



North American COVID-19 Policy Response Monitor: Manitoba

July 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 January 28, 2020, the Manitoba Health, Seniors and Active Living (MHSAL) Minister, Cameron Friesen reported that the province was preparing for the potential arrival of COVID-19 in the province, and described measures to identify and isolate individuals with travel histories that may have put them in contact with the virus, as well as public health (Manitoba, 2020j). Subsequent updates from the provincial government were released on a weekly basis on from February to March 12, from March 12 onwards updates were provided on a daily basis on the provincial government news website (<https://news.gov.mb.ca/news/?archive=&item=46797>).

Updates involving news conferences were filmed and uploaded to the Manitoba Government YouTube channel and embedded in media releases. News conferences are led by MHSAL Minister Cameron Friesen and the chief provincial public health officer Dr Brent Roussin. Links to media releases and YouTube videos were also shared via the official Manitoba Government Twitter account (Manitoba, 2020ck). For information about travel guidance, links to the Public Health Agency of Canada (PHAC) website were provided, and for further information about COVID-19 in Manitoba, including tests and cases in Manitoba and guidance on physical distancing and self-isolation, links to the Manitoba COVID-19 website were provided (<https://www.gov.mb.ca/covid19/>). For health questions and/or information about respiratory illness, Manitobans were provided with phone numbers for Health Links. Health Links is a program of the Manitoba Health Contact Centre, providing bilingual phone-based nursing triage to callers. Nurses provide advice on health-care paths (e.g. visit to emergency department, family physician, education on managing symptoms at home) to follow upon assessment (Misericordia Health Centre, 2020). Updates on numbers of tests completed; confirmed, active and recovered cases; deaths; and intensive care unit (ICU) patients are listed on the Manitoba COVID-19 website and described in COVID-19 news releases (Manitoba, 2020j).

The provincial government issued its first guidance on hand hygiene and respiratory etiquette on January 28 (Manitoba, 2020j). Individuals were asked to regularly wash hands with soap and water or an alcohol-based hand cleanser, as well as after coughing or sneezing; when caring for a sick person; before, during and after food preparation; before eating; after toilet use; and when hands are visibly dirty (Manitoba, 2020j). Respiratory etiquette included covering the mouth and nose when coughing and sneezing and avoiding close contact with anyone showing symptoms of a respiratory illness (e.g. coughing, sneezing) (Manitoba, 2020j). On January 31, public health officials issued the first guidance regarding masks, stating that the use of masks in public was not a part of recommendations as there was no evidence that wearing masks significantly reduces the risk of contracting the virus (Manitoba, 2020k).

On February 7, the provincial government reported that COVID-19 causes a range of mild to severe symptoms and cautioned that individuals may not recognize when they first develop symptoms since they are similar to a cold or flu (Manitoba, 2020l).

On February 28, MHSAL began urging media to exercise caution when reporting information related to the COVID-19 situation and to use official sources for information related to testing and timelines (Manitoba, 2020o).

On March 16, the provincial government reported that phishing scams related to COVID-19 had occurred with individuals being asked to provide credit card information for medication following positive results (Manitoba, 2020w). The provincial government urged individuals not to share any financial data and to report to the Canadian Anti-Fraud Centre (Manitoba, 2020w).

On March 17, the provincial government released a new online self-assessment tool to help Manitobans determine whether to call Health Links for a referral or to self-isolate (Manitoba, 2020y). On March 20, the pre-screening tool was made available in French (Manitoba, 2020ae).

On April 9, the provincial government began asking residents to report non-compliance with public health orders to the province. For non-compliance in Winnipeg, residents were asked to call, email or tweet the City of Winnipeg (phone: 311, email: 311@winnipeg.ca, Twitter: @cityofwinnipeg). For regions outside of Winnipeg, individuals were asked to report to the Manitoba Government Inquiry (MGI) via phone (204-945-3744 or toll-free 1-866-626-4862) or email (mgi@gov.mb.ca) (Manitoba, 2020bk).

On April 21, public health officials began recommending individuals entering healthcare facilities to wear a cloth mask to protect others and conserve personal protective equipment (PPE), and to wear non-medical face masks during any healthcare interactions, and when using public transit, handi-transit or a taxi (Manitoba, 2020bt).

On May 1, the provincial government launched an education campaign “COVID careful” in cottage country to ensure campers and cottage visitors follow COVID-19 guidelines (Manitoba, 2020ca). The campaign includes educational posts for social media; portable signs and education stops on key highway routes; and materials to be displayed in car and cottage windows (Manitoba, 2020ca).

1.2 Physical distancing

On March 12, the provincial government first recommended physical distancing to all Manitobans and specific strategies were shared (Manitoba, 2020r). Individuals over the age of 65, those with underlying medical conditions, and those with compromised immune systems were described as at greatest risk of severe outcomes (Manitoba, 2020r). The provincial government recommended that individuals minimize prolonged (greater than 10 minutes), close (less than two metres) contact with other individuals in public; avoid greetings that involve touching such as handshakes; disinfect frequently used surfaces; follow public health advice related to self-monitoring and self-isolation if necessary; and consider avoiding travel, crowded places and events, especially for those at higher risk (Manitoba, 2020r). Schools and other educational institutions were advised to ensure ill staff and students stay home from school; support those who are self-isolating at home to ensure they do not fall behind in their studies; reduce large-group, crowded activities; increase desk distance between students; and consider implementing virtual or online classrooms to reduce the number of people in classrooms and increase distance between staff and students (Manitoba, 2020r). Employers were asked to review their business continuity plans and to take steps to ensure their employees could stay home when ill without facing barriers such as requirements for sick notes; work from home if possible; discontinue non-essential work related travel outside of

Manitoba; and encourage virtual meetings to reduce prolonged close contact between individuals (Manitoba, 2020r). On March 13, large scale events were defined as more than 250 attendees (Manitoba, 2020s). Further measures introduced after March 13 in areas such as public areas, parks, schools, childcare, healthcare facilities, long term care (LTC) facilities, and correctional facilities are outlined in their respective sections below. For information about reopening and easing of restrictions, refer to Section 5.3.

Public areas, large group gatherings and travel

On March 17, the provincial government recommended cancellations of gatherings of more than 50 people (Manitoba, 2020y). Casinos were required to close from midnight March 18 onwards (Manitoba, 2020y).

On March 18, Manitoba Conservation and Climate cancelled all interpreter-led events in parks and closed interpretive centres (Manitoba, 2020ab). Parks remained open, however, the provincial government recommended individuals remain in small groups and maintain social distancing (Manitoba, 2020ab).

On March 20, the provincial government declared a state of emergency, and the following measures were put in place (Manitoba, 2020af):

- Limiting public gatherings of more than 50 people at any indoor or outdoor places or premises, including places of worship, gatherings and family events such as weddings and funerals.
- Retail businesses including grocery and food stores, shopping centres, pharmacies or gas stations were required to ensure one to two metre separation between individuals. The same requirement was applied to public transportation facilities.
- Hospitality premises where food or alcohol is served or any theatres offering live performances or other art forms were required to limit to 50 people or 50 per cent capacity, whichever would be lesser, and to implement one to two metre social distancing.
- Immediate closure of bingo and gaming events.
- Immediate closure of all wellness centres offering physical activity, gyms, fitness centres, athletic clubs and training facilities.

Effective March 30, public gatherings were required to be limited to no more than 10 people at any indoor or outdoor place or premises, excluding where healthcare or social services are provided including childcare centres and homeless shelters (Manitoba, 2020ap). Retail businesses and public transportation facilities were required to ensure separation of one to two metres between individuals (Manitoba, 2020ap).

Effective April 1, the following additional measures were put in place (Manitoba, 2020as):

- Restaurants and other commercial facilities that serve food were prohibited from serving food to customers in person, preventing eat-in dining at all facilities. If restaurants continued to operate on a takeout or delivery basis, physical distancing measures were to be ensured.
- All businesses not listed as critical services were required to close by April 14. However, business would still be able to operate on a remote basis, provided that employees would not need to be on site.

- Businesses that were deemed critical could continue to operate however, were required to implement social distancing rules.
- Municipal transit services, taxis and other private vehicles were allowed to operate provided they ensure reasonable separation of people in the vehicle.

