



North American COVID-19 Policy Response Monitor: Yukon

June 3, 2020

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

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

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1. Preventing transmission

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

1.1 Health communication

On March 11, the Yukon Premier issued a statement regarding his absence at the First Ministers' Meeting due to COVID-19, stating the risk in Yukon and Canada remains low and encouraging residents to remain calm, follow the advice of medical professionals, and practice hand washing, respiratory etiquette, disinfecting frequently touched objects, avoiding close contact with people who are sick and staying home if feeling unwell. Residents were asked to contact a health provider through the territory-wide telephone HealthLine at 811 if presenting with symptoms (Yukon, 2020b).

On March 18, the Chief Medical Officer of Health (CMOH) declared a public health emergency until further notice. The CMOH stated that Yukon had no confirmed cases at the time (Yukon, 2020g). An online self-assessment tool for COVID-19 was also launched (yukon.ca/covid-19) to help residents to determine if they needed to be tested for COVID-19 through a screening tool that helps determine whether they should phone the HealthLine or take other action (Yukon, 2020h).

On March 22, the CMOH confirmed the first cases of COVID-19 in Yukon. Two individuals from the same household in Whitehorse had tested positive (Yukon, 2020i). A third case was confirmed on March 25. The Yukon.ca/covid-19 website was expanded to share COVID-19 testing information, such as number of confirmed cases, numbers of negative tests, pending tests, and total number of tests (Yukon, 2020q).

On March 25, contact tracing began as the third case of COVID-19 in the territory was confirmed (Yukon, 2020q). Further information about contact tracing can be found in Section 1.4. Individuals connected to new cases of COVID-19 would be traced and informed so they could take the appropriate measures to monitor for symptoms for 14 days (Yukon, 2020r). Yukon residents were urged to behave as though COVID-19 was already in the community and to maintain physical distancing of two metres or six feet between one another and to practice greater hygiene. Individuals were also strongly advised to avoid passing on incorrect or inaccurate information about cases of infection to prevent additional anxiety (Yukon, 2020r).

On April 22, an update from the CMOH informed individuals who smoke and vape that they are at increased risk of contracting COVID-19 and of developing more severe health complications if they become ill. Individuals were provided with contact information and websites for organizations providing support for quitting smoking (Yukon, 2020as).

Official advice on the Yukon.ca/covid-19 website describes physical distancing as keeping 2 metres (6 feet) away from anyone who is not from the same household; not gathering in groups of more than 10 people while maintaining a 2 metre (6 feet) distance; limiting travel to rural communities; avoiding common greetings such as handshakes; avoiding crowded places such as stores during busy hours; and limiting contact with individuals at higher risk such as older adults and people in poor health (Yukon, 2020aj,

2020au). Hand hygiene advice asks individuals to wash hands frequently with soap and water, or with hand sanitizer containing at least 60% alcohol (Yukon, 2020au).

Information regarding the outbreak severity and public health responses to it by the Government of Yukon are being conveyed through the official website (Yukon.ca/covid-19); twice weekly live updates posted on Facebook on Tuesdays and Fridays at 2pm; and through direct communication through the official COVID-19 information and support phone line and email (Yukon, 2020e).

1.2 Physical distancing

On March 7, the Arctic Winter Games Host Society, Government of Yukon, City of Whitehorse and CMOH announced that the Whitehorse 2020 Arctic Winter Games were cancelled under the recommendation of the CMOH. The cancellation was a precautionary measure to prevent the spread of COVID-19. At the time, there were no cases of COVID-19 in Yukon, and the risk was described as low (Yukon, 2020a).

On March 16, the first set of physical distancing measures were introduced: a ban on mass gatherings of more than 50 people including at places of worship; a request to parents and caregivers to keep their children home from spring break camps and daycare if possible; and a request that individuals who are able to work from home to do so. Employers were asked to identify ways to support employees working from home where possible (Yukon, 2020d, 2020bp).

On March 18, public health orders suspended classes at all Yukon public schools until April 15 or further notice, closed all public indoor recreational facilities, restricted visitors to the three Yukon hospitals to only limited exceptions, and closed libraries. At the three hospitals, exceptions were made to allow up to two people to visit maternity/newborn patients, sick children, patients at end of life or in emergency situations. Caregivers and substitute decision makers of people with a disability were also exempted (Yukon, 2020g).

On March 20, it was announced that screening was in place at all hospitals, with anyone coming into the hospital being asked about their reason for visit, symptoms, and travel history. Child care programs such as day cares and child care centres were not asked to close as they were considered an essential service. Day care program operators were briefed on social distancing measures for daycare environments (Yukon, 2020k).

On March 22, restaurants were ordered to immediately reduce seating capacity to 50 per cent, space guests two metres apart, and to prepare to offer take-out and delivery service only, beginning March 26. All bars were ordered to close until further notice at the end of the night. Personal care service establishments, including hair salons, barber shops, tattoo parlors, nail salons, and massage therapists, were ordered to close at the end of day on March 25. Furthermore, gatherings of more than 10 people were banned and smaller gatherings were required to ensure two metre spacing between people. Individuals were strongly advised not to travel to rural communities unless essential (Yukon, 2020m).

On March 30, terminology relating to physical distancing was updated. Defined as keeping two metres apart from other people had initially been referred to as “social distancing” and was updated to “physical distancing” and “safe spacing” to ensure clarity (Yukon, 2020u).

