals and business exempt from the above requirements for the purposes of work (NL, 2020z). The order states that the CMOH believes it is appropriate for certain asymptomatic workers who are essential to the movement of goods and people and the protection of the food supply chain, as well as certain other asymptomatic individuals, to be exempted from the requirement to complete and submit a declaration and specifics of a plan to self-isolate when they are required to enter NL on a frequent and regular basis (ibid).

In response to an outbreak at an oil sands camp at Kearl Lake (Alberta) which employed a large number of NL residents, the CMOH introduced an order on April 22, requiring all workers returning to NL from Kearl Lake since March 29, 2020 to self-isolate for a 14-day period and contact 811 (CMOH, 2020a). This order was repealed on June 25, 2020 (CMOH, 2020c).

Because of the high level of social and economic integration among towns and communities on the NL-Quebec border, including the towns of Fermont and Blanc-Sablon, asymptomatic individuals who cross the border for work, school or health care reasons are exempted from the requirement to self-isolate for 14 days when arriving in NL from Quebec (NL, 2020z). These individuals are also exempted from the requirement to self-isolate are from the requirement to complete and submit a declaration form and a self-isolation plan each time they enter the province, provided they have completed and submitted the declaration form and self-isolation plan at least once in the previous 30 days. A similar exemption applies to any individuals who arrive in the province weekly or several times a week from other provinces and territories; namely, the large number of people who work in Alberta but reside in NL when not working (ibid).

An additional public health order specifies that anyone who returned to NL after March 29, 2020 from the oil sands camp located at Kearl Lake, Alberta is required to self-isolate for 14 days immediately upon arrival (CMOH, 2020a). These individuals are also required to immediately contact 811 for appropriate follow-up by public health officials. Asymptomatic workers in the trade, transportation, mining, agriculture, hydroelectric and oil and gas sectors, including truck drivers and crew on any plane, helicopter, train, or marine vessels (including fish harvesting vessels) arriving in NL from another Canadian province or territory are exempted from the requirement to self-isolate for 14 days only while travelling between their home and place of work (ibid). When in the province but not working, these workers must self-isolate. Similar requirements are in place for health care workers who may regularly travel outside of the province, such as organ retrieval teams, medical flights specialists, and air ambulance crews (NL, 2020z). Also exempted from self-isolation requirements are all asymptomatic workers traveling to offshore oil installations off the coast of NL because they are considered to not have left the province.

As of April 24, employers of workers arriving from out of the country must provide specifics of their self-isolation plans to a representative of the Government of NL to ensure that these workers are able to comply with the requirement to self-isolate for 14 days following their arrival in the province (NL CMOH, 2020i)

Since April 27, anyone arriving to NL from outside of the province is required to self-isolate for 14 days after their arrival and provide specifics of their plan for complying with the requirement to self-isolate for 14 days (NL CMOH, 2020m). Individuals arriving in NL whose final destination is not NL are exempt from this measure, provided their stay in the province is less than 24 hours. Further, all individuals arriving in NL, including those arriving in a motor vehicle from Quebec, must submit a declaration form to a provincial government representative at their point of entry to the province and be available for contact with public health officials during the duration of the 14-day self-isolation period (ibid).

On May 4, these travel restrictions were further expanded, via Bill 38, to prohibit all individuals from entering the province, except for residents of the province, asymptomatic workers, and individuals subject to the above exemption orders (NL, 2020z). Further exemptions were declared to permit entry into the province in extenuating circumstances; namely individuals able to document that their travel is to support of family members resident in NL who have a significant injury, condition or illness and requires assistance; to visit a family member in NL who is critically or terminally ill; to return home for the birth of their baby or to join a partner having a baby; to provide care for a family member who is elderly or has a disability; to permanently relocate to the province or to live with family members in NL; to fulfill a short-term work contract, education internship or placement; to return to the province after completion of a school term out of province; or to comply with a custody, access, or adoption order or agreement (NL, 2020z). A formal request to the CMOH is required and, if approved, individuals are required to comply with all other Special Measures and Exemption Orders.