On March 31, public health officials began recommending that individuals remain within and close to their home communities, limiting travel even within Manitoba to essential trips only (Manitoba, 2020au).

On April 6, reminders were issued for families to stay home and not gather for Easter or Passover celebrations (Manitoba, 2020bb).

On April 9, the provincial government reported adjustments to provincial park operations, including allowing parks to remain open due to their benefit for mental health. However, public facilities located within parks (e.g. washrooms, playgrounds, picnic and group-shelters) were closed (Manitoba, 2020bi).

On April 16, the provincial government updated public health orders to take effect on April 17 until May 1 to prohibit travel to northern Manitoba (defined as north of the 53rd parallel of latitude), with exceptions only for residents of northern and remote communities to travel within the north; delivery of goods and services; and travel for employment, medical treatment or facilitating child-custody agreements (Manitoba, 2020bp). Further updates were made with respect to businesses (Manitoba, 2020bp):

- non-critical businesses could continue to operate, including farmers markets, with customers picking up ordered items as long as physical distancing measures are in place;
- hotels could operate provided that close common areas (e.g. pools, hot tubs, and game rooms) were closed;
- campgrounds could provide accommodation to recreational vehicles that act as a primary residence;
- garden centres and greenhouses could operate with physical distancing measures in place;
- appliance, electronic and furniture stores could not be open to the public, except if orders were placed remotely and were delivered and picked up while adhering to physical distancing measures.

On April 21, public health officials encouraged Manitobans travelling to a second residence or cottage to only travel with family members, not visit with others on arrival, avoid stopping for gas or other supplies on the way, and to only visit local healthcare providers for emergencies (Manitoba, 2020bt).

Effective May 22, the provincial government modified public health orders to increase the limit on gathering size to a maximum of 25 people for indoor facilities and 50 people for outdoor areas, as long as social distancing measures are in place (Manitoba, 2020cg). Individuals employed by or affiliated with professional sports teams including players, coaches, managers, training staff and medical personnel were allowed to attend team facilities for training and practicing, provided that members of the public did not enter premises (Manitoba, 2020cg).

On June 26, the provincial government issued new public health orders (Manitoba, 2020cn):

- removed restrictions on travel to northern Manitoba and remote communities;

- removed requirements for people coming to Manitoba to work on film productions to self-isolate for 14 days before entering the province;
- clarified that only Manitoba professional sports teams were exempt from self-isolation requirements and Manitoba sports teams are no longer required to self-isolate for 14 days before returning to Manitoba;
- allow asymptomatic individuals who are self-isolating under federal or provincial health orders to visit a family member or friend with a life-threatening disease in a healthcare facility, if the facility allows them.

Schools and childcare centres

On March 13, the provincial government announced that classes in kindergarten to grade 12 schools would be suspended effective March 23 to April 10 (Manitoba, 2020t). Effective March 31, the provincial government extended the this suspension indefinitely (Manitoba, 2020au).

On March 17, the provincial government suspended services at licensed childcare centres from end of day March 20 onwards (Manitoba, 2020y).

Healthcare and long-term care facilities

On March 14, healthcare providers began to strongly discourage the public from visiting any healthcare facility, including LTC facilities if they had returned from international travel in the last 14 days; been directed to self-monitor or self-isolate for 14 days; or were experiencing cold and flu symptoms, including cough, fever, runny nose, sore throat, headache, and/or weakness (Manitoba, 2020u). Beginning March 14, visitors to healthcare facilities were asked screening questions about symptoms, contacts, and travel history at arrival (Manitoba, 2020u). Health Sciences Centre Winnipeg (HSC Winnipeg), the largest hospital in Winnipeg, Manitoba, began restricting access points to the campus to ensure screening of visitors arriving at the facility (Manitoba, 2020u).

On March 15, HSC Winnipeg officially began restricting numbers of public entrances to the campus to ensure screening for COVID-19 upon arrival (Manitoba, 2020v). Patients at the centre were only allowed one visitor at a time, with exceptions being made for special circumstances and for end of life (Manitoba, 2020v). Similar measures were also undertaken at other healthcare facilities and for LTC homes (Manitoba, 2020v).

On March 16, a one visitor at a time policy began at acute care facilities (e.g. hospitals) across Manitoba, with exceptions for parents of children in the hospital, special circumstances, and end of life (Manitoba, 2020w). Individuals within any of the following categories were barred from visiting acute care or LTC facilities:

- those who returned from international travel in the last 14 days;
- those instructed to self-isolate for 14 days; and
- those with cold or flu-like symptoms, such as cough, fever, runny nose, sore throat, weakness or headache.

On March 17, public health officials recommended the immediate suspension of all visitors to LTC facilities across Manitoba, with exceptions for compassionate reasons, end of life, or on a case-by-case basis (Manitoba, 2020y).

On March 18, public health officials recommended that support services to seniors' programs providing congregate meals be suspended, while congregate meals at LTC facilities and assisted living facilities follow social distancing recommendations (Manitoba, 2020aa). Public health officials recommended that individuals with cold or flu-like symptoms not participate in congregate meal programs (Manitoba, 2020aa).

On March 19, hospitals across Manitoba suspended visitor access except for compassionate reasons on a case-by-case basis (Manitoba, 2020ad). For paediatric patients, one parent or guardian was allowed following screening (Manitoba, 2020ad). For labour and delivery, one visitor was allowed, with stringent screening in place (Manitoba, 2020ak). Visitors to LTC facilities were restricted with only essential visitors for compassionate reasons allowed and screening in place to identify those with travel history in the previous 14 days (Manitoba, 2020ca, 2020ce).

Effective April 1, acute and LTC facilities implemented additional screening procedures, requiring staff arriving for shifts to have their temperature taken and answer any questions about symptoms, travel history and exposure to COVID-19 cases (Manitoba, 2020av).

Effective May 29, personal care homes began to allow limited outdoor visitation, provided that enhanced screening and hand hygiene and physical distancing protocols occurred on arrival. The maximum number of visitors at a time was two and indoor visits continued to be suspended (Manitoba, 2020cf).

On June 3, the provincial government announced easing of restrictions on visitor access at healthcare facilities. Patients are able to identify a single designated support person who can visit daily, while adhering to social distancing and hygiene protocols (Manitoba, 2020ci).

Correctional facilities

On March 16, adult and youth correctional facilities continued to allow legal counsel and family member visits, with restrictions to ensure safety of people in custody and of staff (Manitoba, 2020w). Visits from family members were permitted, however physical contact between people in custody and family members was prohibited while visits with legal counsel continued with no changes (Manitoba, 2020w). Visits from volunteers and community agencies were suspended (Manitoba, 2020w).

On April 1, additional measures in correctional facilities ensured individuals coming into custody were isolated for up to 14 days, and in person visits, inmate programs, staff training, and group activities were suspended (Manitoba, 2020av). Numbers of free phone calls for individuals in custody were increased to help maintain contact with their support systems (Manitoba, 2020av). Lawyers were encouraged to meet with clients remotely where possible however, in-person visits with clients could still continue at facilities (Manitoba, 2020av).

Enforcement

On April 9, the provincial government introduced an enforcement strategy for the public health orders, involving pre-set fines for individuals and businesses who fail to adhere to public health orders. Fines for individuals breaching the emergency orders was set at CA\$486 and at CA\$2,542 for businesses breaching the orders (Manitoba, 2020bk). The premier described the enforcement approach as a multi-tiered, involving public education, written warnings, and enforcement through ticketing or arrest (Manitoba, 2020bk). In Winnipeg, the city Community Service Ambassadors would provide public education and awareness (Manitoba, 2020bk). The Community Service Ambassadors program was launched on April 11 and involves Community Services Department employees who have been redeployed to city-owned parks and open spaces to ensure adherence to physical distancing orders (Winnipeg, 2020). Where needed, the Community Service Ambassadors would be supported by bylaw officers and the Winnipeg Police Service (Manitoba, 2020bk). The City of Winnipeg and Manitoba Justice also partnered to create enforcement units, 'Operation Safe Apart', dedicated to enforcing public health orders, providing education, and responding to complaints and supporting bylaw enforcement officers (Manitoba, 2020bk). For municipalities outside of Winnipeg, enforcement measures involving public health officers and local police services (e.g. First Nation police services, Royal Canadian Mounted Police (RCMP), municipal bylaw officers, community and First Nation safety officers, community volunteer groups, community police services) were being planned and adopted (Manitoba, 2020bk).