Support for the Whitehorse Emergency Shelter was announced on April 1, with measures including actively monitoring guests for symptoms of COVID-19 and reducing the number of people gathering in the shelter at the same time. Additionally, staff were instructed to carry out safe spacing, additional cleaning, educating guests about physical distancing, and increased hygiene and coughing etiquette. Accommodation was available for individuals who needed to isolate and assistance for those who may need to identify alternative temporary accommodation (Yukon, 2020x).

On April 2, the Civil Emergency Measures Health Protection (COVID-19) Orders were put into effect, allowing past physical distancing and self-isolation orders to be enforceable, resulting in fines and jail times if individuals do not comply. These orders include 14-day self-isolation orders for those returning to Yukon from travel; no more than 10 people gathering in the same place unless from the same household; closing bars; limiting restaurants to take-out service only; closure of all personal service businesses; and dental care limited to emergency only (Yukon, 2020ac, 2020ad). The recommendations from the CMOH include not travelling to rural communities or outside the territories for non-essential purposes; practicing greater hygiene; always keeping at least two metres apart from others unless from the same household working from home when possible; and avoiding non-essential treatment at hospitals (Yukon, 2020ac, 2020ad).

On April 6, the CMOH strongly advised individuals to choose less risky outdoor activities close to home for Easter weekend, to reduce outdoor activity injuries so that first responders and healthcare workers could be available to respond to the COVID-19 pandemic instead (Yukon, 2020af). On the same day, it was announced that opening of territorial parks and campgrounds was to be delayed until June. Park trails and green spaces were still open for recreation provided physical distancing was ensured (Yukon, 2020ai). On April 7, face-to-face classes were suspended for the remainder of the 2019-2020 school year, however schools remained open for use by teachers and staff but unavailable to students and other user groups (Yukon, 2020al).

On May 15, as part of Phase 1 of the reopening plan, combined households were allowed to join up with another household and not have to practice physical distancing with one another. Once households are paired up, they could not change, and physical distancing guidelines and gathering restrictions would need to be upheld for anyone not a part of the combined household pair. See Section 5.3 for further details on the reopening plan.

Physical distancing guidelines for home and workplaces are listed on the [Yukon.ca/covid-19](https://www.yukon.ca/covid-19) website along with resources such as signage and guidelines, current as of June 2 (Yukon, 2020aj).

1.3 Isolation and quarantine

Persons under investigation (PUIs) and probable and confirmed cases are recommended to self-isolate at home provided they are clinically stable. Discontinuation of isolation for confirmed cases is under the guidance of the Ministry of Health. Self-isolation is required for 14 days after the onset of symptoms, if after 14 days, their temperature is normal for more than 48 hours and the individual is feeling better, they are able to return to routine. Coughing is described as persisting for several weeks, and persistent cough does not require continual self-isolation. Discontinuing self-isolation in affected children, people who are immunosuppressed, individuals from remote regions, health care workers, and individuals living in group settings (e.g. shelters, long-term care) is reviewed on a case-by-case basis by the Ministry of Health and

may require complete resolution of acute respiratory symptoms and two negative specimens collected at least 24 hours apart (Yukon Communicable Disease Control, 2020b).

On March 16, the CMOH recommended all individuals who travelled outside of Canada, including Alaska, in the past 14 days to self-isolate (Yukon, 2020d). Measures were increased on March 22, all Yukon residents returning home and visitors were required to self-isolate for 14 days, including anyone returning or travelling from other provinces, territories or Alaska by road or air. Individuals who were unable to safely self-isolate at home were asked to email covid19info@gov.yk.ca for information and advice. While individuals with respiratory symptoms (cough, fever, and difficulty breathing) were asked to call 811 for advice on COVID-19 testing (Yukon, 2020m). In terms of social gatherings, individuals with any flu-like symptoms, or older than 65 years of age, or with underlying health conditions, or working in healthcare, healthcare facilities or other essential services were recommended to not attend any social gatherings even with less than 10 people (Yukon, 2020m). On March 25, individuals who had been identified as close contacts of individuals with COVID-19 were asked to self-isolate. Self-isolation was defined as staying home for 14 days, monitoring symptoms, and avoiding close contact with other people when going outside for fresh air (Yukon, 2020q). Isolation and quarantine measures following travel were updated on March 27, individuals with symptoms were asked to quarantine at their arrival destination while those with no symptom were permitted to travel home and self-isolate for 14 days. Those in the mining industry arriving in Yukon, including workers at placer or hard rock mines, exploration camps or conducting any business or duties related to the mining and exploration industry were asked to self-isolate for 14 days (Yukon, 2020r).

Guidelines for work camps (e.g., for people working in mines) were issued on April 1, including guidance on how to help staff with symptoms or who are required to self-isolate, how to practice safe spacing, enhanced hygiene and how to handle food. It was also recommended that employers pay staff who need to self-isolate to ensure they report COVID-19 symptoms and follow isolation protocols (Yukon, 2020x). On April 2, self-isolation following travel into the territory became mandatory (Yukon, 2020ac). While physical distancing remained a strong recommendation (Yukon, 2020ad).

1.4 Monitoring and surveillance

Contact tracing began on March 25 (Yukon, 2020q). Individuals connected to new cases of COVID-19 would be traced and informed so they could take the appropriate measures to monitor for symptoms for 14 days (Yukon, 2020r). According to the guidance on public health management of cases and contacts, contact tracing was implemented for close contacts of confirmed and probable cases. Trace back periods were 2 days prior to onset of signs and/or symptoms consistent with COVID-19 infection. In the case of multiple exposures or risk levels, the highest level of protection and longest duration would prevail. Furthermore, asymptomatic contacts were advised to self-isolate or self-monitor depending on the level of exposure risk (e.g. low, medium, high). Contact tracing for airplane passengers focused on identifying passengers, crew members of the aircraft, and anyone with close contact with the symptomatic traveller within 14 days of their flight (Yukon Communicable Disease Control, 2020b).

