

# North American COVID-19 Policy Response Monitor: Alberta

August 7, 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).

## Contents

1. Preventing transmission .....	2
2. Ensuring sufficient physical infrastructure and workforce capacity.....	8
3. Providing health services effectively.....	11
4. Paying for services .....	15
5. Governance .....	18
6. Measures in other sectors .....	23
References .....	29
List of Acronyms and Abbreviations .....	41

## 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

Alberta's Chief Medical Officer of Health (CMOH), Dr. Deena Hinshaw, first addressed the public on the novel coronavirus on January 21, 2020 when the first North American case was diagnosed (CBC News, 2020a). The CMOH announced that there was an advisory in place requiring front-line clinicians to ask for the travel histories of all patients presenting with complaints of fever and cough (CBC News, 2020a). Further, the CMOH reinforced to the public the importance of simple techniques, such as handwashing, for the prevention of COVID-19 (CBC News, 2020a).

Alberta provides information about COVID-19 through government websites (i.e., Government of Alberta and Alberta Health Services, AHS), social media accounts, and televised briefings. The Government of Alberta's website includes detailed and reader-friendly pages dedicated to various topics related to COVID-19, e.g. "Symptoms and Testing", and includes resources for specific groups (e.g. young children and students) and various information sheets translated in multiple languages (Government of Alberta, 2020e). There are daily "Situation Updates" that provide information on case numbers, recent announcements, quick facts about COVID-19, and access to mental health, family violence, and other supports (Government of Alberta, 2020e). The CMOH hosted daily COVID-19 media briefings between March 17 and May 15, 2020 (Government of Alberta, 2020ab). As the province's number of new COVID-19 cases remained low, these briefings occurred with less frequency over recent months, occurring several times per week throughout June and less frequently throughout July; e.g. sometimes as infrequently as once per week (Government of Alberta, 2020l).

### 1.2 Physical distancing

The Government of Alberta first limited public gatherings on March 13, 2020, announcing a ban on all events of more than 250 people (Herring, 2020a). Two days later, the CMOH announced that all gatherings of over 50 people were prohibited (Government of Alberta, 2020ad), and this was further limited on March 27, 2020 to a maximum of 15 people (Alberta CMOH, 2020cm). There are some exceptions, for example, homeless shelters in Alberta may provide shelter to more than 15 people, as long as risk mitigation strategies are followed (AHS, 2020k). Alberta's CMOH has confirmed that these gathering restrictions will apply to all summer events, including festivals, fairs, sporting events and industry conferences (Government of Alberta, 2020bk).

Physical (social) distancing, defined as maintaining a minimum of 2-metre distance from one another, should be followed by all Albertans (Alberta CMOH, 2020e). The Government of Alberta's website provides tips for how residents can practice physical distancing; e.g. reducing the number of people they come into contact with by limiting the number of trips outside of the home, shopping at less busy times, ordering groceries online, etc. (Government of Alberta, 2020ax).

### **Schools, childcare facilities and youth camps**

On March 15, 2020, the Government of Alberta cancelled all elementary, secondary, and post-secondary classes, as well as all licensed childcare facilities, out of school care programs, and preschool programs are closed (Government of Alberta, 2020z). On March 20, this order was amended to allow essential workers access to childcare services, under specific conditions (Alberta CMOH, 2020b).

Under Stage 1 of the province's re-opening plan (effective May 14, 2020), daycares, out-of-school care, summer camps and summer schools were permitted to re-open, with occupancy limits (Government of Alberta, 2020br). Elementary and secondary schools re-opened on June 12, 2020 exclusively for the completion of diplomas and summer school; regular, full-time classes are set to resume in September 2020 (Government of Alberta, 2020f). In addition to enhanced cleaning and physical distancing policies, a province-wide mask policy came into effect on August 4 for all students in Grades 4 through 12 and school staff, where physical distancing cannot be maintained (Government of Alberta, 2020f).

### **Public and private gatherings**

On May 15, the provincial government announced that limits on outside gatherings were increasing to no more than 50 people from the previous limit of 15 (Government of Alberta, 2020ce). Indoor gatherings were still limited to fewer than 15 people, except when otherwise identified in public health orders such as workplaces (ibid).

Under Stage 2 of the province's re-opening plan (effective June 12, 2020), Albertans are permitted to create "Cohort Groups", also known as bubbles, circles or safe squads (Government of Alberta, 2020f). For example, families who require additional support to care for children are encouraged to partner with another family to create a cohort family (Government of Alberta, 2020bo). All members of a cohort must be completely committed to isolating from people outside the cohort family.

Under Stage 2, a maximum of 50 people are permitted for all indoor social gatherings, such as weddings (Government of Alberta, 2020f). There are no restrictions on the size of worship gatherings, which began re-opening under Stage 1; however, physical distancing must be maintained (ibid).

### **Non-healthcare businesses and services**

On March 17, Alberta announced that all sit-down restaurants and other food-serving facilities limit their capacity to 50 per cent (up to a maximum of 50 people) (Government of Alberta, 2020u). On March 27, all "close contact" businesses and sit-down restaurants, cafes, coffee shops, food courts and other facilities were ordered to close (except for take-out services).

To support physical distancing measures, on April 29, the province announced it would begin offering various registration services (e.g. property registration and select motor vehicles services) through remote means, including fax, mail, and email (Government of Alberta, 2020bp).

If individuals cannot maintain 2 metres distance from others, the CMOH recommends that a non-medical face covering should be worn (Alberta CMOH, 2020j); e.g. on public transit or in grocery stores. Mandatory mask by-laws for public spaces are within municipal jurisdiction. On August 1, mandatory mask by-laws came into effect in the province's two largest cities: Calgary and Edmonton (Calgary Emergency Management Agency, 2020; City of Edmonton, 2020a).

Many non-healthcare businesses and services were permitted to re-open under Stage 1 (effective May 14, 2020) of the province's re-opening plan, including retail; personal services, such as hair salons; cafes, restaurants, bars, and pubs, at a maximum 50% capacity; and museums and art galleries (Government of Alberta, 2020br). Under Stage 2 (effective June 12, 2020), other wellness and personal services were permitted to re-open, as well as movie theatres, community halls, bingo and casinos, recreation facilities, arcades and instrumental concert facilities (ibid).