Throughout April and May, some NL towns took stricter approaches to border control, including physical barricades, non-essential travel bans and "Roadside Information and Public Awareness" checkpoints. For example, Labrador City and neighbouring Wabush (collectively referred to Labrador West) currently (as of March 14, 2020) do not allow any travellers into the region without a letter stating they are an essential worker or have an urgent need. Labrador West is located near the Labrador-Quebec border (CBC News, 2020f).

Since April 27, the Government of NL has implemented border stops between Blanc-Sablon, Quebec, and communities along Labrador's south coast to prevent non-essential travel between Labrador and Quebec which has been particularly hard hit by COVID-19 (CBC News, 2020f; VOCM, 2020). Similar non-essential travel advisories are also in place for residents of Nunatsiavut and, since mid-March, the government has urged all beneficiaries of the Labrador Inuit Land Claims Agreement to return to their home communities as soon as possible unless they have been directed to self-isolate in their current locations (Nunatsiavut Government, 2020; Quinn, 2020). These measures, including Bill 38, were contested by many, and were (unsuccessfully) challenged in court (Cooke, 2020). Opponents suggested municipalities do not have any legal authority to enact these measures and further contended travel bans violate the Canadian Charter of Rights and Freedoms (CBC News, 2020f; Gaudi, 2020).

As the province moved to Alert Level 4 on May 11, some of the above restrictions began to be relaxed. Specifically, new orders allowed for non-essential intra-provincial travel by ferry with restrictions remaining in place pertaining to physical distancing such as passengers remaining in their vehicle, maintaining six feet from other passengers while in common areas, and a limit to 50% passenger capacity (NL, 2021m). Passengers were also encouraged to wear non-medical masks or face coverings whenever possible, as per Transport Canada recommendations (Marine Atlantic, 2021; Transport Canada, 2020).

On June 24, the province announced it would be entering the so-called “Atlantic Bubble”, which permitted travel between the country’s four Atlantic provinces without the requirement to quarantine (NL, 2020ap). Specifically, effective July 3, asymptomatic person from New Brunswick, Prince Edward Island (PEI), Nova Scotia and NL could freely travel between the four provinces, provided they had not traveled outside of the Atlantic region in the 14 days prior – and did not travel outside the bubble during their Atlantic travels (ibid).

On June 25, amendments were introduced to NL’s special measures order to permit interprovincial travel between the southern Labrador-Quebec and Labrador West-Quebec border for residents of these border communities (CMOH, 2020b). While it still required that land travelers must stop at their point of entry when requested by a representative of the Government of NL, travelers were exempt from the 14-day quarantine period and the requirement to submit a declaration form and self-isolation plan prior to entry, if the individual was asymptomatic and had not traveled outside of specific community boundaries in the previous 14 days (ibid).

Since August 31, people living outside Atlantic Canada in another Canadian province or territory who own a second home, vacation home or cabin in NL have been permitted to enter NL (NL, 2020bb). Proof of home ownership and approval of their exemption request by from CMOH is required, as is the mandatory 14-day quarantine upon arrival.

Effective September 9, rotational workers have been provided the option of calling 811 to book a diagnostic test for SARS-CoV-2 as early as day five of their 14-day quarantine; asymptomatic workers who receive a negative PCR test can discontinue their quarantine after day 7, but will still be required to avoid large gatherings and wear a mask when interacting with persons from outside of their household bubble for the remainder of the 14-day period (NL, 2020bd).

With this September 9 announcement, it was announced that these exemptions for rotational workers do not apply to workers returning from workplaces experiencing a COVID-19 outbreak. As such, a request was made on August 14, asking all travelers returning from the Canadian Natural Albion Oil Sands in Alberta since July 28, 2020 to self-isolate, i.e., away from family members, for 14 days and call 811 for testing (NL, 2020az). Two other requests were made on September 9 for workers returning from the Syncrude Mildred Lake oil sands site and Suncor Base Plant since August 14 and 8, respectively (NL, 2020be); another, on September 25, applied to workers from the Teck Coal Mine, in British Columbia, who returned to NL since August 31 (NL, 2020bf). Three more requests were announced on October 7 for workers from Syncrude Canada’s Aurora mine site and Methanex methanol plant in Alberta, and Hope Bay gold mine in Nunavut, in response to outbreaks identified at these locations (NL, 2020bg, 2020bh, 2020bi); this was followed shortly thereafter, on October 16, with a notice for workers returning from the Canadian Natural Resources Horizon Oil Sands site in Alberta (NL, 2020bk).