As of March 30, individuals testing positive for COVID-19 were suggested to have a history of flight or flights in the past 14 days. Contract tracing would be conducted using airline information to contact individuals who were sitting in range of the infected individual. Those who were identified were contacted

and asked to monitor themselves for symptoms, if they developed symptoms they were asked to self-isolate immediately and to contact Yukon Communicable Disease Control (Yukon, 2020u).

Guidance on public health management of cases and contacts was published on March 31. Further information about management of cases and contacts can be found in Section 3.2.

Specific guidance for Community Nursing Health Centres in Rural Yukon encountering potential cases was issued on March 31 (Yukon, 2020w). On April 1, guidance and resources such as screening tools for non-governmental organizations providing services for homeless people and those at risk of homelessness were provided (Yukon, 2020x).

On May 5, an update on modelling data for Yukon was provided, comparing the spread of COVID-19 in the territory with and without the restrictions in place. The modelling demonstrated that the restrictions were effective in avoiding a total number of 2500 cases by May 1, as compared to the 11 cases that were actually seen (Yukon, 2020bb).

On May 26, it was announced that staff, volunteers, and contractors between certain facilities such as long-term care (LTC), and other volunteer and employment settings, would be surveyed to identify potential risks of COVID-19 transmission. The survey was conducted via a secure online portal (Yukon, 2020bn). The same day, a modelling brief was presented summarizing the number of cases, the impact of public health interventions over time and next steps (Yukon, 2020bm).

1.5 Testing

Media reports suggest that the first six tests for COVID-19 in the territory were conducted on February 18, and tests done in February and March had turnaround times between 1 to 25 days (CBC News, 2020). An update on testing was provided on March 22, describing faster turnaround times for test results and numbers of completed tests to be reported and updated three times a week on the Yukon.ca website by the end of the week of March 22 (Yukon, 2020m).

On April 17, information on COVID-19 tests began to be published daily on Yukon.ca. It was also announced that GeneXpert rapid test kits were to be set up within a few weeks for testing in hospital settings to provide results quickly on site. New Spartan Cube machine were also announced to be arriving in Yukon toward the end of May for portable, rapid testing in other health care settings (Yukon, 2020ap).

On April 24, it was announced that testing criteria would be expanded as the peak flu season had passed and expanding the criteria would ensure high rates of testing. Testing criteria prior to April 27 required individuals to have travel history, close contact with a symptomatic person who recently travelled, close contact to a confirmed case of COVID-19 or have flu-like symptoms to be eligible for testing. This was expanded to a broader range of symptoms including fever, chills, cough, difficulty breathing, a sore throat or hoarse voice, headache, runny nose or nasal congestion, unexplained vomiting or diarrhea, fatigue or muscle aches, or loss of smell or taste. Individuals can be tested if they have any of the above symptoms and have travel history in the previous 14 days or have had close contact with anyone who travelled outside the territory. People with fever, cough, or difficulty breathing but no travel history are also eligible for testing. Testing was further broadened for LTC facility residents and Whitehorse Emergency Shelter clients (Yukon, 2020av). All individuals investigated for COVID-19 are reported by fax to the Yukon Communicable Disease Control (YCDC). Individuals who are hospitalized, from LTC facilities (residents or

staff), healthcare providers, involved in large gatherings or have greater than 5 close contacts and are tested for COVID-19 must be reported immediately by phone to the YCDC. Testing is prioritized for healthcare workers, hospital associated individuals, and LTC facilities. Individuals who are tested from rural Yukon are followed by local health centres while individuals from Whitehorse are followed by YCDC (Yukon Communicable Disease Control, 2020c, 2020d).

On May 5, it was announced that the order for Spartan Cube machines from the federal government would not be distributed due to performance issues identified by Health Canada (Yukon, 2020bb).

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

Hospital preparedness was first addressed on March 30, Whitehorse General Hospital was described as planning how to accommodate potentially high volumes of COVID-19 patients, which included investigating additional facilities for providing care and putting physical distancing measures in place (Yukon, 2020u).

On April 6, the territory was reported as not having shortages of personal protective equipment (PPE). However, to manage resources PPE supplies were centralized and healthcare workers were issued protocols to ensure appropriate use of equipment. Medical masks were provided for healthcare workers to wear during medical procedures and when caring for individuals who were infected. Non-medical face coverings were described as unproven measures of protection for the person wearing them, however they were suggested as potential measures to protect others around the person wearing them (Yukon, 2020af).

On April 27, Yukon received six ventilators from the PHAC emergency response services. Including the new ventilators, Yukon has 15 ventilators shared between Yukon Hospital Corporation and Emergency Medical Services, six at Whitehorse General Hospital, one portable unit each at Dawson City and Watson Lake community hospitals, and one with the Emergency Medical Services. Of the new ventilators, five were assigned to Whitehorse General Hospital, and one was assigned to Emergency Medical Services (Yukon, 2020aw).

On May 5, modelling data revealed that had restrictions not been imposed, approximately 150 individuals would have been in hospital by May 1. Instead, as of May 1, none of the 11 cases were hospitalized and on average there were 28 unoccupied hospital beds every day (Yukon, 2020bb).