Notably, work-from-home policies are still recommended under Stage 2; however, many workers may return to work, if they choose, with public health measures in place (Government of Alberta, 2020br).

### **Outdoor facilities**

Many outdoor facilities were ordered close with the March 13 gathering ban. On April 17, Alberta Parks further suspended, and refunded, camping reservations occurring up to and including May 19 (Government of Alberta, 2020t). This decision was in line with that of other provinces, including Ontario and British Columbia, as well as the federal Parks Canada.

Under Stage 1 of the province's re-opening strategy (effective May 14, 2020) several outdoor facilities have been permitted to re-open and, under Stage 2 (effective June 12, 2020), more have re-opened, including provincial campgrounds (at full capacity) (Government of Alberta, 2020br).

### **Healthcare facilities**

Since March 2020, there have been restrictions at all healthcare facilities, including visitor, staff, and operational restrictions and specific guidance has been provided for different facility types.

On April 7, 2020, Alberta's CMOH announced restrictions on visitation to healthcare facilities located throughout Alberta (Alberta CMOH, 2020g). These restricted any visitors who were not "essential" from visiting healthcare facilities, including auxiliary hospitals, nursing homes, LTC, designated supportive living accommodation, lodge accommodation, or any facility in which residential addiction treatment services can be offered.

These are set to remain in place until Stage 4 of the province's re-opening plan. However, effective August 4, changes have been made to permit family support and visitation in acute care settings, including permitting outdoor visits (AHS, 2020n). Physical distancing must continue to be maintained at all times (ibid).

Specific guidance is provided for end-of-life visitation. For example, there are no limits on the number of visits with a designated family/ support person (AHS, 2020n).

### **Long-term care facilities**

The Government of Alberta has also announced measures specific to acute care, long-term care, supportive living, hospice care, and licensed group home settings. On March 15, the government announced that access to these sites would be restricted to essential visitors only (Government of Alberta, 2020s). The next day, this order was revised to allow residents access to one visitor (AHS, 2020f), with active visitor screening in place; on April 3, this order was rescinded to only allow essential visitors (AHS, 2020i). Since July 23, a "safe-access" approach has been adopted, developed in collaboration with patients and families, to permit visitors to LTC homes (Government of Alberta, 2020m). Further, each resident can

identify up to two designated family/support persons, essential to maintaining resident mental and physical health, who are permitted to visit; non-designated persons may also visit, depending on the individual's risk assessment (ibid).

On April 10, the CMOH announced a new order restricting staff movement among healthcare facilities to prevent the spread of COVID-19 between facilities (Alberta CMOH, 2020g). The order also stated new operational standards and outbreak standards for all healthcare facilities (ibid). Further, these standards require all healthcare workers to wear a mask at all times while in a healthcare facility (ibid).

### **Other settings**

In response to flooding in the Fort McMurray area, on April 29, 2020, the province exempted individuals in the area engaged in flood suppression and prevention activities from the above physical distancing and gathering size restriction orders (Government of Alberta, 2020bq). However, use of face masks was recommended for these persons, if available (ibid).

## **1.3 Isolation and quarantine**

As of March 12, 2020, any traveller returning from outside the country was asked to self-isolate for 14 days (AHS, 2020k). Any traveller who returned before March 12 was asked to closely monitor for symptoms; except for those returning from Italy, Iran, Hubei province, or the Grand Princess cruise, who were asked to self-isolate for 14 days (Opinko, 2020a). As part of the federal *Quarantine Act*, all international travellers are mandated to self-isolate for 14 days after arrival in Canada (Legislative Services, 2020).

If individuals have symptoms suggestive of COVID-19, not otherwise related to an existing health condition, they are legally required to self-isolate for 10 days after the onset of symptoms or until symptoms have resolved, whichever is longer (Alberta CMOH, 2020c). Symptomatic persons who test negative for COVID-19 are legally required to self-isolate for 14 days; asymptomatic individuals testing negative for COVID-19 are not required to isolate (Government of Alberta, 2020i). Generally, mild cases are encouraged to self-isolate at home (Government of Alberta, 2020y); i.e., are not required to seek medical intervention. Further, all individuals coming into close contact with a confirmed case of COVID-19 are also required to self-isolate for a 14-day period (Alberta CMOH, 2020c).

On April 1, 2020, the Government of Alberta permitted an exception to the above isolation requirements to permit individuals to attend their medically necessary appointments in person with permission from their physician (Alberta CMOH, 2020e). On April 13, 2020, this exception was extended to allow those who have minor children requiring medical care to attend an appointment in person (Alberta CMOH, 2020h). specific instructions for following these exemption orders are available on the Government of Alberta's website (Government of Alberta, 2020i).

## **1.4 Monitoring and surveillance**

### **Screening and surveillance**

The following case definitions are used for surveillance: a confirmed case is an individual with laboratory confirmation of infection with SARS-CoV-2; a probable case is an individual with clinical illness who had close contact with a confirmed case or someone who met exposure criteria but laboratory diagnosis is

inconclusive, and a suspected case is a person with clinical illness who meets the exposure criteria or had close contact with a probable case (Government of Alberta, 2020aj). Physicians and laboratories need to report all probable and confirmed cases to the Medical Officer Health (MOH) in their health region “zone” (Government of Alberta, 2020aj). The MOH of the zone where the case resides must notify the CMOH and provide information on age, date of birth, sex, and health number (Government of Alberta, 2020aj). The MOH should also provide a case report form for all probable and confirmed cases within 24 hours, to facilitate case and contact management by providing information on clinic course, presence of any pre-existing medical conditions, and exposures (Government of Alberta, 2020aj). For every case, public health officials identify and contact everyone that the case has been in close contact with in the 48-hours prior to symptom onset (Government of Alberta, 2020aj; Ramsey, 2020).

### **Contact tracing**

On April 8, 2020, the Government of Alberta announced a Relaunch Strategy focused on an aggressive system of mass testing, strong contact tracing and tracking, border screening, and use of masks (Government of Alberta, 2020ap). A mobile exposure notification application, ABTraceTogether, was launched on May 1, 2020 (Government of Alberta, 2020ck). The application is voluntary and aimed to help Albertans protect themselves and others, while maintaining their privacy.