On May 14, the provincial government enacted the Additional Enforcement Personnel Regulation under the Public Health Act to provide authority to government officials to enforce public health emergency orders and emergency health hazard orders (Manitoba, 2020cd). Officials with designated authority include (Manitoba, 2020cd):

- safety and health officers with *The Workplace Safety and Health Act*;
- inspectors with *The Liquor Gaming and Cannabis Control Act*;
- public health officers appointed under *The Public Health Act*;
- park patrol officers under the *Provincial Parks Act*;
- public health officers with Manitoba Agriculture and Resource Development including food safety inspectors, animal health inspectors and animal protection officers; and
- provincial park patrol officers (for public travel, social distancing and gathering size)

Officials who already had the ability to enforce the orders include (Manitoba, 2020cd):

- Manitoba Conservation officers;
- RCMP, Winnipeg Police Service, Brandon Police Service and other municipal police agencies;
- community safety officers
- First Nations safety officers; and
- bylaw enforcement officers

The provincial government also enacted Operation Safe Apart which allows for recruitment of volunteers to assist with public awareness and education of public health orders and refer to formal enforcement if necessary (Manitoba, 2020cd). Organizations that could undertake these efforts include City of Winnipeg community safety ambassadors, Citizens on Patrol, and the Bear Clan (Manitoba, 2020cd).

1.3 Isolation and quarantine

The provincial government initially released isolation and quarantine advice in February, focusing on returning travellers from Wuhan and Hubei, China. By late March, advice was provided for all travellers, including those returning from domestic travel. On February 7, the provincial government began sharing recommendations from PHAC, that travellers who had been to the province of Hubei, China including the city of Wuhan, should self-isolate for 14 days upon arrival in Canada. Individuals who returned from travel in the rest of mainland China were also asked to self-monitor for 14 days upon arrival in Canada. Information about self-isolating was also shared, individuals who are self-isolating were asked to limit contact with others such as those with chronic conditions, compromised immune systems and senior citizens; avoid visitors to their home; avoid social gatherings, work, school, day care, healthcare facilities, and seniors residences; avoid taking public transit, taxis, and ride sharing; wash hands frequently with soap and warm water for at least 15 to 20 seconds; and cover mouth and nose with an arm when coughing or sneezing (Manitoba, 2020l). On February 13, a link to a factsheet from the province on self-isolation was provided as a resource for those who may have had potential exposure to the COVID-19 (Manitoba, 2020m).

On February 27, contacts of confirmed or probable cases of COVID-19 or laboratory workers exposed during work were also advised to self-isolate for 14 days since their last known contact/exposure. All individuals returning from international travel were also asked to self-monitor for symptoms of COVID-19 for 14 days upon arrival in Canada. Individuals who were symptomatic for whom testing was not recommended were asked to self-isolate until well (Manitoba, 2020n).

On March 5, travellers arriving from Iran were also asked to self-isolate for 14 days upon arrival in Canada (Manitoba, 2020p). On March 12, travellers arriving from Italy were also asked to self-isolate for 14 days upon arrival in Canada.

On March 14, healthcare providers were strongly advised to cancel or postpone all non-essential travel outside of Manitoba. Staff were also asked to be prepared to self-isolate for 14 days if they chose to travel internationally, including the United States (Manitoba, 2020u).

On March 15, all Manitobans, including healthcare providers, were strongly advised to cancel or postpone any non-essential international travel. It was also recommended that all international travellers should self-isolate and self-monitor for symptoms for 14 days upon arrival in Canada (Manitoba, 2020v). On March 16, healthcare providers and staff were required to self-identify to occupational health services at their organization if they had returned from international travel (Manitoba, 2020w).

On March 16, transportation industry partners were asked to ensure that companies were aware of considerations for cross-border travel. Drivers were not mandated to self-isolate after crossing the border, however companies were asked to ensure drivers were not exhibiting respiratory symptoms before crossing the border, and if so, to undertake the necessary precautions if they did (e.g. calling Health Links, self-isolating) (Manitoba, 2020w).

Effective March 23, all Manitobans were strongly recommended to cancel or postpone all non-essential travel, including international and domestic travel. Individuals returning from either international or domestic travel were recommended to self-isolate and self-monitor for symptoms for 14 days upon

return. The recommendation was not applicable to those involved in commercial transportation of goods and services; workers, including healthcare workers who live in neighbouring jurisdictions, who travel to Manitoba for work; and personal travel to border communities including visits to cottages (Manitoba, 2020aj).

On June 26, the provincial government eased isolation requirements for some travelers (Manitoba, 2020cn):

- removed requirements for people coming to Manitoba to work on film productions to self-isolate for 14 days before entering the province; and
- clarified that only Manitoba professional sports teams were exempt from self-isolation requirements and Manitoba sports teams are no longer required to self-isolate for 14 days before returning to Manitoba.

1.4 Monitoring and surveillance

On January 28, the provincial government recommended that those with recent travel to Wuhan, China or contact with a recent traveller with symptoms such as cough, fever, sore throat, runny nose, headache, shortness of breath and breathing difficulties should contact their healthcare provider or Health Links (Manitoba, 2020j). On January 31, this advice was updated to include recent travel to Wuhan as well as the province of Hubei in China (Manitoba, 2020k). The provincial government also reported that patients seeking care at healthcare facilities for fever or respiratory symptoms with a travel history in the preceding 14 days to Wuhan, China or with close contact to an individual who was ill and travelled to that region were assessed for coronavirus. Paramedics and 911 operators were directed to ask about a patient's travel history if respiratory, fever or flu-like symptoms were identified (Manitoba, 2020j).

On March 13, Health Links capacity was also increased, with staff levels being doubled by redeploying and training staff from other areas. Caller options were also streamlined to ensure a dedicated COVID-19 number, and scripts were shortened to reduce length of calls once answered (Manitoba, 2020s). On March 14, technical improvements to Health Links was announced, so that the service could handle more than 100 callers simultaneously, which was approximately triple its usual capacity. Staffing numbers were also continuing to increase (Manitoba, 2020u). On March 17, interactive voice response systems were implemented in Health Links to allow screening questions to be conducted before connecting to operators, which would reduce call lengths (Manitoba, 2020y). On March 20, additional phone lines, and staff were deployed to assist with higher call volume (Manitoba, 2020ae).

Contact tracing and management depends on determined risk level. Risk levels include high, medium, and low, with active monitoring and self-isolation measures required for individuals deemed high risk (Shared Health, 2020d). These measures are consistent with those outlined by PHAC. Individuals with high risk include those with close contact with a case without consistent or appropriate use of recommended PPE, had direct contact with infectious body fluids of a case without appropriate use of recommended PPE, and airplane crew and passengers seated within 2 metres of symptomatic case. Medium risk individuals were those who provided direct care for the case, or with close physical contact and used consistent and appropriate PPE or who live or had prolonged contact with a case but was not within 2 metres of the case. Medium risk individuals were required to self-monitor for symptoms for 14 days, self-isolate should symptoms develop, and avoid close contact with individuals at higher risk of severe illness. Low risk was

considered those with transient interactions with a case or as a result of community transmission. Low risk individuals were to follow general population guidance. Identification and assessment of contacts of cases begins following results of laboratory testing or sooner if results are not expected within 48 hours. Asymptomatic contacts were to be referred for immediate investigation and managed as suspect cases (Shared Health, 2020d).

On April 29, Manitoba government released summaries of models developed to inform the planning for the COVID-19 pandemic in Manitoba. The model demonstrated the following (Manitoba, 2020by):

- Routine public health measures (e.g. case interviews, contact tracing) without physical distancing or travel restrictions may have resulted in 933 cases by April 25 and over 2 000 cases by mid-May. On April 25, the number of cases was 267.
- With the current public health measures, Manitoba may expect approximately 6 250 cases.
- The provincial healthcare system has 2 432 acute care medical and surgical hospital beds. On April 26, 977 beds were vacant and available for COVID-19 patients, considered a 40 % vacancy rate and within hospital capacity.
- The provincial healthcare system has 86 adult intensive care hospital beds. On April 22, 29 beds were vacant and available for COVID-19 patients, a 34 % vacancy rate and considered within intensive care capacity.