2.2 Workforce

Hospital workforce planning was first addressed on March 30, Whitehorse General Hospital was described as planning how to accommodate potentially high volumes of COVID-19 patients, which included planning for the effective management of human resources, equipment and supplies (Yukon, 2020u).

On April 17, it was announced that licensed child care spaces were being made available for critical and essential service workers, those who are not considered critical or essential workers were not permitted to use licensed child care spaces (Yukon, 2020aq).

In terms of training, Whitehorse General Hospital was reported to have 30 hospital nurses with training to operate a ventilator, with support from seven anesthesia physicians. Emergency Medical Services was reported to have 28 critical care paramedics who could intubate patients and run ventilators. Community Health Centre primary care nurses were reported to have training in intermediate airway (Yukon, 2020aw).

On May 13, an order was issued to change licensing requirements for pharmacists to extend deadlines for required documentation for licenses, and allow for provisional (intern) licenses for those who were eligible to take qualifying exams (Minister of Community Services, 2020; Yukon, 2020bg).

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

On March 19, it was announced that a respiratory assessment centre was being set up at Yukon Convention Centre in Whitehorse to provide medical assessment for people with acute respiratory illness such as influenza or COVID-19. Individuals who need the medical help were to be directed to the centre through telephone advice from healthcare providers and by the online self-assessment tool. The yukon.ca/COVID-19 website was updated to provide latest information regarding COVID-19 and Yukon's response to it in addition to the online self-assessment tool (Yukon, 2020i).

On March 20, Whitehorse General Hospital announced suspending all scheduled, non-urgent surgeries effective Monday March 23, 2020. Surgical care for urgent and emergency cases would continue, and individuals with an appointment were to be contacted individually by the hospital to let them know and answer any questions. Changes to 811 were also announced, providing callers who were looking for COVID-19 advice with the option to speak PHAC; or if they have COVID-19 symptoms and travelled internationally in the last 14 days, or had symptoms and had come in contact with an individual with a confirmed case of COVID-19, to speak to the Yukon Communicable Disease Control. Non-COVID-19 related callers could access health advice in the usual way (Yukon, 2020k).

Virtual care options were expanded on March 23, with the Government of Yukon and the Yukon Medical Association setting up phone and video visits (via doxy.me telemedicine platform). Optometrists, family

physicians, walk-in clinics, sexual health clinics, general surgery, orthopedic surgery, obstetrics and gynecology, referred clinics, and psychiatry were among some of the types of providers and services listed as offering virtual care (Yukon, 2020n) Links for specific doctors are listed on Yukon.ca/covid-19 (Yukon, 2020o)..

On March 25, it was announced that Yukon hospitals would suspend all non-urgent or routine services from March 26, including bloodwork, lab tests, x-rays, CT scans, other imaging services, physiotherapy, occupational therapy, and specialist appointments. Individuals were urged not to go to the hospital for non-urgent services, treatments or exams as hospitals continue to provide urgent emergency care. It was also announced that the respiratory assessment centre in Whitehorse was open and individuals could be referred to the centre by 811, family physicians, Yukon Communicable Disease Control or hospital emergency departments (Yukon, 2020q). On March 27, dental practices were ordered to suspend all non-urgent treatment (Yukon, 2020r).

3.2 Managing cases

The first point of contact for cases is 811 and/or health care providers. Guidelines for managing cases reported no specific treatments for cases of COVID-19 infection. Links to clinical management of severe acute respiratory infection from the World Health Organization were provided to healthcare providers. The Yukon Communicable Disease Control and Ministry of Health coordinate with healthcare providers to determine based on clinical need on a case-by-case basis whether hospital admission is recommended for confirmed cases or persons under investigation. Hospitalization is determined based on anticipated disease trajectory, co-morbidities, access to health care services in the individual's home community, and logistics related to transportation to acute care services.

Criteria for exposure, cases, persons under investigation, and probable cases were outlined in the guidance on management of cases and contacts. Exposure criteria included having travelled to an affected area; having close contact with a confirmed or probable case of COVID-19; having close contact with a person with acute respiratory illness who has been to an affected area within the 14 days prior to illness onset; or having laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19. Persons under investigation were defined as any person with fever and/or cough meeting the exposure criteria, and for whom a laboratory test has been or is expected to be requested. Probable cases were defined as persons with fever (over 38 degrees Celsius) and/or new onset of (or exacerbation of chronic) cough; meeting exposure criteria; and in whom laboratory diagnosis of COVID-19 is inconclusive, not available, or negative (if specimen quality or timing is suspect) or in whom the laboratory test was positive, however not confirmed by the National Microbiology Laboratory (Yukon Communicable Disease Control, 2020b). Front line healthcare providers are required to notify the Ministry of Health of any possible cases where further testing may be clinically warranted. Case definitions, exposure criteria, and probable case definitions were based on the PHAC definitions (PHAC, 2020; Yukon Communicable Disease Control, 2020b).

Cases and persons who were under investigation who were clinically stable were provided with guidelines for self-isolation at home. Self-care guidelines were also provided to these individuals including information on hydration with fluids; using over the counter medication for fever and headaches; monitoring temperature daily; and maintaining a suitable environment for recovery. Guidelines were also

provided for healthcare workers caring for the case and for caregivers and others sharing the living environment with the case (Yukon Communicable Disease Control, 2020b).