On November 23, Premier Furey announced temporary changes to the Atlantic Bubble travel protocols. Effective November 25, all people entering NL, including the three other Atlantic provinces, would be required to quarantine of a 14-day period upon arrival (NL, 2020bm). Atlantic travelers do not need to apply for an exemption to enter the province, as required for travels from elsewhere in Canada, and could apply for the option of being tested to shorten their quarantine period, in extenuating circumstances (ibid).

On November 25, the CMOH amended its travel ban to permit certain individuals to enter the province, with approval from the CMOH, including those traveling to care for critically or terminally ill family member residing in NL, or an elderly family member or one with a disability; receiving care for a significant illness or injury from family members residing in NL; permanently relocating to NL; recently unemployed and living with family members residing in NL; fulfilling a short-term work or educational contract/program; returning to the province after completing schooling outside of the province; and complying with custody, access or adoption orders (CMOH, 2020f). The order also outlined that residents of Nova Scotia, PEI and New Brunswick were exempt from the entry ban.

On November 25, the CMOH revised the self-isolation order for rotational workers to provide additional exemptions to the quarantine requirement for travellers (CMOH, 2020g). Specifically, asymptomatic rotational workers who reside in NL but work in another province or territory in Canada, are exempted from the 14-day quarantine requirement while travelling to/ from their home and place of work. When in the province, these workers must otherwise self-isolate. Further, workers could choose to receive a SARS-CoV-2 diagnostic test on day seven to shorten their quarantine period.

On November 26, checkpoints at the Quebec border were re-introduced, with 24-hour enforcement (CBC, 2020e).

As of February 13, 2021, the above exemption for rotational workers was temporarily paused in response to rising case numbers in the province. Specifically, rotational workers were no longer able to take a test to shorten their quarantine period and were required to self-isolate away from their families for 14-days (CMOH, 2021c). The order also applied to all rotational workers who had already arrived in the province but had not yet completed their SARS-CoV-2 test.

Although exempt from isolation requirements, since February 21, all Newfoundlanders and Labradorians entering Nova Scotia via ferry have been required to receive a rapid COVID-19 diagnostic test prior to entry (Farnell, 2021).

6.3 Economic measures

Public financial support

On March 26, 2020, the NL provincial government passed the *COVID-19 Pandemic Response Act* during an urgent legislative sitting. It provides measures to support the social and economic well-being of Newfoundlanders and Labradorians including job protections, restrictions on evictions, and contingency funding (NL, 2020a).

On May 14, the Premier and the Minister of Natural Resources announced measures to help electricity customers deal with the financial impact of COVID-19 (NL, 2020ab).

On May 29, the NL Minister of Advanced Education, Skills and Labour announced enhancements to the province's student loan program for the 2020-21 academic year, including an increase in the weekly loan limit from CA\$40 to CA\$100, for a combined provincial loan and grant maximum of CA\$200 per week, and that student and spousal contributions would be exempted for assessing loan eligibility (NL, 2020ae).

On July 3, ServiceNL announced four new motor vehicle services would be available through its online portal to reduce the need for in-person services and wait times (NL, 2020at).

On October 16, CA\$600,000 in new funding was announced by the provincial government to support community arenas and pools (NL, 2020bj). Through the Special Assistance Grant Program, communities could receive a one-time investment to support additional expenses and lost revenue as a result of the pandemic (ibid).

On September 16, the federal government announced the Safe Restart Agreement, of which NL received \$27.4M in funding to be matched 50/50 with the provincial government (NL, 2020bo). On December 7, the province announced all payments had been issued to municipalities (ibid).

On November 23, the Minister of Environment, Climate Change, and Municipalities announced the launch of a new CAA\$23.4M COVID-19 Stimulus Program for NL communities (NL, 2020bn). The program aimed to promote short-term employment and economic activities through small to medium scale municipal enhancement projects and COVID-19 municipal upgrades, e.g. to community centers, based on a 90/10 cost share ratio up to CA\$150,000 (ibid).