1.5 Testing

The first tests for COVID-19 in the province were performed just before January 28 (Manitoba, 2020j). The first 2 cases were identified on March 12 (Manitoba, 2020r). Beginning March 12, all respiratory specimens submitted to the provincial lab were tested for COVID-19, even if COVID-19 testing was not ordered by the healthcare provider (Manitoba, 2020r). On March 14, it was reported that testing capacity for COVID-19 was increased to 500 tests per day (Manitoba, 2020u). Measures were being put in place at Cadham Provincial Laboratory to ensure results were available within 24 to 48 hours (Manitoba, 2020u).

Testing criteria were initially for people with symptoms who travelled outside Manitoba in the previous 14 days, close contacts of a confirmed case, healthcare workers, all patients with respiratory symptoms who were admitted to hospitals, lab workers working with COVID-19 tests, first responders and individuals who live and work in the north, remote or isolated communities or congregate settings. On April 16, testing criteria was expanded to include all symptomatic workers or volunteers at workplaces identified as essential services; and any symptomatic individuals living with a healthcare worker, first responder or worker in a congregate setting (e.g. correctional facilities, shelters, LTC or residential facilities) (Manitoba, 2020bp). By April 28, testing criteria was expanded to any individual with symptoms of COVID-19 to be tested, and testing capacity was increased to over 1 000 tests per day. The provincial government announced partnerships with Dynacare, a medical laboratory services company based in Ontario, Canada, to expand total capacity to up to 3 000 tests per day by the end of the summer (Manitoba, 2020bx). Furthermore, Dynacare would work with the province to establish a second COVID-19 testing laboratory in Winnipeg (Manitoba, 2020bx). Shared Health's diagnostic services was also supporting the province's enhanced testing capacity, by performing COVID-19 testing for patients coming into HSC Winnipeg for surgery and by producing viral medium to transport testing swabs to laboratories (Manitoba, 2020bx). On May 22, sentinel surveillance testing for COVID-19 began. Individuals presenting for non-COVID-19 related care and clients in healthcare settings would be offered voluntary asymptomatic testing (Manitoba,

2020cg). Individuals who were directed by Health Links to be tested for COVID-19 were asked to visit community screening locations, set up in existing community or primary healthcare clinics or community facilities (e.g. gyms, schools) for individuals to obtain testing for COVID-19. Starting with 2 community screening and testing locations on March 12, the provincial government expanded to 17 community screening and testing locations, 9 of which were drive-thru locations.

The first two community screening and testing locations were set up at Access Winnipeg West and Access Fort Garry primary health care clinics in Winnipeg, Manitoba (Manitoba, 2020r). Screening and testing at the community screening locations would occur on weekdays between the 9am and 7pm and on weekends until 4pm, any screening required after hours was directed to urgent care sites and emergency departments (Manitoba, 2020r). On March 13, two additional screening sites opened at the community health centre, Mount Carmel Clinic, and the primary health care clinic, Access Transcona, both in Winnipeg, Manitoba. Individuals were discouraged from visiting screening locations without a referral to reduce walk-in traffic (Manitoba, 2020s). On March 14, HSC Winnipeg opened a testing clinic for low-acuity patients in the William Avenue mall, where testing for COVID-19 and influenza could occur (Manitoba, 2020u). On March 17, additional testing sites were opened at Channing Auditorium in Flin Flon, Guy Hall in The Pas, and in Nurses Residence Gymnasium at Brandon Regional Health Centre (Manitoba, 2020y, 2020z). On March 18, Manitoba's first drive-thru testing site opened in Selkirk, providing screening, registration, and testing if needed, as well as advice while awaiting testing results, without individuals leaving vehicles (Manitoba, 2020ab). On March 20, a new community testing site opened in Steinbach, operating as a drive-thru (Manitoba, 2020ae). On March 21, a third new community screening drive-thru site was opened in south Winnipeg at the Manitoba Public Insurance Bison Drive Service Centre (Manitoba, 2020ah). On March 25, a fourth new community screening drive-thru site was opened at Winkler Centennial Arena (Manitoba, 2020ak). On March 27, two additional drive-thru community testing sites opened at Eriksdale Wellness Centre and in Portage la Prairie at the Stride Centre (Manitoba, 2020ap). A fifteenth community testing site was opened on March 30 in Pine Falls and a seventh drive-thru testing centre was opened, in Dauphin. A second drive-thru community testing centre was opened in Winnipeg on April 3 (Manitoba, 2020aw). On April 14, the community testing centre in Brandon, Manitoba was moved to a drive-thru location (Manitoba, 2020bm). On May 1, Manitoba's ninth new drive-thru community testing centre and sixteenth community testing centre opened in Swan River, at the Manitoba Public Insurance facility (Manitoba, 2020ca, 2020ce). On May 19, the Thunderbird House opened as a new community testing site, with the aim of serving individuals experiencing homelessness or using shelters, along with a mobile service for clients with limited mobility (Manitoba, 2020ca, 2020ce)

Beginning in April, changes and closures began in community testing sites:

- On April 8, Access Winnipeg West primary care clinic was no longer a designated community testing site for COVID-19 and resumed primary care and community health services (Manitoba, 2020bf).
- On May 14, a referral from Health Links or a family physician was no longer required to attend a community site for COVID-19 testing (Manitoba, 2020cc).

On June 9, community testing sites at Sergeant Tommy Prince Place and Manitoba Public Insurance Service Centre permanently closed (Manitoba, 2020cj).

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

Preparations and measures to ensure physical infrastructure were focused on ensuring availability of acute and primary care facilities, PPE for healthcare facilities, medical equipment, and pharmaceuticals.

Facilities

On March 19, preparations to ensure acute care facility availability in the event of COVID-19 patients requiring admissions began (Manitoba, 2020ac). At HSC Winnipeg, a medicine unit was relocated to allow a 30-bed isolation unit to be created in the hospital (Manitoba, 2020ac).

On April 7, the provincial government announced that assessment clinics for patients who tested positive for COVID-19 were being established (Manitoba, 2020bc). The clinics provide primary care services on an appointment-only basis for individuals who tested positive for COVID-19 or with respiratory symptoms (e.g. fever, cough, sore throat or shortness of breath) (Manitoba, 2020bc). The first centre opened on April 8 in Winnipeg at the St. James Assiniboia Centennial Pool and Fitness Centre (Manitoba, 2020bc). On April 15, a second Community COVID-19 Testing Site and Assessment Clinic was opened in Winnipeg at Sergeant Tommy Prince Place, taking over testing responsibilities from Mount Carmel Clinic (Manitoba, 2020bo). Mount Carmel Clinic resumed regular primary care services to the community (Manitoba, 2020bo).

Equipment

On March 19, the provincial government reported that 27 ventilators had arrived to be distributed across the province and another 16 were ordered and to be delivered (Manitoba, 2020ac). The total number of ventilators in the province was at 266 on March 19 (Manitoba, 2020ac).

On March 25, the provincial government announced an initiative for businesses and manufacturers to donate, collect, and manufacture products and supplies such as ventilators, masks, and nasopharyngeal swabs (Manitoba, 2020al). The initiative involves an online portal for businesses (www.manitoba.ca/covid19supplies) to assist with supplying and manufacturing essential products and removing barriers to allow them to redeploy capacity towards production of essential equipment (Manitoba, 2020al). Products that businesses could supply include N95 respirators, surgical/procedure masks, nitrile gloves, vinyl gloves, nasopharyngeal swabs, specific types of reagents for lab work, gowns, hand sanitizer, cleaning supplies, and disinfecting supplies (Manitoba, 2020al).

On March 31, the provincial government announced it was accepting donations from the public for N95 respirators of various models and sizes; surgical/procedure masks; gloves; disposable gowns; and disinfectants and cleaners. Information about donating a contact information was also provided (Manitoba, 2020at): <https://sharedhealthmb.ca/covid19/supply-donations/>. By April 3, the call for donations resulted in donations of 2 570 N95 masks, 3 110 surgical and procedure masks, 9 300 gloves and 202 bottles of sanitizer (Manitoba, 2020az).