On May 4, 2020, an order was introduced to expand the number of healthcare practitioners legally permitted to assist in contact tracing – after the appropriate training is obtained (Government of Alberta, 2020bd).

### **Data collection**

The province provides a public-facing interactive dashboard with current information, updated daily, on its COVID-19 cases, including the number of total, active, and deceased COVID-19 cases; current number of COVID-19 cases in hospital and intensive care; and the age, sex, geographic zone and case status of its cases (Government of Alberta, 2020c). Testing data are also available through the dashboard by age, sex and geographic zone (ibid).

### **Projections and modeling**

Alberta publicly released model projections for COVID-19 cases and critical care capacity in the province on April 8 and April 28, 2020; no updates have since been released to the public at the time of writing (Government of Alberta, 2020ap).

## **1.5 Testing**

COVID-19 testing in Alberta is performed by the AHS. The AHS laboratory service branch, Alberta Precision Laboratories, was validated by the National Microbiology Laboratory (NML) to perform COVID-19 diagnostic testing on March 9, 2020 (Government of Alberta, 2020aj).

### **Assessment centres**

Alberta has opened both in-person and drive-through assessment centres dedicated for COVID-19 across the province (Keller, 2020). Individuals need to be referred to the center by a healthcare provider. On May 22, it was announced that symptomatic people living in Calgary could book their own testing appointment online if they live within 50 km of an assessment centre and if the self-assessment tool indicates a test is required (Government of Alberta, 2020cj). On June 25, the government announced that asymptomatic

individuals will soon be able to access testing at a limited number of community pharmacies (Government of Alberta, 2020o). Currently, Albertans can identify their nearest testing facility, book a test and take the province's COVID-19 self-assessment through the province's dedicated website (Government of Alberta, 2020n).

### **Testing criteria**

AHS has regularly revised its testing eligibility criteria to reflect the province's evolving testing capacity during the pandemic. On March 23, 2020, Alberta implemented a new protocol prioritizing testing of at-risk populations and those at the highest risk of exposure (i.e., returning travellers, healthcare workers and residents of supportive living facilities) (Black, 2020). On April 6, Alberta expanded eligibility to include anyone 65 years or older with a fever, cough, shortness of breath, runny nose, or sore throat (Black, 2020). On April 13, testing was made available to any person exhibiting symptoms of COVID-19, such as cough, fever, shortness of breath, runny nose, or sore throat (Government of Alberta, 2020o). On April 17, this was expanded to asymptomatic residents and staff in continuing care facilities (Government of Alberta, 2020b). On May 22, the provincial government announced that starting May 25 voluntary testing will be available in designated supportive living facilities, for all people who want to be tested, even if they have no symptoms (Government of Alberta, 2020cj). On May 29, testing eligibility was further expanded to include all Albertans wanting a test, even if they do not have symptoms (Government of Alberta, 2020cl).

### **Laboratory and testing capacity**

Alberta's CMOH stated on April 15, 2020 that Alberta has the capacity to complete an average of 7,400 tests daily and is aiming to have up to 9,000 tests completed per day by the end of April and 20,000 per day by mid-to-late May (Mertz, 2020b). From April 13 through April 17, Alberta completed between 2,688 and 3,827 tests per day (ViriHealth, 2020). The province currently completes roughly 10,000 tests per day; however, on August 5, AHS began seeking interest from the private sector in hopes of increasing its testing capacity to 22,000 per day ahead of the school year (Pike, 2020). Currently, the province has one of the highest per capita COVID-19 testing rates in the world (ibid).

Serological testing for COVID-19 is currently not widely available in Alberta; however, as of July 2, serology tests have been approved by the provincial government exclusively for serosurveys and research use (AHS, 2020m). The province has invested CA\$10 million to support efforts aiming to provide voluntary serology testing for targeted groups in the near future (Government of Alberta, 2020n).

On June 8, 2020, the province further announced that a new biorepository would safely collect, catalogue and store samples, at the University of Alberta and University of Calgary, to support long-term research (Government of Alberta, 2020co).

### **Test results and reporting**

Albertans can check their test results using the province's pre-existing "MyHealth Records" online dashboard (AHS, 2020b). Public health will follow-up with individuals who have tested positive for COVID-19; individuals can choose to receive their negative test results via an automated phone call (AHS, 2020l). AHS aims to notify all individuals with a positive test result within 24 hours (ibid).

## **2. Ensuring sufficient physical infrastructure and workforce capacity**

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

### **2.1 Physical infrastructure**

#### **Health system capacity**

According to the AHS, Alberta has 106 acute care hospitals and 8,483 acute care beds (AHS, 2020f). A Globe and Mail article, published on March 15, outlined that Alberta had 477 adult critical care ventilators, with 50 more on order, and 78 pediatric critical-care ventilators (Keller & Stone, 2020). In early April, model projections suggested that the demand for intensive care unit (ICU) spaces in Alberta could exceed their capacity by 500 patients by the end of April due to COVID-19 (Macfarlane, 2020). Dr. Christopher Mody, Head of Immunology and Infectious Disease at the University of Calgary's Cumming School of Medicine said that with cases doubling every five days in the province, Alberta could expect to have up to 4,100 people requiring hospital beds, including 1,400 ICU beds, by the end of April (ibid). He reported that currently the province had 509 ICU beds, as of April 2, but work was underway to raise that number to 925 by April 22, 2020 (ibid).

On April 9, the government announced a temporary expansion to the Peter Loughheed Centre in Calgary to help meet patient needs during the COVID-19 pandemic (Government of Alberta, 2020aq). Specifically, an Alberta-based company, Sprung Structures, donated a structure valued at CA\$235,000 that added 6,000 square feet of treatment space (ibid). Alberta Health services announced an additional investment of CA\$3 million to turn this structure into a safe treatment site for patients, creating more than 100 new spaces to care for patients during the pandemic (ibid). While the province has not yet had need for the field hospital site, it has since been upgraded with insulation to support possible need during the coming winter months (Herring, 2020b).