3.3 Maintaining essential services

On April 1, extensive lists of essential and critical services were published on the official Yukon COVID-19 website, alongside direction and guidelines for delivery of critical, essential, and other services which were published April 2 (Yukon, 2020ab). The non-exhaustive list of essential services includes categories such as health; food, information and communication technologies; electricity industry; natural and propane gas workers; petroleum workers; transportation; manufacturing; construction; finance; safety; government; and other services including those related to sanitation (Yukon, 2020z). Critical services were defined as those considered critical to preserving life, health, and basic societal functioning. Critical services were listed as being delivered by workers in the following categories, health sector workers essential to delivering patient care and life-saving services; emergency services; and critical infrastructure workers providing critical goods and services such as energy and utilities, water, food and medicines, information and communication technologies, transportation and government (Yukon, 2020y).

On April 3, the Government of Yukon partnered with Yukon Status of Women Council and Northwestel to provide safe access to cell phones and the internet for women who experience violence or are at risk of violence. Yukon has rates of violence against women that are three times the national average. Since some public spaces and community service agencies are closed mobile phones were implemented to ensure access to support, contact with family and friends, and access to counselling and financial support for women living in precarious situations, experiencing or at risk of violence (Yukon, 2020ae).

On April 8, an update from the CMOH encouraged individuals to call their doctors for appointments as usual and talk to their doctor by phone to determine whether a face to face visit was necessary (Yukon, 2020am). An update on April 14 encouraged individuals to visit health centres for immunizations as usual (Yukon, 2020an).

On April 17, a guide was issued to help operators of communal living settings (e.g. homeless shelters, women's shelters, youth shelters, transition homes, group homes, and hostels) to prevent and manage COVID-19. It included guidance on education, cleaning, PPE, and monitoring and reporting (Yukon, 2020ap).

On April 20, an update from the CMOH encouraged individuals to reach out for mental health support to manage their way through the pandemic. Individuals were provided phone numbers to call, including Mental Wellness and Substance Use Services and the Canadian Mental Health Association (Yukon, 2020ar). On April 22, youth mental health was addressed in an update, encouraging children and youth struggling with anxiety or other mental health concerns in response to the pandemic to access resources with phone numbers and links to support organizations provided (Yukon, 2020as).

On April 28, it was announced that a new campaign was launched to remind individuals to call their doctor or visit health centres or Emergency Departments if they are ill. The campaign was launched in response to dropping numbers of physician, health centre and emergency visits that may result in individuals who are ill or having legitimate health concerns not receiving care in a timely manner (Yukon, 2020ax).

On May 1, non-urgent hospital services that were previously suspended were increased on a limited basis. These included elective surgeries, non-urgent bloodwork, x-rays, imaging tests, physiotherapy, occupational therapy, and appointments with visiting specialists. Resumed services would be provided on an appointment only basis, while maintaining physical distancing and screening patients and visitors for risk of infection at all hospital entrances. Accessing mental health services was also encouraged in the update, with contact information and websites for mental health services shared. In addition, contact information for the Child Development Centre for families with children under school age, and for Disability Services for families with children and adults with disabilities were also shared (Yukon, 2020az).

On May 8, a reminder was issued to caution individuals around drug use and acknowledging concerns that street drug supplies were becoming unpredictable due to disruption of regular supply channels, and difficulty accessing supports for people who use drugs. The reminder included links, contact information, and locations for harm reduction services, opioid treatment services, naloxone kit access, and social distancing while doing drugs (Yukon, 2020bc).

On May 13, an order was issued to introduce temporary rules for pharmacists to ensure access to medications. The changes allowed pharmacists to extend and begin prescriptions following a phone or video consult; start prescriptions for minor conditions; extend prescriptions up to 30 days more than once; decide on transferring prescriptions for controlled substances to other pharmacies; arrange for delivery of controlled substances in certain circumstances; accept verbal orders from physicians for controlled substances; and extend prescriptions (Minister of Community Services, 2020; Yukon, 2020bg).

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

The federal government announced an increase in funding to health systems of each province and territory, but no detail was given on how much of this funding was allocated to Yukon. No information could be found pertaining to how this additional funding was to be distributed as a result of COVID-19 or whether additional personnel was hired as a result of COVID-19.

4.2 Entitlement and coverage

The Yukon Health Care Insurance Plan (YHCIP) covers everyone who is a Canadian citizen or who has immigration status who has made their permanent home in Yukon and who is not absent from the territory for more than 6 months without a waiver from Insured Health Services (Yukon, 2019). The Plan covers individuals who are on a work visa for a maximum of one year but does not cover individuals on a student visa (Yukon, 2019).

The Plan covers all services deemed essential for the health of the patient provided by a physician either in clinic or in hospital. Testing and hospital-provided treatment for COVID-19 is therefore covered for individuals who are covered by YHCIP (Health and Social Services, 2017). However, testing is only provided for individuals who meet testing criteria (a list of frequent COVID-19 symptoms, discussed in Section 1) which has been expanded on April 24, 2020 (Yukon, 2020av). On March 27, 2020, the territory announced the Health Care Insurance Plan has been extended to cover Yukon residents who could not return to the territory due to the pandemic, effectively waiving the requirement to be a Yukon resident for 180 days to qualify (Yukon, 2020bp). The Plan covers all services deemed essential for the health of the patient provided by a physician either in clinic or in hospital. Testing and hospital-provided treatment for COVID-19 is therefore covered for individuals who are covered by YHCIP (Health and Social Services, 2017). However, testing is only provided for individuals who meet testing criteria (a list of frequent COVID-19 symptoms, discussed in Section 1) which has been expanded on April 24, 2020 (Yukon, 2020av). On March 27, 2020, the territory announced the Health Care Insurance Plan has been extended to cover Yukon residents who could not return to the territory due to the pandemic, effectively waiving the requirement to be a Yukon resident for 180 days to qualify (Yukon, 2020bp).