On April 7, the Manitoba government issued a second call for businesses and individuals to contact the provincial government if they were able to support by providing products and services (Manitoba, 2020bd). The government specifically requested assistance from the garment industry for sourcing medical gowns, suits and other products that require sewing (Manitoba, 2020bd).

On April 8, the Manitoba government issued a special request for nitrile and vinyl gloves, especially looking to purchase gloves and medical supplies from the health and wellness industry (Manitoba, 2020bg). Dentist offices, salons, therapy clinics and other groups no longer using PPE were asked to contact the provincial government immediately (Manitoba, 2020bg).

On April 9, the Manitoba government issued another procurement request, adding medical swabs, non-medical cotton gloves, and non-medical cotton gowns to the list of supplies requested from individuals and businesses (Manitoba, 2020bh).

On April 20, the provincial government renewed its request for medical gloves and masks, urgently requesting nitrile and vinyl gloves, N95 masks, and testing swabs. The Manitoba-based company, MWG Apparel Corp had also partnered with the government to retool production lines to supply up to 200 000 Level 1 isolation gowns. Other businesses able to provide supplies or able to retool production lines were asked to register their interest at the online portal (Manitoba, 2020bs).

On April 24, as part of the national effort of sharing medical equipment, the provincial government agreed to divert 100 vital sign monitors to Mount Sinai Hospital in Toronto, Ontario and to Jewish General Hospital in Montreal, Quebec (Manitoba, 2020bw).

2.2 Workforce

On March 17, it was announced that dedicated childcare options would be created for frontline and essential services staff. Parents who would be providing frontline healthcare or were members of fire, police or paramedic services and unable to find alternative childcare while services were suspended were provided with contact information to identify alternatives (Manitoba, 2020y). On March 20, new funding and a plan was implemented to support childcare for essential workers. A portion of funding was dedicated to licensed childcare centres to provide care for up to 16 children at a time, with first priority being for children of healthcare and other essential workers (Manitoba, 2020ag). Requests for licensed childcare services began to be accepted on April 2 via online form (Manitoba, 2020ax).

On April 9, the chief provincial public health officer reported distributing a practice guideline for hygiene and infection prevention protocols for childcare centres (Manitoba, 2020bj). The provincial government also reported providing childcare providers with additional supplies and equipment to prevent transmission (Manitoba, 2020bj). Effective April 14, parents who work in critical services as defined by the

chief provincial public health officer, were eligible to access child-care spaces in licensed facilities (Manitoba, 2020bj). This service is available for support staff at hospitals and clinics, grocery store staff, farmers and farm workers, construction workers, bank or credit union employees (Manitoba, 2020bj).

On March 18, twenty students from the University of Manitoba had been added to support occupational health services as they screen and respond to inquiries from staff and physicians returning from travel (Manitoba, 2020aa). Staff and physicians with international travel history are required to contact occupational health services (OHS) immediately upon return, to determine return to work based on individuals who are operationally required; the type of work, including exposure to high-risk patients; and circumstances of travel. Staff and physicians operationally required were to have no or limited contact with patients, wear PPE at all times during shifts, and self-monitor for symptoms including twice per day temperature monitoring (Manitoba, 2020aa).

On April 30, public health orders restricting staff from working in more than one licensed personal care home were signed to take effect on May 1 (Manitoba, 2020bz).

Resources for healthcare providers are provided on the Shared Health website: <https://sharedhealthmb.ca/covid19/providers/>. The website provides guidelines, training modules, and frameworks related to COVID-19 that are updated daily. The resources include:

- PPE management and stewardship planning and guiding framework
- Enhanced droplet/contact PPE audit tools
- PPE requirements for each setting including acute and sub-acute care; shelters and hotels; administrative and reception; community shelters; crisis response services; emergency response services; in-facility patient transport; in-home care; in-patient and out-patient settings; LTC; non-direct patient care; testing sites; municipal policing agencies; and visitors and staff screening
- Guidelines for donning and removing PPE
- Emergency department and urgent care COVID-19 algorithms
- Specialty specific guidelines for procedures, PPE, aerosol generating medical procedures; risk stratification; virtual care; drug administration; and screening and testing

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 16, new payment options were implemented to offer virtual visits and virtual care psychotherapy options, including videoconferencing, to supplement traditional models of care (Manitoba, 2020w). On March 17, MHSAL in-person registration and client services were closed to the public, with services for registering for health coverage and pharmacare benefits available over email, phone, fax, and mail (Manitoba, 2020y).

On March 16, patients were advised that surgeries would be postponed if their surgeon found that the procedure could be delayed for three months or more without any significant impacts on health. These cancellations were of particular importance for patients over the age of 70 years, patients with significant underlying health conditions, and patients who are immunocompromised (Manitoba, 2020x).

On March 17, it was recommended that adult day programs and other programming in long term care or personal care facilities should be suspended. Other day programs could continue as long as they comply with social distancing recommendations, screening, and do not exceed 50 people (Manitoba, 2020z).

On March 18, CancerCare Manitoba suspended breast cancer screening services for two weeks. Hemodialysis patients were advised to continue attending dialysis treatments, with hospitals and dialysis units implementing measures to ensure safety of patients (Manitoba, 2020ab).

On March 20, surgery programs across the province suspended elective surgical procedures beginning March 23. CancerCare Manitoba consolidated cancer clinics to one location out of Victoria General Hospital Cancer Clinic, visits that could be completed virtually or by phone were to continue to be managed that way (Manitoba, 2020ae).

On March 27, the province announced a partnership with Morneau Shepell to launch an internet-based Cognitive Behavioural Therapy (CBT) program free of charge to individuals 16 years or older (Manitoba, 2020ap). The program is guided by professional therapists and addresses anxiety symptoms related to the pandemic including uncertainty, physical isolation, caring for family and community members, information overload and stress management. On April 16, the bilingual program, named AbilitiCBT, became available via registration online (Manitoba, 2020bq): <https://myicbt.com/home>. Once registered, individuals download the mobile application, complete and submit a health-screening questionnaire, and complete an initial assessment with a therapist via phone. The app involves 10 self-paced modules with progress monitoring and scheduled virtual (phone, chat, video call) check-ins by the therapist (Manitoba, 2020bq).

In addition, lists of mental health organizations already providing support via phone, text or video are provided on the following government websites (Manitoba, 2020aq):

- www.gov.mb.ca/health/mh/crisis.html;
- www.gov.mb.ca/health/mh/addictions/index.html

Beginning April 4, isolation centres began to be established for those requiring additional support during self-isolation. The first centre opened in a Winnipeg hotel, and was accepting individuals who may have been exposed or who tested positive for COVID-19 (Manitoba, 2020ba). The site was designated for individuals experiencing homelessness who tested positive or suspected to have COVID-19. The site includes 39 units and requires clients to access them via referral from shelter sites, testing sites or care providers within the health system (Manitoba, 2020bl).

3.2 Managing cases

The first point of contact for cases is Health Links and/or healthcare providers. Following screening for testing criteria (see section 1.5 for testing criteria) individuals are referred to community screening and testing locations for testing or are tested at hospitals. Decisions regarding management of cases at home

or in the hospital are up to the treating physician's discretion. Guidelines for acute and community care management of cases do not specify treatments for COVID-19. According to Shared Health guidelines for clinical management of cases, suspect, probable, and confirmed cases are recommended to be managed at home, provided that severity of illness is deemed mild; there is a suitable home care environment for isolation; cases are able to be cohorted in co-living settings; access to supplies and necessities is adequate; risk to others in the home can be minimized or managed; access to care is available for children or those requiring assistance; and psychosocial impacts may be minimized (Shared Health, 2020d).