#### **Medical equipment and supplies**

As of April 3, 1,935 acute care beds were available and AHS planned to have 2,250 COVID-19-designated acute care beds available by the end of April (Government of Alberta, 2020ap). AHS also planned to increase ICU capacity by 1,081 beds by the end of April by adding ICU beds to existing ICU rooms, converting operating and recovery rooms to ICU capacity, and converting procedure and treatment rooms (Government of Alberta, 2020ap). Further, the Government of Alberta planned on having 761 ventilators available by the end of April (314 were currently dedicated as of April 4) by purchasing ventilators, repurposing ventilators from surgical facilities, receiving ventilators from respiratory therapy programs and federal stockpile, and using alternative devices capable of mechanical ventilation (Government of Alberta, 2020ap).

On April 3, the provincial government announced the success of the Alberta Bits and Pieces Program, a program created to coordinate innovative production and procurement efforts to support the provinces'

COVID-19 response (Government of Alberta, 2020am). Through the program, individuals, private companies and non-profit organizations can offer products and services needed to address the COVID-19 pandemic. The announcement stated that over 1,100 offers had come in during the prior week including passenger and commercial vehicles, hotel rooms and mobile trailers, food and water services, hospital gowns, face masks, ventilators, and other personal protective equipment (ibid).

On April 11, the province announced they would be sending supplies to British Columbia, Ontario and Quebec to help address the substantial demand for personal protective equipment (PPE) and ventilators in these provinces (Government of Alberta, 2020aw). The government confirmed that they could safely send N95 masks, procedural masks, gloves, goggles and ventilators to these provinces, while maintaining supply for Alberta's health care system (ibid).

On April 14, the Government of Alberta further announced that it was working to source additional PPE and expedite its distribution to groups and organizations in need (Government of Alberta, 2020ba). Non-AHS facilities, including pharmacies, social services and independent clinics, were encouraged to submit their requests for PPE to the government's logistics office (ibid).

As part of the province's Alberta's Relaunch Strategy, on June 8, the province announced that it would be distributing 20 million non-medical face masks free-of-charge to residents (Government of Alberta, 2020cp). Albertans could visit one of nearly 6,000 major restaurant locations' drive-thru windows across the province to pick up their free masks, no purchase necessary (ibid). Roughly 95% of Albertans live within 10 kilometers of one of these locations (ibid). Notably, individuals were encouraged to pick up masks for family members and friends, especially those unable to pick-up their own, to reduce traffic and masks were distributed on an honour system, with a limit of one package of four masks per person (ibid). On July 5, another 20 million masks were distributed by the Government of Alberta through the above means and 100 additional locations, including locations without drive-thru service (Government of Alberta, 2020cw). Of these, 4 million masks were provided free-of-charge to riders of 20 transit systems across the province (ibid); logistics for the shipping and distribution of these masks was voluntarily provided by the 7-Eleven convenience store chain (ibid). To reach vulnerable populations, masks were also provided directly to operators of long-term care (LTC) and supportive living facilities, seniors facilities, community groups and social service organizations, libraries, court houses and places of worships for distributions to their residents/ patrons (ibid). Further, communities without ready access to the above restaurant locations were also directly supplied with masks to distribute to their residents, e.g. residents of remote First Nations and Metis communities (ibid).

## **2.2 Workforce**

### **Workforce capacity**

Alberta has a long history of healthcare workforce shortages. Notably, a 2007 report by the Government of Alberta outlining a nine-year government action plan to promote systemic changes to support the health sector in addressing the immediate and future health workforce needs (Government of Alberta, 2007). The plan outlined proposed changes to the province's health workforce, to support changes in service delivery, and towards expanding the capacity of the workforce, to ensure an adequate supply of health workers.

Many changes have occurred in recent years within the broader context of larger provincial healthcare funding reforms and concerns. For example, in June 2020, Health Minister Shandro sent a letter to the College of Physicians and Surgeons asking for stricter rules to prohibit doctors from quitting in large groups (Johnson, 2020). The letter stated that the current standards do not protect smaller and rural communities and leave potential gaps in healthcare (ibid). According to a recent statement of defence filed by the Government of Alberta, over 54 doctors have already withdrawn or threatened to withdraw their services over ongoing disputes over how and what services doctors can bill the province (ibid).

Specific measures have been taken to address workforce shortages related to COVID-19. Over the course of the pandemic, the province has called on recently retired healthcare providers, nurses and other healthcare staff to support the province's COVID-19 response (Beauchemin & Jones, 2020). As of April 8, 2020, AHS reported that 46 retired physicians and 400 retired nurses, licenced practioner nurses and respiratory therapists have reached out to support front-line CoVID-19 efforts (Kanygin, 2020). According to the College and Association of Registered Nurses of Alberta, employers had so far requested retired nurses to fill 36 positions; 35 of those positions have been filled by so-called "reactivated" nurses (ibid).

Further, as described in Section 1.4, an order was introduced on May 4 to expand the number of healthcare practitioners legally permitted to assist in contact tracing (Government of Alberta, 2020bc). As described in Section 4.1, numerous financial incentives have been introduced throughout the pandemic to retain existing, and attract new, members of the province's health workforce.

### **Workforce training**

To address staffing shortages, AHS is providing accelerated training for ICU nurses, contacting former RNs with ICU experience and other recently retired staff, and redeploying anesthesiologists, other physicians and allied health progressions with appropriate skills to work in a critical care environment (Government of Alberta, 2020ap). The College of Physicians and Surgeons of Alberta has developed a tool for physicians to self-report their ability to be redeployed for clinical services during the pandemic (CPSA, 2020).

### **Workforce support**

The province of Alberta has taken a number of steps to support its healthcare workforce during the pandemic. This started with an order on March 5, 2020, which allowed all employees, in healthcare and other businesses, to take a paid 14-day leave for the purposes of quarantining (Government of Alberta, 2020); paid leave is also available for employees affected by school and daycare closures and who are otherwise impacted by COVID-19 (ibid).

Since March 20, 2020, certain licensed daycare were permitted to re-open to provide childcare for essential workers (Government of Alberta, 2020ak). Under these regulations, childcare would be available to anyone who works in the critical areas outlined as essential by the government, with public health measures, such as physical distancing, reduced capacity and enhanced cleaning protocols, in place (ibid). On April 1, the provincial government introduced a grant funding opportunity for eligible childcare services to support the retention, professional development, and wage top-ups for their staff during the pandemic (ibid). On April 14, military workers were added to the list of provincial workers who can access these childcare services (Government of Alberta, 2020bb, p. 32).