Sectoral and business financial support

Multiple supports for business and workers have been announced during the course of the pandemic, many in response to recommendations solicited through the province's previously established *engageNL* forum, an online questionnaire and email tool dedicated to business consultations (engageNL, 2020).

On March 26, 2020, the Newfoundland House of Assembly amended several pieces of legislation in response to the pandemic, including the *Labour Standards Act* to include an amendment for communicable diseases emergency leave (Reid & Byrne, 2020). The commencement date was retroactively set to March 14, 2020 and set out a number of worker protections in response to designated communicable diseases, including COVID-19. Under the amendment workers are entitled, given reasonable evidence, to an unpaid leave of absence if unable to perform their duties as a result of being under medical investigation, supervision, or treatment; acting in accordance with an order under the PHPPA; in isolation, quarantine, or under any control measure issued by the CMOH; under an employer's direction, e.g. potential workplace exposures; providing care or support to family, including school or child care service closure; or affected by travel restrictions where the worker cannot reasonably be expected to travel back to the province to perform their duties (ibid).

On May 22, the Minister of Finance further announced a series of measures that would allow for the deferral or waiver of over CA\$6 million in regulatory fees to provide struggling businesses with an immediate increased cash flow (NL, 2020ac).

On May 14, the Premier and the NL Minister of Natural Resources announced a CA\$2.5 million program for waiving interest on public utilities, namely electricity, to assist struggling residents and businesses (NL, 2020aa).

Tourism is a large economic driver in NL and many tourism businesses have been heavily impacted by the province's travel bans (NL, 2020ad). On May 25, Premier Ball and the NL Minister of Tourism, Culture, Industry and Innovation announced CA\$25 million in supports for the tourism and hospitality sector; specifically, through the Tourism and Hospitality Support Program, eligible small and medium-sized tourism operators would be able to receive a one-time, non-repayable working capital contribution of either CA\$5,000 or CA\$10,000, depending on their gross sales (ibid).

On June 1, the province announced changes to its procurement processes for all public bodies (e.g., municipalities, health authorities, school boards, academic institutions and government departments and agencies) and several private-sector businesses throughout the province including increased thresholds for goods, services and construction, thereby providing increased flexibility and more efficient procurement processes for local businesses (NL, 2020ag). Similarly, in response to calls from businesses, the province announced a "red tape reduction initiative" on June 5 to help alleviate some of the regulatory burdens placed on businesses (ServiceNL, 2020d).

On June 3, a new Residential Construction Rebate Program was announced that would allow homeowners to receive rebates on construction and renovations, thereby helping to stimulate the province's economy and employment in the construction industry (NL, 2020ah).

On June 8, two announcements were made outlining the extension of the provincial tax filing deadline by an addition two months, to August 20, and new supports for the province's mineral exploration and quarry industries, including waivers and deferrals of certain fees (NL, 2020ak, 2020aj).

On June 12, a temporary change to the province's Labour Standards Act was announced that allowed for an expansion of temporary lay-off periods from 13 to 20 consecutive weeks enabling employees to stay connected to their jobs (NL, 2020am). This announcement also included an extension from 6 to 12 months for the legal time period for an employee to voice a complaint to the Director of Labour standards; both changes were retroactive to March 18, 2020 and will remain in place until September 18, 2020 (ibid).

In lieu of "come home years", semi-annual celebrations when former residents living outside of the province return to their communities of origin, the province and NL Tourism launched its *Stay Home Year 2020* advertising campaign on June 24; the 10-week advertising campaign was funded through a CA\$450,000 provincial investment (NL, 2020aq). The campaign encouraged residents to spend their summer vacations exploring NL and supporting local tourism.

On July 30, the Minister of Fisheries and Land Resources announced a CA\$400,000 seafood marketing and innovation fund to support the marketing of seafood products produced in NL, adapt existing products to new markets, and develop new products (NL, 2020ay).