According to Shared Health, exposure criteria was defined as at least one of the following occurring in the 14 days preceding illness in the individual, travel to an affected area (including within Canada); participated in a mass gathering identified as a source of exposure; close contact with a person with acute respiratory illness who has been to an affected area; or laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19 (Shared Health, 2020d). Additional exposure factors are recommended to be considered, including being in the same ward or facility as a nosocomial outbreak of COVID-19. Close contact was defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or having close physical contact with or living with or prolonged close contact with a probably or confirmed case while the case was ill. The surveillance case definitions are listed and described below, current as of April 11 (Shared Health, 2020d):

- Suspect cases are defined as individuals with two or more of the following symptoms: fever, cough (new or exacerbated), sore throat, runny nose, headache, and meeting exposure criteria or having close contact with a probable case.
- Probable cases are defined as:
 - a) individuals with a fever (greater than 38 degrees Celsius) and/or a new onset of (or exacerbation of chronic) cough or difficulty breathing and meeting exposure criteria and for whom laboratory diagnosis of COVID-19 was inconclusive (a positive test on a single real-time PCR target or a positive test with an assay that has limited performance data available); OR
 - b) untested individuals with fever, cough, and close contact with a confirmed case of COVID-19 or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g. LTC facility, correctional facility)

Confirmed cases are individuals with laboratory confirmation of infection with the virus that causes COVID-19, performed at a community, hospital, or reference laboratory running a validated assay. This consists of detecting at least one specific gene target by the nucleic acid amplification test (NAAT) assay.

3.3 Maintaining essential services

On March 15, it was reported that CancerCare Manitoba would be asking patients with upcoming appointments or tests to call ahead. Cancer patients with appointments and tests were to be rescheduled if not urgent or if patients were not being actively treated for the disease. Patients with kidney disease who were well were to proceed as usual with dialysis treatments. Patients with cold or flu-like symptoms who had returned from international travel in the last 14 days were asked to call Health Links for an initial assessment and to call their renal unit before leaving for dialysis treatments or clinic visits to ensure staff could prepare and ensure risk of exposing others around them is reduced (Manitoba, 2020v).

Effective March 20, prescription renewals were limited to a 30-day supply, to ensure access to medication and prevent stockpiling (Manitoba, 2020ae). On May 11, this supply limit on prescription drugs was lifted to allow individuals with prescriptions for long-term medications the ability fill up to a three-month supply, provided the drug is not affected by shortages (Manitoba, 2020cb).

On March 19, agencies offering day programs for adults with intellectual disabilities were asked to limit the services to individuals who live with family members who could lose a job if day services were not provided; are supported by home share providers who cannot provide care during daytime hours and where other arrangements are not possible; and cannot be safely supported in their residence during daytime hours (Manitoba, 2020ac).

On March 21, individuals were reminded to continue contacting healthcare providers for regular medical care, including routine childhood immunizations (Manitoba, 2020ai). On April 7, the reminder was also issued for those with chronic medical conditions, reminding them that community health offices, virtual care (e.g. phone and video) options, as well as in-person appointments and walk-in services were available (Manitoba, 2020bc).

Beginning March 23, healthcare providers involved in home and community visits were required to conduct screening ahead of normal appointments over the phone or at an appropriate social distance (e.g. two metres or six feet) before entry into homes. Screening would help identify potential exposure to COVID-19 and whether services may be postponed or offered over the phone if possible. Visits that must be conducted in person as scheduled would require healthcare providers to use appropriate PPE and follow hand hygiene protocols (Manitoba, 2020aj).

Additional services that were postponed include non-essential and routine diagnostic testing, laboratory, imaging, and non-invasive cardiac services. Testing and procedures deemed urgent and required for immediate care management would continue with appropriate screening and precautions in place (Manitoba, 2020ak).

Beginning April 24, facilities across the province were to increase their surgical activity, scheduling most urgent cases first while maintaining necessary precautions including point of care testing, PPE, and limiting numbers of staff in the room (Manitoba, 2020bw). Facilities that would increase surgical activity included Health Sciences Centre, Pan Am Clinic, Concordia Hospital, Misericordia Health Centre, Grace Hospital, St Boniface Hospital, Victoria General Hospital, Boundary Trails Health Centre, Selkirk Regional Health Centre, and Brandon General Hospital (Manitoba, 2020bw).

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 Province of Manitoba has announced several instances of health care expenditure throughout the COVID-19 crisis. On March 10, 2020, the province announced it was investing CA\$35.2 million and working with PHAC to secure PPE for the province (Manitoba, 2020q). On April 3, CA\$100 million was announced to secure medical equipment for the province in preparation of high COVID-19 hospital admissions, and to quickly secure hotel space for essential health care workers who need to self-isolate (Manitoba, 2020ay). On April 15 the province announced CA\$1 billion in spending power for COVID-19 related needs (Manitoba, 2020bn). Of this, CA\$500 million is to be given to the province’s Health Services Insurance Fund to directly cover health care costs incurred by provincial insurance (Manitoba, 2020bn). This CA\$1 billion also included a CA\$100 million emergency fund that would be used for securing additional PPE and medical equipment. This emergency fund was later quadrupled with a further investment of CA\$300 million by the province on April 17 (Manitoba, 2020br). This total of CA\$400 million is to be used for securing PPE, preparing to adapt to overflow needs of hospitals, developing hotel capacity for health workers who need to isolate, supporting Manitoban production of gowns and scrubs, providing a new online mental health support service, and opening additional COVID-19 testing sites across the province, among others. Additionally, on April 8, a CA\$5 million funding pool for in-Manitoba COVID-19 research was established through Research Manitoba (Manitoba, 2020be).

While not much information is provided concerning where this funding is coming from or what kinds of measures the province will need to take to recuperate costs, Premier Brian Pallister said in a press conference asking for additional federal support that the province had previously established a “rainy day fund” totalling close to CA\$1 billion that they were drawing from during this emergency (Manitoba, 2020am).

Additionally, as compensation for the at-risk work healthcare workers are providing during this pandemic, the province established a CA\$120 million Risk Recognition program on June 2. Essential workers who worked during the COVID-19 crisis, in health care or other sectors, can apply for a one-time payment. The amount of this payment will be calculated by the provincial government after applications to this program close, based on the number of eligible applications submitted (Manitoba, 2020ch).

4.2 Entitlement and coverage

Manitobans have provincial health insurance through the Manitoba Health Services Insurance Plan (MHSIP), managed by the MHSAL (Manitoba Health, 2020). To be eligible for enrollment in this plan, an individual must be a Canadian citizen who resides in Manitoba at least 6 months of the year. Coverage

begins the first day of the third month for new arrivals into Manitoba. Individuals on a work permit lasting longer than 12 months are eligible for coverage but students and people on a student visa are not. Importantly in-person registration for health insurance is no longer offered under COVID-19 due to closures of offices, but mail and phone registration is still available (Manitoba Health, 2020).

The MHSIP covers any medically necessary diagnostics or treatment by a physician in the province. Therefore, all COVID-19 testing and treatment is covered for those who are enrolled in the provincial plan (Manitoba Health, 2020). In addition, as of June 2 2020, coverage for COVID-19 testing was broadened to provide testing free of charge to anyone in the province who requires it, and some asymptomatic groups are being offered free testing to increase sentinel surveillance of the virus (Manitoba, 2020a). A Manitoba health card number is required to collect test results for COVID-19 online, but those without a health insurance card can phone a hotline to get these results during regular business hours (Shared Health, 2020a). Individuals whose test results are positive are contacted directly by public health for contact tracing (Shared Health, 2020a). Individuals who require in-hospital treatment for COVID-19 and who are not enrolled in the provincial health insurance plan are billed directly by the hospital.

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 Governance Structure

The Manitoba Department of Health, Seniors and Active Living (MHSAL) is responsible for broad systems planning and the development of health policy, as well as funding and oversight of the Manitoban health system. There are five Regional Health Authorities in Manitoba, each led by a medical health officer, and they are responsible for the delivery of health services in their regions (Shared Health, 2020b). Surveillance of communicable diseases in Manitoba is conducted by the Epidemiology and Surveillance Unit, a part of the Public Health Branch of the MHSAL. This unit is led by the Chief Provincial Public Health Officer, and is responsible for informing public health action as needed, as mandated by the *Public Health Act* (discussed below). To facilitate coordination between the MHSAL and Regional Health Authorities, Shared Health was established in 2018. Its mandate and responsibilities are still evolving with the needs of the province; however, their main role is in collaborating with regional health authorities, service delivery organizations and other stakeholders to ensure that Manitobans get effective health care close to home (Shared Health, 2020b). Shared Health also oversees provincial laboratories that conduct COVID-19 testing across all health regions. Positive test results are reported to the Infection Prevention and Control branch of Public Health, who then liaise with PHAC on a federal level. Infection Prevention and Control is also responsible for communicating with the public about prevention measures and testing, and have put out pamphlets, infographics and other educational materials for Manitobans concerning COVID-19 (Shared Health, 2020c). As medical licensing is under federal jurisdiction, no additional legislation has been put in place in Manitoba concerning the licensing of medical devices, test kits or COVID-19 treatments.