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 Public Health and Safety Act and Civil Emergency Measures Act

Prior to the start of the COVID-19 pandemic, two pieces of legislation were in place to help respond to such situations. First, the *Yukon Public Health and Safety Act*, enacted in 2002, governs the response to threats caused by a communicable disease (Yukon, 2002b). It allows the Commissioner in Executive Council to make regulations pertaining to the control and prevention of such diseases. Specifically, the Act grants the power to make mandatory for every medical practitioner to report an instance of a person suffering from a communicable disease, and the power to order the isolation for quarantine of a person suffering from the disease and the detention for surveillance of individuals suspected of having contracted the disease (Yukon, 2002b). The Act also grants the power to ensure the supply of medical aid considered necessary for the mitigation of an epidemic, controlling borders, and vaccination of persons or animals, among others.

Second, the *Civil Emergency Measures Act*, also enacted in 2002, provides the framework for handling emergencies in the territory, whether natural or due to war (Yukon, 2002a). The commissioner is responsible for declaring a state of emergency in Yukon and ensuring that this declaration is brought to the attention of the inhabitants of the territory. Declarations are in place for 90 days unless terminated early or extended (Yukon, 2002a). When an emergency is declared, the Commissioner appoints a civil emergency planning officer, who formulates a plan to deal with the disaster and recommends it to the

Minister of the Territory (Yukon, 2002a). The Act allows Yukon to enter into agreements with the Government of Canada to help mitigate the emergency and allows the Minister to take any preparatory steps that are considered necessary, including training and equipping personnel, assisting in the enforcement of law or protecting the health of a population (Yukon, 2002a).

Municipalities: There are 8 municipalities in Yukon (Canada Revenue Agency, 2011). The *Public Health and Safety Act* describes the responsibilities of each municipality in Yukon, each of which is considered its own health district and may need to have varying responses to public health threats (Yukon, 2002b). In addition, per the *Civil Emergency Measures Act*, mayors of a municipality may declare a state of emergency if the municipal council authorizes it. Each of 8 municipalities in Yukon is also mandated to establish an emergency plan, which specifies the powers and duties of an Emergency Measures Commission established by the municipality and assigns responsibilities for implementing the plan. This plan may coordinate with other municipalities or with the whole territory (Yukon, 2002a).

5.2 Yukon Government Pandemic Co-ordination Plan

In March 2020 the Territory adopted the Yukon Government Pandemic Co-ordination Plan (Yukon, 2020c), which aims to minimize the health impacts of a pandemic and reduce preventable deaths, maintain critical public services and safe workplaces, minimize social and economic disruptions in the territory and provide Yukoners with the information they need to make decisions. It is most importantly concerned with maintaining essential government services in times of pandemics (Yukon, 2020c). As such, it distinguishes between 3 kinds of services: critical (for which interruption would result in loss of life, adverse public health outcomes or human suffering, significant damage to infrastructure or a significant loss of revenue and public funds), vital (for which interruption would, in 72 hours, result in disruption of delivery of critical services, loss of records required for the delivery of critical services or loss of public confidence in the government) and necessary, desired, or non-essential services, which do not meet the criteria of critical or vital (Yukon, 2020c). The Plan outlines the roles and responsibilities that each sector of government must undertake to ensure critical and vital service provision is not disrupted. It rests on the *Civil Emergency Measures Act* and fulfills all of the requirements of this Act. The Plan also establishes an Emergency Coordination Group for the province, chaired by the Minister, who assist with carrying out the Plan. The Plan is to be informed by other governments and is based in scientific evidence gleaned from other pandemics, such as seasonal influenza. The Plan also includes a section outlining response coordination but does not outline a plan for de-escalating the pandemic situation (Yukon, 2020c).

The territorial response to COVID-19 is led by the CMOH, in coordination with the Emergency Coordination Group and the Minister of Health. On March 18, 2020, the CMOH declared a State of Emergency under the *Public Health and Safety Act* (Yukon, 2020g). This led to the closures of schools, public indoor recreational facilities, libraries and the closure of all 3 hospitals in the Territory to visitors. This was followed by a declaration of a State of Emergency on March 27 under the *Civil Emergency Measures Act*, which facilitates the deployment of resources and containment of COVID-19 spread but did not close any additional services or drastically change circumstances for Yukoners (Yukon, 2020t). On March 25, 2020, the Government of Yukon also established a COVID-19 Business Advisory Council to ensure the economic impacts of COVID-19 are addressed and the needs of businesses in the territory are met (Yukon, 2020p).

On April 2, 2020, the Civil emergency measures health protection order was issued. This order mandates that anyone entering Yukon must self isolate for 14 days and all people must provide a signed declaration of intent to self-isolate upon entry (Yukon, 2020bq). Critical service providers may not need to self-isolate depending on their circumstances and this is decided on a case-by-case basis. Non-residents going through Yukon must leave 24 hours after entry, and some entries into Yukon from BC are exempt from self-isolation measures (Yukon, 2020bq).