On April 2, the government announced that they would be temporarily suspending parking fees for healthcare workers and the general public during the COVID-19 pandemic (Government of Alberta,

2020al). This effort was stated to support healthcare workers working at a variety of sites, as well as reduce the risk of COVID-19 transmission from touch screens and buttons at payment sites (ibid).

For the long-term care workforce in particular, on April 20, the government announced financial support measures, including top-up wages (CA\$2 per hour) for healthcare aids (Government of Alberta, 2020bf). The announcement also included plans to fast track training for healthcare aids working in paid student practicum positions (ibid). In addition, the government announced CA\$24.5 million would be advanced to continuing care facility operators to address immediate pressures due to COVID-19 (ibid). On May 19, the government announced an additional investment of CA\$170 million in the long-term care sector to enhance staffing, purchase extra cleaning supplies, and address lost accommodation revenue (Government of Alberta, 2020cg). More information is described in Section 4.2.

On May 3, the Minister of Labour and Immigration introduced a new order to modify the province's Occupational Health and Safety Code to add new approved additional respiratory PPE for use at various work sites across the province (Ministry of Labour and Immigration, 2020).

### **3. Providing health services effectively**

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

#### **3.1 Planning services**

The Government of Alberta has taken an aggressive stance to combat the COVID-19 pandemic through planning, development and implementation of policies and orders that seek to allocate resources and staff to areas of high demand. Initiatives taken by the province include increasing testing capacity to meet demand, allocating funds towards creating more spaces for patients and securing PPEs for all frontline health workers. The province also continues to invest in virtual telehealth programs that provide mental health and direct health services to all, including frontline workers. The following details some of Alberta's key initiatives in their fight against COVID-19 to date.

Alberta has increased capacity in the healthcare system by postponing all elective surgeries, tests, and procedures, transferring patients to the community setting when acute care is no longer needed, and opening new spaces. On March 18, 2020, AHS notified hospitals and physicians that they must postpone all non-urgent scheduled and elective surgeries (Government of Alberta, 2020ae). On March 27, 2020, AHS postponed all diagnostic imaging procedures considered non-urgent by the ordering physician, and Alberta laboratories asked physicians to stop all non-essential and routine laboratory testing (AHS, 2020k) AHS has also restricted in-person ambulatory clinic services to urgent visits only (AHS, 2020k).

On April 29, 2020, an outbreak strategy was presented to help identify and respond to COVID-19 outbreaks in the province (Government of Alberta, 2020bq). It consisted of three key elements: prevention and preparedness; rapid response and timely notification; and outbreak management (ibid). Through these three elements, the government hopes to be better prepared in dealing with COVID-19 outbreaks throughout the province.

There have not been any reports of rationing healthcare or medical supplies in the province, but AHS is working with Alberta Health to create an ethical framework as part of the pandemic planning (Kaufmann, 2020). This framework is stated to be based on Alberta's Ethical Framework for Responding to Pandemic Influenza published January 2016 (AHS, 2016).

### **3.2 Managing cases**

In the province of Alberta, the typical pathway for a suspected COVID-19 case is: (1) to self-monitor for symptoms and self-assess using the AHS Self-Assessment Tool; (2) for further assessment, residents are asked to visit a designated Assessment Centre for COVID-19 testing; (3) if the test is negative but the individual has a known exposure to a confirmed COVID-19, the individual must quarantine for 14 days, if the test is positive but the person is asymptomatic, they are asked to consult with their local Medical Officer of Health (or public health official) for further instructions, and if the test is positive and the person is symptomatic, they are required to isolate for 10 days after the onset of symptoms (Government of Alberta, 2020n). Should symptoms worsen or the individual requires further instructions, Health Link 811 must be contacted for further directions (ibid). Sections 1.3 and 1.4 of this document offer more details regarding the province's COVID-19 isolation and monitoring guidelines. Testing criteria, capacity and updates are provided in Section 1.5. The following section presents the province's steps to manage cases of COVID-19.

On March 13, 2020, AHS released a COVID-19 Self-Assessment Tool to provide public health guidance and support in the identification of potential cases of COVID-19 (AHS, 2020a). There is a separate self-assessment tool for individuals that work in higher risk areas, such as healthcare and shelter workers, enforcement personnel, and first responders (AHS, 2020g). These tools direct those who need testing to the appropriate resources; Albertans are told not to visit a hospital, physician's office, or healthcare facility without first consulting Health Link 811 (AHS, 2020k).

The clinical management of COVID-19 patients is up to the discretion of the treating healthcare provider, but documents are available to guide providers in various settings. The AHS COVID-19 Scientific Advisory group is one among the many working groups that provide clinical guidance for the province (AHS, 2020e). This committee reviews evidence from national and international bodies and has since created 16 rapid response reports and information briefs for AHS staff and health professionals (AHS, 2020e). There are additional documents from the Emergency Strategic Clinical Network and the Provincial Critical Care Communicable Disease Working Group that guide care in emergency departments and intensive care units, respectively (AHS, 2020i, 2020j). AHS does not recommend any particular treatments for COVID-19 – supportive and symptomatic care is the mainstay of treatment. In an effort to find a treatment for COVID-19, a province-wide clinical trial of hydroxychloroquine started on April 13 (Government of Alberta, 2020bd); on May 26, the trial was halted due to emerging evidence suggesting a lack of clinical equipoise (University of Calgary, 2020).

On April 29, 2020, the Government of Alberta issued additional protocols concerning LTC and continuing care facilities, which immediately came into effect (Government of Alberta, 2020i). These measures included an expanded list of symptoms that staff must consider when assessing patients and conducting testing for COVID-19. Specifically, all individuals presenting even the mildest of symptoms must be isolated and tested for COVID-19 (ibid). Any staff member caring for an isolated patient must wear eye

protection, a gown, mask, visor and gloves (ibid). New guidelines were also created to support residents wishing to move into family homes. Namely, residents were permitted to enjoy outdoor visitations with an essential visitor and one other person (Government of Alberta, 2020i). In addition, clarification for end of life visitations was provided to ensure individuals are able to be with their loved ones (Government of Alberta, 2020bq, p. 47).