On December 15, the Minister of Industry, Energy and Technology announced the deadline for the province's CA\$30M Small Business Assistance Program was extended to December 22, 2020 (NL, 2020bp). Through the COVID-19 contingency fund, the program includes CA\$25 million for eligible small businesses and CA\$5 million for eligible community organizations, available on a first come basis (ibid).

On February 13, 2021, in response to the province moving to Alert Level 5 and many non-essential businesses closing, the Department of Immigration, Skills and Labour issued a press release reminding workers of the supports available to them if their employment was impacted by the pandemic (NL, 2021ab). In addition to national programs, such as the Canada Recovery Benefit, the list also included the NL Communicable Disease Emergency Leave, which ensures that a worker's position is protected should they require time off to isolate or quarantine, and the NL Labors Standards Act, which provides a minimum of seven days, per year, of unpaid sick leave or family responsibility leave (ibid).

Maintaining the supply of food and essential goods

On March 25, 2020, Food First NL and the provincial Department of Children, Seniors and Social Development reported on discussions with Indigenous groups in Labrador to determine their food supply needs and how these needs could be addressed by the province (NL, 2020t).

On May 4, the government announced a partnership between the 811 Healthline and community organizations to connect residents who are experiencing food insecurity with community food programs and other supports to access food during the pandemic (NL, 2020y). Delivery services may also be available for those who are unable to travel to gain access to food.

The province has provided a dedicated webpage specific to the safe operation of community food programs during the pandemic: www.gov.nl.ca/covid-19/individuals-and-households/community-food-programs/.

Throughout the pandemic, Salvation Army volunteers have provided hot meals to truck drivers who experienced difficulties accessing services, such as washrooms, and food establishments on NL roads during pandemic closures (Kennedy, 2021).

6.4 Maintaining services for schools and businesses

Internet service and connectivity support

On May 14, 2020, the province announced that 2,500 Chromebooks, iPads, and laptops had been delivered and another 1,500 devices had been sourced (and were currently being distributed) to the 4,000 students without such devices who needed them to complete their online studies (NL, 2020ab). Further plans were underway to help the 270 students who do not have access to the internet; e.g. MiFi devices, home internet installation or use of devices with data cards with monthly packages included (ibid).

Working-from-home support

On June 17, 2020, the provincial government and WorkplaceNL released a guidance document for employers outlining suggestions for alternative working arrangements, risk reduction strategies for reducing the spread of COVID-19 in the workplace, and specific steps that employers are required to take to re-open their businesses, including physical distancing requirements, PPE recommendations, communication plans and mental health resources for employees (WorkplaceNL, 2020b).

Home education support

On July 6, 2020, the province announced a CA\$20M investment towards the purchase of new laptops for all teachers, junior high and high school students to support online learning (NL, 2020au).

6.5 Civil protection and deployment of military resources

Protection for vulnerable people

Other than the use of strict border control measures and visitation restrictions within LTC facilities, there have been no other protections specific to vulnerable populations.

Military deployment

Unlike other provinces, no additional support from the federal government, i.e., in the form of Canadian Armed Forces or Red Cross personnel, has been sought to support NL's LTC facilities.

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Appendix A. Detailed Overview of NL’s COVID-19 Alert Level System