Prior to the pandemic, several pieces of legislation were already in place in Manitoba to help govern responses to such disasters. First, the Manitoba *Emergency Measures Act*, enacted in 1987, establishes an Emergency Measures Organization (EMO), which functions as a branch of the department of Emergency Management and Public Safety and is overseen by the Minister of Infrastructure (Manitoba Justice, 1987). The EMO is responsible for maintaining disaster assistance policies such as the Manitoba Emergency Plan. According to the *Emergency Measures Act*, the EMO is also responsible for liaising with local authorities, government departments, the Government of Canada and the private sector to oversee and coordinate all aspects of emergency preparedness in the province. The EMO is also responsible for coordinating the response of all departments to a major emergency or disaster. In addition, the EMO is responsible for coordinating disaster assistance for anyone financially impacted by a disaster (Manitoba Justice, 1987).

The *Emergency Measures Act* defines an emergency as any present or imminent situation or condition that requires prompt action to prevent loss of life, harm to the safety, health and welfare of people or damage to property or environment (Manitoba Justice, 1987). As such, the COVID-19 pandemic constitutes an emergency under this Act; the Act allows the relevant minister to declare a state of emergency for all or part of the province. This declaration must describe the emergency, state to which areas of the province the declaration applies and must state its duration, up to a maximum of 30 days (Manitoba Justice, 1987).

The Manitoba Emergency Plan, established and maintained by the EMO, was last updated in April 2018 and is guided by the federal/provincial/territorial Emergency Management Framework for Canada¹ (EMO, 2018). It differentiates a routine emergency, which can be handled by first responders, from a major emergency (larger in scale) and a disaster (larger in both scale and scope) (EMO, 2018). A disaster therefore requires the assistance of the Province of Manitoba, through the EMO. This Plan is an all-hazards coordination plan for an all of government response to any kind of disaster, regardless of the cause. Carrying out this plan when an emergency or disaster is identified is the responsibility of the Minister who is responsible for the *Emergency Measures Act*, currently the Minister of Infrastructure (EMO, 2018).

As per the Manitoba Emergency Plan, every department is responsible for developing its own emergency management program, which identifies the essential services to be provided by that department, the resources required by that department to ensure provision of these essential services, a summary of the risks and hazards of providing the services and a plan for ensuring essential services continue to be provided during times of emergency or disaster (EMO, 2018). Each department must submit a copy of their plan to the EMO. The Plan also includes details regarding receiving assistance from Non-Governmental Organizations (NGOs) in times of disaster. Prior to COVID-19, the Plan included specific emergency plans for pandemic influenza and avian influenza (EMO, 2018).

Finally, the *Public Health Act*, enacted in April 2009, grants the power to a medical officer to make an emergency health hazard order if he or she believes that a hazard exists and represents a serious threat to public health if no immediate action is taken (Manitoba Justice, 2009). In this instance a medical officer refers to either one who leads a specific Regional Health Authority, or the Chief Provincial Public Health Officer if the emergency health hazard concerns the entire province. The Act describes the duty that

¹ The federal/provincial/territorial document titled *An Emergency Management Framework for Canada* is available [here](#).

health professionals and laboratory technicians have to report certain communicable diseases. The Act gives medical officers the power to require or prohibit the doing of anything that may contribute to disease spread through an order (Manitoba Justice, 2009). This can include submitting to a medical exam or medical testing, receiving treatment if the medical officer believes the person to be infected, require immunization, and order the conducting of oneself in a manner that limits disease spread, including isolation and quarantine measures. Individuals can be detained under the *Public Health Act*. It also gives medical officers the power to enact orders to physicians to comply with treatment protocols, minimize transmission risk in hospitals, improve infection control practices and conduct medical examinations in schools, daycares, hospitals, or personal care homes (Manitoba Justice, 2009).

5.2 Measures Taken

On March 20, 2020, the Province of Manitoba declared a State of Emergency under the *Emergency Measures Act* due to COVID-19 (Manitoba, 2020cl). This Declaration was extended on April 20, and again on May 17 (Manitoba, 2020cl). In addition, several Orders were issued by the Chief Public Health Officer under the *Public Health Act* on March 20, 27, 30, April 13, and 16. These Orders progressively restricted gatherings and closed businesses (see section 1.2).

On March 30, under the *Regulated Health Professions Act*, an order was put forth permitting nurses that retired less than 5 years ago to return to work to aid with the pandemic (Manitoba, 2020ar).

On April 16, a self-isolation order was issued, establishing the requirement to self-isolate for 14 days when entering Manitoba, with the exception of essential errands and health care appointments (Minister of Health, 2020b). In addition, this Order also prohibits travel to Northern Manitoban communities that are not connected to the rest of the province via highway unless those travelling are health care providers, government workers, individuals returning to their home, people travelling north for legal proceedings or those providing an essential service (Minister of Health, 2020a) (see Section 1.3). Following the renewal of all Orders on April 20 2020, any additional order pertains to re-opening the Province, described below.

5.3 Re-Opening Strategy

Manitoba announced its phased reopening of the province on April 20, 2020 (Manitoba, 2020e), and Phase 1 started on May 4 (Manitoba, 2020h, p. 1). Exit planning is reliant on epidemiological data, advice from the Chief Provincial Public Health Officer and input from stakeholders, who are not directly named (Manitoba, 2020e). With Phase 1, priority elective surgeries were restarted, diagnostic screening resumed and some non-essential businesses were permitted to open. Public gatherings continued to be restricted to 10 people. Therapeutic massages and acupuncture services were permitted to be offered as long as places of businesses limited occupancy to 50% and ensured persons were at 2 metres of distance from each other unless receiving a service. In addition, logs of appointments were required to be kept for 21 days to facilitate contact tracing. Other businesses were permitted to open: restaurants with a patio, retail services, hair stylists and barbers, museums and art galleries, drive-in movie theaters, golf courses, play grounds, outdoor tennis courts, camp grounds and summer day camps were all permitted to resume businesses but were all restricted to 50% occupancy and required to maintain a distance of 2 metres between patrons (Manitoba, 2020h, p. 1).

The province moved to Phase 2 on May 22, 2020 (Manitoba, 2020f, p. 2). With this phase, individuals were permitted to gather in groups of 25 people indoors and 50 people outdoors, as long as a physical distance of 2 metres between individuals is maintained. Professional sports teams were permitted to resume training and practicing, provided no members of the public were permitted to attend, routine cleaning of surfaces continued and physical contact between players was minimized. Personal care and long-term care homes resumed allowing visitors outdoors. Religious organizations were permitted to hold outdoor drive-in events, with individuals being permitted to stand to the left of their vehicle as long as the windows in the vehicle to their left are closed. Child care services were permitted to cater to groups of 24 children plus staff. While classes are suspended for the remainder of the academic year, school facilities are now permitted to be used for staff and specific programs, and students can meet with teachers on-site for assessment purposes as long as physical distancing of 2 metres was maintained. Day camps could also continue to operate in groups of 24 children plus staff, but choir and musical theater activities were not permitted due to the increased risk of transmission from such activities and overnight camps were not permitted to run. Post-secondary institutions were permitted to re-open to provide limited in-person instruction, such as laboratories and studios for senior undergraduate and graduate level courses and occupancy is limited to 50%. Team sports for adults and children were also permitted to resume at 50% of the site's capacity, but tournaments were not permitted as these require travel across Manitoba (Manitoba, 2020f, p. 2).