The regulation and licensing of medical devices is under Federal jurisdiction and Yukon has not added any additional measures or regulations pertaining to medical devices. In Yukon, YCDC, in collaboration with the CMOH and PHAC (Health and Social Services, 2019), are responsible for screening potential COVID-19 patients who call 811 (the health hotline). Samples collected for testing are sent to the relevant government agency in BC, the BCCDC (Yukon, 2020ah; Yukon Communicable Disease Control, 2020a). Positive cases are reported to PHAC, who then report numbers to international organizations like the WHO as per Federal regulation. In addition to 811, a non-medical COVID-19 info-line was launched on May 8, 2020 to allow Yukoners to access information about travel and borders, self-isolation and physical distancing and various social and economic supports for businesses and families (Yukon, 2020bd).

5.3 Reopening Plan

The Plan for lifting COVID-19 restrictions was first published May 15 and involves 3 phases: Restart, Recover and New Normal. This plan is described as a living document and changes to subsequent sections of the plan are possible as the territory evaluates the situation (Yukon, 2020bk). The plan rests on accountability and transparency, is evidence-based, is contingent on having sufficient health resources and will require the engagement and collaboration of community leaders, First Nations governments and the public (Yukon, 2020bk). The territory is currently in Phase 1.

The aim of Phase 1 (Restart) is to gradually loosen public health measures while keeping public health and workplace safety a priority (Yukon, 2020bh). Borders remain closed to non-essential travel, with few exceptions, but restrictions on travel within the territory are eased based on public health data and discussions with communities. Contact between two households is now permitted, but physical distancing measures continue to be in place (Yukon, 2020bh). Campgrounds in Yukon will open starting June 4 (Yukon, 2020bh). Hospitals can begin offering non-urgent and routine services, and social distancing measures can begin to be lifted for funerals and religious services (Yukon, 2020bh). However, personal care services, bars and dine-in restaurants will not begin to operate until Phase 2, when the CMOH will have lifted orders, establishments will have released operational plans (a template was released May 22 (Yukon, 2020bp) and the territory will have released guidelines for workplace safety (Yukon, 2020bh). Once these three criteria are met, businesses will be permitted to open, and Phase 2 can begin. Other criteria for Phase 2 transition include preserving public health and health system capacity, the reduction of importation risk of COVID-19 cases from bordering areas (namely the Northwest Territories, BC, Alaska and Alberta), and a downward trend in new cases is observed (Yukon, 2020bh).

The aim of Phase 2 is to continue to open personal care, health care and recreation services, while monitoring migration to prepare to ease border control measures in Phase 3 (Yukon, 2020bi). In Phase 2, borders remain closed to non-essential travel, and outdoor gatherings of 50 or less may be permitted if there is sufficient capacity to maintain physical distancing (Yukon, 2020bi). Overnight summer camps for

children may be permitted. Elementary, high schools and universities may be permitted to host face-to-face classes, and this will be determined in consultation with the Department of Education (Yukon, 2020bi). Transitioning to Phase 3 will require ongoing engagement with community leaders, published guidelines are implemented and adhered to, contact tracing, testing and health system capacity is maintained, and there continues to be a downward trend in cases in both Yukon and neighboring provinces and territories (and Alaska) (Yukon, 2020bi).

The focus for Phase 3, a New Normal, is on long-term sustainability while protecting the health of Yukoners (Yukon, 2020bj). Border control measures will be gradually lifted and physical distancing measures may be eased based on public health data. There will be no size restrictions on gatherings provided there is sufficient capacity to maintain physical distancing (Yukon, 2020bj). More businesses and services will be operational with less public health measures in place. This phase of the plan is anchored in community engagement and will still require adequate public health and health system capacity and a decrease in the number of new cases to navigate the gradual re-opening of borders (Yukon, 2020bj).

Table 1. Overview of key re-openings

	Dates and relevant notes
Schools (Primary, higher education, etc)	Summer camps are permitted to open during Phase 2, date TBD. Elementary, high schools and universities could open in Phase 2 with consultation of the Department of Education, date TBD.
Workers (essential workers, childcare workers, etc)	To be opened gradually during Phase 1, after guidelines are released by the territory, operational plans are established by businesses and the CMOH permits it. Date TBD, will be progressive.
Businesses (SMEs, restaurants, etc)	To be opened gradually during Phase 1, after guidelines are released by the territory, operational plans are established by businesses and the CMOH permits it. Date TBD, will be progressive.
Travel (local, cross-border, etc)	Borders will open progressively during Phase 3, once public health and epidemiological data from neighboring provinces and territories, and Alaska, permits it. Date TBD.
Gatherings (events, informal gatherings, religious services, etc)	Religious services and funerals will be permitted in Phase 1, date TBD. Phase 1 will allow for gatherings of 2 households, Phase 2 will allow for gatherings of 50 people and Phase 3 will no longer restrict the number of individuals who can gather, if there is sufficient capacity for physical distancing.

Exit planning in the territory of Yukon is based on emerging scientific literature, public health monitoring data and criteria developed by other provinces and territories as well as the federal government, although data from other countries is not being used, with the exception of epidemiological information from Alaska (Yukon, 2020bk). They are using information on health system capacity, public health capacity, importation risk and needs for safety and economic needs. The plan rests on maintaining public health capacity for testing, contact tracing and case management, all of which are also being monitored (Yukon, 2020bk).