Level	Resident Responsibilities	Public Health Measures
All	<ul style="list-style-type: none"> • Follow public health guidance • Contact 811 to report COVID-19 symptoms • Outdoor activities are encouraged as long as physical distancing can be maintained and not required to self-isolate 	
Level 5	<ul style="list-style-type: none"> • Stay at home as much as possible, except to get essentials • Limit contact with others to your immediate household bubble. 	<ul style="list-style-type: none"> • Gatherings are restricted to 5 people or less • Funerals, wakes and visitations are prohibited • Campsites are closed • Playground equipment in municipal parks closed • Gym, fitness and performance facilities are closed • Private health care clinics are closed, except those of physicians and nurse practitioners. Closed clinics can offer urgent and emergent care, and virtual options can be offered for non-urgent care • Visitor restrictions in health care are in place • Orders in place for LTC, personal care, and assisted living facilities • Non-urgent procedures and elective surgeries postponed • Retail stores that do not provide services essential to life, health or personal safety of individuals and animals are closed to in-person services. • Sales of scratch or break open lotto tickets prohibited • Restaurants are closed for in-person dining (take-out, delivery and drive-thru options are permitted) • Bars, lounges and cinemas are closed • Personal service establishments are closed
Level 4 (effective May 11)	<ul style="list-style-type: none"> • Stay at home as much as possible, except to get essentials like groceries and medications. • Permitted to expand the household bubble to include one other household (effective April 30, 2020). 	<ul style="list-style-type: none"> • Funerals, burials and weddings: up to 10 people, physically distanced • Visitations and wakes remain prohibited • Recreational angling and hunting are permitted • Golf courses can open with restrictions in place • Municipal parks are open • Municipal playground equipment is not to be used • Campsites remain closed • Gym, fitness and performance facilities remain closed • RHAs will begin to allow some health care services to resume • Private health care clinics are closed, except those of physicians and nurse practitioners. Closed clinics can offer urgent and emergent care, and virtual options can be offered for non-urgent care • All visitor restrictions in health care remain in place • Orders for long term care, personal care homes, and assisted living facilities remain in place • Expansion of some daycare operations • Professional services can offer in-person services. Work from home policies encouraged. • In-person worker and workplace safety training permitted (e.g. Standard First Aid) • Gardening centres open for in-person sales • Landscaping and lawn care services can operate

		<ul style="list-style-type: none"> • Animal daycares can resume operations • Retail stores that do not offer essential services, bars and lounges, cinemas, and personal service establishments remain closed • Restaurants remain closed for in-person dining
<p>Level 3 (effective June 8)</p>	<ul style="list-style-type: none"> • Stay at home as much as possible • Those at higher risk of complications due to COVID-19 should not go out, except to get essentials like groceries and medications. • Further expansion of two household bubble to include 6 additional members 	<ul style="list-style-type: none"> • Funerals, burials and weddings are expanded to 20 people • Visitations and wakes remain prohibited • Campsites are permitted to open for limited overnight camping • Summer day camps can operate • Medium-risk outdoor recreational activities can resume (e.g., team field sports). Spectators must maintain physical distancing • Outdoor pools can operate with a limited numbers • Municipal playground equipment is not to be used • Gym, fitness and performance facilities remain closed • Private health care clinics can reopen in accordance with guidelines • RHAs will continue to allow some services to resume • All visitor restrictions in health care remain in place • Orders for long term care, personal care homes, and assisted living facilities remain in place • Retail stores and NLC can open, with restrictions • Scratch and break open lotto ticket sales can resume • Personal service establishments can open, with restrictions • Animal grooming facilities can resume operations • Further expansion of daycare operations • Restaurants can re-open at reduced occupancy; buffets prohibited • Bars, lounges and cinemas remain closed
<p>Level 2 (effective June 25)</p>	<ul style="list-style-type: none"> • People can move about the province more. • Those at higher risk of complications due to COVID-19 should stay at home as much as possible, except to get essentials. 	<ul style="list-style-type: none"> • Expansion on size of gatherings to be determined • Places of worship are permitted to resume operations • Gyms and fitness facilities are permitted to open • Arenas and indoor pools can open • Further expansion of camping activities to be determined • Playgrounds equipment can be used • RHAs will continue to allow some services to resume • All visitor restrictions in health care remain in place • Orders for LTC, personal care, and assisted living facilities remain in place • Bars and lounges are permitted to open with reduced occupancy • Indoor entertainment facilities can reopen with reduced occupancy (e.g. bingo halls, cinemas) • Re-opening of performance spaces to be determined
<p>Level 1 (Date to be determined)</p>	<p>Lifting long-term public health measures will depend on:</p> <ul style="list-style-type: none"> • Evaluation of transmission patterns of COVID-19; • Availability of an effective vaccine and/or treatment; and • A strong public health system. 	

Appendix B: Key Resources

NL. NLife with COVID-19. <https://www.gov.nl.ca/covid-19/>

NL. Alert Level System. <https://www.gov.nl.ca/covid-19/alert-system/>

NL. COVID-19 Data Hub. <https://covid-19-newfoundland-and-labrador-gnl.hub.arcgis.com/>

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About NAO

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