### **3.3 Maintaining essential services**

The province of Alberta has taken the multiple steps to sustain and maintain essential services throughout the province, most notably their continued commitment to the provisions of virtual care and mental health services. The Government of Alberta also continues to provide financial aid to social services supporting its vulnerable populations, including members of remote and rural communities throughout the province. The following sections details the provinces efforts in maintaining such services throughout the pandemic.

#### **Health services and virtual care**

Primary care clinics are considered essential and can operate during the pandemic, though physicians are encouraged to explore virtual care, where possible. New temporary physician billing codes for virtual care were added to the schedule of benefits on March 23, 2020 (Government of Alberta, 2020ai). On June 8, 2020, it was announced that these would become permanent billing codes (Government of Alberta, 2020cq). The Alberta Medical Association has created webinars and toolkits for providing care virtually to facilitate uptake (AMA, 2020). Providers across the province can also seek specialist advice around caring for presumed and confirmed COVID-19 patients at home through a new Tele-Advice portal (AHS, 2020h).

#### **First responders**

On May 5, the provincial government signed an order that allowed individual COVID-19 test results to be provided to police if an individual is deliberately putting an officer at risk, e.g. by coughing or spitting on them (Government of Alberta, 2020bu).

#### **Pharmaceutical services and supply**

To further support essential medical care during the pandemic, on June 15, the province approved pharmacists to dispense larger quantities of prescription drugs: up to a 100-day supply (Government of Alberta, 2020cr).

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

AHS is also providing free online mental health and addiction resources, including 24/7 helplines and information on coping and seeking help (AHS, 2020k). There are also 24/7 family violence, sexual violence, and child abuse information lines available to Albertans (ibid). As well, caregivers can access psychosocial and other peer and community support via a dedicated hotline (AHS, 2020k). Further, on April 14, the Alberta Government provided CA\$3 million in new funding to Caregivers Alberta to expand its programs and resources (Opinko, 2020b). On May 30, the province announced a CA\$21.6-million investment in expanding online resources and virtual supports for Albertans seeking help for mental health and addiction challenges due to the COVID-19 pandemic (Government of Alberta, 2020cm); this was the first portion of a CA\$53 million COVID-19 mental health action plan announced earlier in April (ibid). More details can be found on Section 4.1 of this document.

## **Subpopulations**

In addition to visitation restrictions, the Government of Alberta issued a number of public health orders to prevent the spread of COVID-19 among seniors and vulnerable groups. On April 1, 2020, operational standards, including enhanced cleaning multiple times each day and daily screening of staff, became required by law in all congregate settings (Alberta CMOH, 2020e). The following day, the Government of Alberta issued an order mandating staff at healthcare facilities to notify public health officials as soon as a suspected or confirmed case of COVID-19, or two or more residents exhibiting COVID-19-like symptoms, were identified (Alberta CMOH, 2020f). Further, on April 10, the government released an order restricting the movement of staff members between healthcare facilities (Government of Alberta, 2020au). One week later, the government announced another order requiring healthcare facilities to provide information to the CMOH related to the movement of staff members among healthcare facilities (Alberta MOH, 2020b). This included the staff member's name, contact information, number of hours worked, job title, etc. On April 17, Alberta's CMOH announced that all staff and residents of LTC centres with active COVID-19 outbreaks will be tested, whether symptomatic or not (Short, 2020).

On May 4, 2020, a new order was introduced which allowed nurse practitioners to act as primary care givers in nursing homes throughout the province, including the ability to admit and assess residents, and provide follow-up care (Government of Alberta, 2020bs). These changes also allow nurse practitioners and other health professionals to prescribe medications (namely Schedule 1 drugs) and other treatments within their scope of care, such as diagnostic tests (ibid). This change will remain in effect until August 14, 2020, unless otherwise amended or extended by the government (ibid). On June 4, it was announced that these measures would become permanent, effective August 15, 2020 (Government of Alberta, 2020cn). These changes were reportedly made to increase access to primary care for nursing home residents, while reducing red tape and eliminate unnecessary duplication for service providers (ibid).

Moreover, the Government of Alberta has dedicated investments towards various vulnerable groups across the province. The Métis Nation of Alberta is providing CA\$1.2 million, including CA\$200,000 to each of its six regions, in financial relief for its citizens (Metis Nation of Alberta, 2020). Further, the provincial government committed CA\$30 million to adult homeless shelters and women's emergency shelters (AHS, 2020k); an additional CA\$30 million in immediate funding was provided to charities, non-for-profits, and civil society organizations across the province that provide care for seniors, individuals with chronic medical conditions, caregivers, and individuals with limited access to support (Government of Alberta, 2020w). On August 5, further financial supports were announced for Albertans experiencing homelessness, namely an additional CA\$25 million to expand shelter spaces in a number of cities across the province (Government of Alberta, 2020db).

In an effort to protect access to healthcare in rural Alberta, the government announced on April 24 they would be making significant investments and policy changes in rural healthcare services (Government of Alberta, 2020bm). These changes included abolishing the CA\$60,000 cap on the Rural and Remote Northern Program (a previously existing compensation program for physicians practicing in under-served areas in the province), exempting rural physicians from overhead changes, freezing medical liability rates for rural physicians, increasing on-call rates for rural physicians, and investing CA\$6 million to pay for the schooling of 20 new medical students over the next three years to incentivize Albertans from rural communities to return to practice in their home communities (ibid).

### **Outreach and volunteer services**

There are no reports that makeshift hospitals are being used to provide healthcare for patients in Alberta; however, the government has opened temporary facilities to care for vulnerable populations during the pandemic. On March 27, the Edmonton EXPO Center was activated by the City of Edmonton, AHS and their social agency partners to provide temporary overflow space for day programming for vulnerable populations whose access to services had been impacted by the pandemic, including a temporary 24/7 medical isolation facility for vulnerable community members required to self-isolate (Government of Alberta, 2020d). These services are scheduled to operate in the EXPO Center until at least August 14, 2020 (Government of Alberta, 2020da). Further, on April 4, 2020, the Government of Alberta introduced an order permitting the Calgary Homeless Foundation and HomeSpace Society to operate Lakeview Signature Suits, a local hotel facility, as an isolation centre for individuals experiencing homelessness and have tested positive for COVID-19 (Alberta MOH, 2020a).