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 Borders

As of April 6, 2020, entry into Yukon is only permitted for individuals who provide evidence that they are Yukon residents or non-resident family members of Yukon residents, are delivering a critical or essential service, are transitioning through Yukon to a neighboring jurisdiction (in which case, they are required to leave the territory in 24 hours) or exercising an aboriginal treaty right to enter the territory (Yukon, 2020bq). Contact information of all travellers entering the territory is recorded, as are the details of a 14-day isolation plan that returning travellers are required to present to be permitted entry (Yukon, 2020bq). There are currently no area-specific lockdowns.

6.2 Mobility and transportation

On March 22, 2020, Yukoners were asked to restrict travel outside of the territory to essential travel only, including to the US (Yukon, 2020v). Yukoners are also asked to respect rural communities by avoiding travelling and shopping in communities outside of big cities, but are permitted to visit cabins and use boat launches without any formal restrictions (Yukon, 2020bo). More information on specific travel advice for the territory can be found below:

- Local: <https://yukon.ca/en/health-and-wellness/covid-19/guidelines-travel-within-yukon-covid-19>
- Into the territory: <https://yukon.ca/en/health-and-wellness/covid-19/border-enforcement-during-covid-19>

6.3 Economy

A ministerial order signed under the *Civil Emergency Measures Act* extends the deadline for property tax payment from July 2 to September 2, 2020 as part of larger efforts to support people who have been financially impacted by COVID-19 (Yukon, 2020at). In addition, the Department of Tourism and Culture announced a CA\$1 million increase to the Tourism Cooperative Marketing Fund (Yukon, 2020j). Other changes made include waiving the requirement for applicants to provide 50% equity for marketing projects and broadening the scope of the program to include initiatives targeting people who are already in Yukon (Yukon, 2020j).

6.4 Financial aid

On March 11, 2020 a 10-day paid sick leave rebate was announced. It is available for workers and self-employed individuals affected by the COVID-19 pandemic and allows Yukoners without paid sick leave to stay at home if they become sick. Employers can apply to get reimbursement when paying employees to take sick days (Yukon, 2020s). In addition, a new regulation passed on April 17 allows for an additional 14-day unpaid sick leave for Yukoners (Yukon, 2020ao).

The Government of Yukon also put forth a new regulation to the *Residential Landlord and Tenant Act*, which prohibits a landlord from serving a tenant for non-payment of rent, provided the tenant provides reasonable proof that they are unable to pay due to hardships resulting from COVID-19 (Yukon, 2020ah). In addition, the Rent Assist program was announced on May 11, 2020 to help tenants and landlords affected by income losses during the COVID-19 pandemic (Yukon, 2020bf). Tenants who live in private, non-subsidized market rental housing who have lost 30% or more of their income due to COVID-19 are eligible for a grant to help cover the cost of rent from April to June 2020. This grant will provide CA\$415 per month for a bachelor or room in a house, CA\$500 a month for a 1 bedroom, CA\$600 for a 2 bedroom, and CA\$800 for a 3 bedroom or larger (Yukon, 2020bf).

To help businesses affected by the COVID-19 pandemic, the Premier announced a stimulus package on March 16th, 2020 (Yukon, 2020f). The components of this package were rolled out progressively. The Yukon Business Relief Program was announced April 1st, 2020 and provides non-repayable grants to cover specific costs for businesses affected by the COVID-19 pandemic and who have faced a minimum of 30% loss in gross revenue. Businesses can receive between 75-100% of their fixed costs, up to CA\$30,000 a month for costs incurred between March 23 and July 31, 2020 (Yukon, 2020aa). On April 6th, 2020 additional funding for childcare centers was announced. The Government of Yukon will cover staff wages and eligible building expenses (rent, utilities and cleaning costs) to enable childcare centers to continue to operate without charging parents for childcare services. However, families are still asked to keep their children at home if possible (Yukon, 2020ag). To help the aviation industry, Yukon is waiving landing, parking and loading fees from April 1 to December 31, 2020 at Whitehorse airport. This measure is estimated to save CA\$210,000 for businesses and the tourism industry, and will provide incentives for airline carriers to visit and stay in Yukon (Yukon, 2020ba). The Government of Yukon also announced funding to hire students for critical and essential services: CA\$75,000 is available through the Staffing Up program to hire students just out of high school, recent post-secondary graduates, or post-secondary students for summer positions. This program is available to private sector employers, not-for-profit organizations, municipalities and First Nations governments and organizations. Each position can pay up to CA\$20 per hour, for 40 hours a week up to 16 weeks (Yukon, 2020be). Finally, the government is offering a program for businesses who had to cancel events of more than 50 people due to COVID-19 between March 7, 2020 and July 31, 2020 to help support lost income (Yukon, 2020ay).

To support students who are now learning from home for the remainder of the summer, the Government of Yukon has put out a Web page on best practices for learning at home, including establishing a routine, staying socially connected but physically distant, prioritizing wellness, and a list of resources to help parents support their children who are now learning from home (Yukon, 2020ak). This list of resources also includes many Indigenous-focused resources. In addition, the Department of Education has put out a Digital Learning Resource Web site, which requires a password and login from a child's school to access (Yukon, 2020ak). On May 19, 2020, it was announced that families with children in Kindergarten to Grade 12 who have been impacted by COVID-19 are eligible for CA\$250 per student from the government to help support at-home learning (Yukon, 2020bl).

On April 3, 2020, the government of Yukon partnered with the Yukon Status of Women council and Northwestel to ensure that women who are vulnerable to violence have safe access to cell phones and the internet. The Government provided 325 phones with internet access capability to vulnerable women for the next 4 months (Yukon, 2020ae).

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