Phase 2 was further extended on June 1, with additional lifting of restrictions. Golf courses and recreational facilities were permitted to grant access to indoor facilities to the public as long as a 2 metres physical distance could be ensured. Travelling to cabins in Northern rural Manitoba was permitted. Swimming pools, gyms and training facilities were permitted to open and operate at 50% capacity. Community centers were permitted to be used as facilities for any activity permitted by Phase 2 as long as Phase 2 guidelines were adhered to. Specific guidelines were given for the operation of senior centers and clubs so that this at-risk group can also benefit from services essential to physical and mental well being while staying safe. Manicurists and pedicurists, tattoo parlors, estheticians, and cosmetologists were permitted to reopen and operate at 50% capacity. Restaurants, bars, breweries and distilleries were permitted to open their indoor seating areas and operate at 50% capacity. Film production crews were permitted to resume operations, and regulated health professionals are permitted to re-open their practice with no capacity limit (Manitoba, 2020f, p. 2).

Phase 3 for the province was implemented on June 21, 2020 (Manitoba, 2020g, p. 3). With this phase, indoor gatherings were permitted in groups of up to 50 people and outdoor gatherings in groups of 100, unless the gathering is occurring in a place whose occupancy limit is lower. A physical distance of 2 metres between individuals is still required. As of June 21, residents of Western Canada and Northwestern Ontario no longer need to self-isolate for 14 days when entering Manitoba, and individuals entering Manitoba from anywhere for the purpose of playing a professional sport or for involvement in film production also do not need to self isolate upon arrival provided they have self-isolated for 14 days prior to entering the province. Child care services are permitted to increase to maximum occupancy of the facilities and day camp occupancy can increase to 50 (although overnight camps are still not permitted). Manitoba Education has begun planning for a fall re-entry to classes for grades K-12 and post-secondary institutions are permitted to plan to fully reopen for September 2020, but are asked to continue online education wherever possible. Permanent outdoor amusement parks are permitted to open provided a

distance of 2 metres can be kept between patrons and occupancy is capped at 50%. Golf courses are permitted to use golf carts with a maximum occupancy of 2 people per cart. Travel restrictions to Northern communities for individuals from Western Canada entering Manitoba is permitted. The occupancy limits of 50% for retail businesses, community centers, senior centers, restaurants, bars, and distilleries has been removed. Bingo halls, billiards rooms and other indoor recreation facilities are permitted to open with 50% capacity (Manitoba, 2020g, p. 3).

Following Phase 3 rollout, additional phases may be considered depending on risk assessment (Manitoba, 2020b). These additional phases would allow for the opening of large concert and sports venues, which are currently not scheduled up be open until at least September 2020, as well as overnight summer camps, which are currently not permitted (Manitoba, 2020b).

Table 1. Overview of key re-openings

Category	Dates and any relevant notes
Schools (e.g. primary, higher education, etc.)	September 2020.
Workers (e.g. essential workers, childcare workers, etc.)	Phased in depending on the sector. 50% occupancy permitted in late May, with full capacity permitted mid-June.
Businesses (SMEs, restaurants, etc.)	Phased in depending on the sector. 50% occupancy permitted in late May, with full capacity permitted mid-June.
Travel (local, cross-border, etc.)	Travel restrictions to Northern rural communities to be lifted in Phase 3, June 21.
Gatherings (events, informal gatherings, religious services, etc.)	Gradual increase across phases, see text above for details.
Public places and public activities (e.g. parks, beaches, boating, fishing, etc.)	Camp grounds and summer day camps opened with limited capacity during Phase 1. Access to public indoor facilities like washrooms at golf courses and campgrounds was permitted during Phase 2. Occupancy limits were removed during Phase 3.

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 and transportation

There are currently no border restrictions. Travellers must self-isolate for 14 days upon entry into the province from elsewhere in Canada or other countries. Check points have been set up on the Ontario and Saskatchewan borders to provide COVID-19 self-isolation information for all travellers (Manitoba, 2020an). There are currently no area lockdowns.

There are no restrictions on external travel, but individuals are encouraged to postpone or cancel non-essential travel out of the province and must self-isolate for 14 days upon returning home (Manitoba, 2020c). Prior to Phase 2 of opening the province, restrictions were put in place on travelling to Northern rural areas, but these have since been lifted. See Section 5 for additional information. Official travel advice can be found at: <https://www.gov.mb.ca/covid19/infomanitobans/index.html#safehealthy>

6.2 Economy

Multiple tax relief measures have been implemented by the Government of Manitoba through to October 1, 2020 (Manitoba, 2020c). This includes the April 3 announcement that the province instructed Manitoba Hydro, Centra Gas and Manitoba Public Insurance to not charge interest or penalties for non-payment of bills or disconnect services for clients who do not pay, Manitoba Liquor and Lotteries to not charge interest on receivables from restaurants and bars, Workers Compensation Board to extend relief from late penalties, and working with municipalities to ensure late fees and interest are not charged for provincial education taxes (Manitoba, 2020c). In addition, also announced April 3, provincial income tax and corporate tax deadlines and payment deadlines were deferred to August 31, and the province may further extend this to October 1 if needed. This totals CA\$80 million in deferred payments to the province (Manitoba, 2020c). The province also removed CA\$75 million in provincial sales tax from home and business property insurance (Manitoba, 2020ay) on April 3, and on April 22, extended the April and May tax filing deadlines to June 22 for retail sales tax (Manitoba, 2020i). The province also granted temporary exemption from employment standards regulations to give businesses more time to recall laid off employees on March 27 (Manitoba, 2020ao).

6.3 Financial aid

To support individuals, the province established the Manitoba Risk Recognition program, a one-time payment for individuals who have worked essential services and put themselves at risk (including health care workers, truckers, grocery store workers, etc.). A total of CA\$120 million will be divided among all successful applicants (Manitoba, 2020d). Additionally, the Disability Economic Support Program provides a one time CA\$200 benefit to lower-income Manitobans with disabilities who are already receiving Employment and Income Assistance benefits (Manitoba, 2020c). The province established Student Jobs MB, a portal to connect students in need of summer employment with jobs, and HelpNextDoorMB, a portal connecting volunteers with individuals who may need a helping hand during COVID-19 (Manitoba, 2020c). The Seniors Economic Recovery Credit is a one time CA\$200 refundable tax credit for Manitoba seniors who are experiencing additional financial challenges due to COVID-19 (Manitoba, 2020c). Finally, the province implemented a rent increase freeze between April 1 and May 31, and all non-urgent hearings at the Residential Tenancies Branch are postponed so tenants cannot be evicted except for health and safety concerns or issues of illegal activity (Manitoba, 2020c).

The province also established several programs to help small and medium-sized businesses across the province. The Manitoba gap protection program offers \$CA6000 for small businesses who are not eligible for federal programs, totalling CA\$120 million available (Manitoba, 2020bu). The Manitoba Summer Student Recovery Jobs Plan offers 50/50 matching wages for hiring summer students. The Province is offering CA\$5000 in funding for up to 5 students per organization. Additionally, charities and non-profit organizations are eligible for an additional CA\$6000 under the Non-Profit Student Incentive Grant if they

hire at least one student full time for 8 weeks under the Manitoba Summer Student Recovery Jobs Plan. This represents a total available sum of CA\$120 million (Manitoba, 2020bv). Finally, the Manitoba Back to Work This Summer Program is intended to help Manitoban businesses hire (or re-hire) employees by covering half of their wages for up to 5 employees until August 31, to a maximum of CA\$5000 per employee (Manitoba, 2020cm).

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List of Acronyms

CBT	Cognitive Behavioural Therapy
EMO	Emergency Management Organization
HSC Winnipeg	Health Sciences Centre Winnipeg
ICU	Intensive care unit
LTC	Long term care
MGI	Manitoba Government Inquiry
MHSAL	Manitoba Health, Seniors and Active Living
MHSIP	Manitoba Health Services Insurance Plan
NAAT	Nucleic acid amplification test
NGO	Non-Governmental Organization
OHS	Occupational health services
PHAC	Public Health Agency of Canada
PPE	Personal protective equipment
RCMP	Royal Canadian Mounted Police

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Contact Information

North American Observatory on Health Systems and Policies
155 College Street, Suite 425
Toronto, ON M5T 3M6



www.uoft.me/NAObservatory



naobservatory@utoronto.ca



[nao_health](https://twitter.com/nao_health)