## **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 Government of Alberta began funding its fight against COVID-19 with a CA\$500-million investment in testing and treatment for patients at the beginning of the pandemic. More focus was later given to providing access to care in remote areas of Alberta through funding supporting adequate staffing and additional care units. As of late, additional funding has also been provided to tackle the challenges that the province will face when reopening the province, such as increasing the availability of social service programs and investing in enhanced testing, healthcare and research capacities for COVID-19.

On March 15, 2020, the Government of Alberta announced an additional CA\$50-million would be added to the 2020 public health budget, specifically earmarked for testing, treatment and surveillance of COVID-19 (Government of Alberta, 2020ac). Additionally, this funded was to assist front-line health professionals in managing COVID-19 patients.

In March, the province announced two new billing codes, which health professionals could use to bill the government health insurance plan for services provided to patients. The first billing code allows pharmacists to bill for time spent screening and providing information about COVID-19 (Government of Alberta, 2020af). The second is a new billing code for physicians, allowing billing for telehealth appointments, which also ensures they are paid the same wages for online consults as in-person ones (Government of Alberta, 2020ai).

On April 9, a new 6,000 square foot treatment space for COVID-19 patients was donated to the AHS by Sprung Structures, valued at CA\$235,000 (Government of Alberta, 2020aq). The provincial government

announced an investment of CA\$3 million towards turning this structure into “a site for safe, high-quality healthcare delivery that meets all standards for infection prevention and control” (ibid).

On April 13, 2020, the province announced a new CA\$286,000 grant supporting a clinical trial investigating the efficacy of a five-day treatment of hydroxychloroquine in preventing COVID-19 hospitalizations (Government of Alberta, 2020ay). This study aimed to determine if the drug showed any effectiveness in reducing severe illness in COVID-19 patients. The trial, led by the University of Calgary and the University of Alberta, was halted on May 26 in light of emerging evidence suggesting a lack of clinical equipoise (University of Calgary, 2020).

On April 14, 2020, the government announced a CA\$3-million investment in support of caregivers across Alberta amid the pandemic (Government of Alberta, 2020az). This will allow the receiving agency, Caregivers Alberta, to be able to better support caregivers across the province through: a caregiver awareness campaign, establishing an inventory for caregiver supports, expanding the hours of the Alberta’s Caregiver Advisor phone line, creating a caregiver-to-healthcare provider referral system, developing a caregiver coaching program, additional resources for supporting caregivers in the workplace, and expanding existing support programs (Government of Alberta, 2020az).

On April 15, 2020, the province further announced a CA\$53-million investment into mental health and addiction recovery supports for all Albertans during and after the pandemic (Government of Alberta, 2020bc). Of this funding, CA\$21.4 million was allocated towards improving access to existing helplines in the province: Addiction Helpline, Mental Health Helpline, Kids Help Phone and the 211 Helpline for Community and Social Services; CA\$2.6 million towards treatment for family violence, addiction and mental health; CA\$4.2 million towards similar services offered through Primary Care Networks; and CA\$25 million towards community mental health and addiction programs addressing people negatively impacted by COVID-19 (Government of Alberta, 2020bc).

On April 20, 2020, in response to increased infection rates in continuing care facilities, the province announced increased funding for healthcare workers; namely, a wage top-up of CA\$2 per hour for healthcare aides (Government of Alberta, 2020bn). The same announcement also included plans for increasing healthcare staffing, including up to 1,000 paid student practicums to increase the workforce, and a CA\$24.5 million funding advance to continuing care operators to deal with immediate COVID-19 pressures (ibid). It is estimated these measures will cost the provincial government roughly CA\$7.3 million a month (ibid).

Also on April 20, the province announced CA\$81 million in funding on its 2020 Budget to support physician recruitment and retention in Alberta’s rural communities, amid the challenges of providing care in these regions (Government of Alberta, 2020bm). This spending comes in a set of new programs and existing program amendments for the rural health system (ibid). Some of the key funding changes and allocations include:

- Removing the CA\$60,000 cap on the Rural and Remote Northern Program, it is now set to be the most generous program in the country, allowing physicians to earn more through the program
- Medical liability rates for rural physicians will be frozen at CA\$1000, urban physician’s liability rates will be frozen as well but at a slightly higher threshold, between CA\$1,200 to CA\$4,000.

- Rural on-call rates will be increased from CA\$11 per hour, to now range between CA\$20 to CA\$23 per hour.
- Funding will be allocated towards developing an alternative compensation model for rural physicians
- CA\$60 million will go towards schooling 20 medical students, encouraging them to return and practice in their rural communities upon graduation

On May 5, 2020, the province announced a CA\$4.5-million investment in a new virus detecting technology, for use in testing for COVID-19 (Government of Alberta, 2020az). Of this, CA\$1.7 million was donated by the Calgary Health Trust, and the remaining CA\$2.8 million came from AHS and the Government of Alberta (ibid). This investment injection is expected to double the provinces COVID-19 testing capacity from 7,000 to 16,000 tests per day (ibid).

On May 5, 2020, the province further announced a CA\$2-million match for donations program towards supporting COVID-19 response efforts throughout Alberta, including eight designated charities that fundraise money for “those who need it most” during the pandemic (Government of Alberta, 2020bt). The funding will be distributed between April 15 to May 31, 2020 (ibid).

On May 12, 2020, the Government of Alberta announced they would be reallocating money from the Community Initiatives Program Project-based Grant towards the Community Initiative Program Operating Grant, in order to support front-line non-profit organizations that provide services throughout the pandemic (Government of Alberta, 2020bt). This reallocation of money will provide CA\$8 million to small- and medium-sized organizations supporting vulnerable Albertans through the provision of food, shelter, and additions and mental health services (ibid).

On May 19, 2020, the Government of Alberta further announced a CA\$170-million investment towards LTC, senior lodges and supportive living facilities, to better protect residents from COVID-19 (Government of Alberta, 2020cg). Specifically, this funding was aimed at supporting enhanced staffing, additional cleaning supplies and relief from lost accommodation revenue. Further, the government announced that CA\$14.2 million would be distributed per month, retroactive to March 15, 2020, and is to be used exclusively for COVID-19 related purposes (Government of Alberta, 2020cg).

## **4.2 Entitlement and coverage**

### **Coverage for provincial/territorial healthcare**

As with other Canadian provinces, the Alberta Health Care Insurance Plan (AHCIP) covers all Albertan residents who have resided in the province for at least 3 months, who remain in the province for at least 183 days in a 12-month period, and who are not claiming health insurance benefits from another province or territory (Government of Alberta, 2020r). This health insurance plan covers all medically necessary physician services, including COVID-19 testing, treatment and hospital stays (Government of Alberta, 2020x).

In light of COVID-19, the provincial government has granted a temporary extension for AHCIP coverage to certain temporary residents (Government of Alberta, 2020h). Temporary residents, their families, and some work, study or visitor permit holders may be eligible for extended coverage if their documents have expired during the pandemic (ibid). The extension will last until at least July 31, 2020 and may be extended

further, if the provincial state of emergency is still in place (ibid). Individuals wishing to extend their coverage must contact the AHCIP office directly (ibid).

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

The province does not specify whether testing and coverage for COVID-19 is only provided to Albertans with valid AHCIP; i.e., it is not clear if non-residents must pay out-of-pocket for these services.

### **Coverage for Indigenous communities**

There have been no reported instances of jurisdictional disputes or invocations of Jordan's principle related to COVID-19 in Alberta to date. Notably, the AHS provides a dedicated webpage outlining the resources developed in collaboration between AHS and Indigenous communities and organizations across Alberta to support their COVID-19 responses, including translated resources in Alexis Nakota Stoney, Blackfoot, Cree, Dene and Stoney-Nakoda (AHS, 2020c).

## **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 Alberta's Pandemic Response Plan**

In Alberta, the main piece of legislation regarding the response to public health threats is the *Public Health Act*, which was recently updated on April 2, 2020, in response to COVID-19 (Government of Alberta, 2020cu). The *Public Health Act* provides guidance for the province in dealing with public health issues, including public health emergencies. In addition, the Government of Alberta also passed the *Emergency Management Act*, which is specific to the governance and management of emergencies in the province (Government of Alberta, 2020u). The key roles and responsibilities in dealing with the COVID-19 pandemic in the province of Alberta, as outlined in the Public Health and Emergency Management Acts, are as follows:

#### **Provincial level**

In Alberta, once a public health threat, such as COVID-19, is identified, the CMOH is responsible for launching an investigation into this threat and taking whatever action(s) they deem necessary to control it. Under the advice and guidance of the CMOH, it is the responsibility of the Lieutenant Governor in Council for calling a Public Health Emergency (Government of Alberta, 2020cu). In response to COVID-19, a provincial Public Health Emergency was declared under the *Public Health Act* on March 17, 2020 (Alberta CMOH, 2020a), and an Emergency Management Cabinet Committee was formed (Government of Alberta, 2020g).

The province's state of public health emergency grants several powers to the CMOH, allowing the province to better deal with the extraordinary circumstances they face. Notably, it grants the power to request information regarding an individual's location for contact tracing, mandates a physician to report certain communicable diseases, and mandates patients to seek healthcare if they believe they have the

communicable disease in question (Government of Alberta, 2020cu). A state of public health emergency also grants the province power to call for isolation and quarantine of individuals, sections of the province, or the entire province altogether (ibid).

Under the *Emergency Management Act*, the Alberta Emergency Management Agency (AEMA) coordinates emergency responses; specifically, this agency works to manage the supply chain, including the procurement and distribution of PPE (Government of Alberta, 2020q).

Reporting cases and tracking the epidemiology of the disease within Alberta is also under provincial jurisdiction and, specifically, is under the responsibility of the Alberta Health Services (AHS), the provincial institution responsible for the delivery and coordination of public health and health services (Government of Alberta, 2020k). Public Health Laboratories Alberta (formerly ProvLab) is the division of the AHS responsible for testing suspected COVID-19 cases in the province (AHS, 2020d). The *Public Health Act* states that should a case of a dangerous communicable disease be discovered, the CMOH must be notified within 48 hours (Government of Alberta, 2020cu). It further specifies that weekly reports must also be produced for the CMOH (ibid). The CMOH is required to communicate this information to the Minister of Health, who notifies the federal Public Health Agency of Canada (ibid).

As the public health institution for the province, the AHS is responsible for communicating health information to Albertans. Since the beginning of the pandemic, the AHS has led COVID-19 testing through their provincial laboratory, contact tracing, and produces a podcast with COVID-19 related information and updates on research (AHS, 2020k). They have also established an Emergency Coordination Center to effectively collaborate with Alberta Health (i.e., the Ministry of Health) and health care providers across Alberta (AHS, 2020k).

### **Indigenous communities**

There are no specific responses regarding Indigenous communities outlined in the province's pandemic response plans or policies.

### **Municipal level**

On March 20, 2020, the *Emergency Management Amendment Act* was introduced to ensure that local and provincial states of emergency could co-exist (Government of Alberta, 2020v). The first amendment to the *Emergency Management Act* allowed individual municipalities to better govern their response to the COVID-19 pandemic according to their needs, as long as provincial legislation is also followed (Government of Alberta, 2020v). Prior to this, a provincial state of emergency nullified a local one, effectively taking away law enforcement powers at a local level (Government of Alberta, 2020ah). The *Emergency Management Act* was amended once more on April 7, 2020 to provide greater clarity and improve the coordination between local and provincial response efforts (Government of Alberta, 2020v).

On March 25, 2020, Bill 10, the *Public Health (Emergency Powers) Amendment Act* was also enacted, granting law enforcement agencies full authority to enforce public health orders and issue fines for violating self-isolation (Government of Alberta, 2020s). This came into force on April 2, 2020 (ibid).

## 5.2 Alberta's Framework for Re-opening

The Government of Alberta released its staged Relaunch Strategy on April 30, 2020 (Government of Alberta, 2020br). The Relaunch plan is divided into three stages, with progressive reopening across the province.

Each relaunch stage is followed by a monitoring and evaluation stage to determine whether measures need to be stepped up or down, which is informed by public health and epidemiological data, and modelling and health system capacity data (e.g. ICU occupancy) (Government of Alberta, 2020br). Monitoring of confirmed cases and contact tracing are key elements of the re-opening strategy. Further, the province has stated it is prepared to lift measures in some local areas and tighten them in others, depending on where outbreaks are localized (Government of Alberta, 2020br). The Government of Alberta does not mention whether they have looked to the experiences of other countries or international organizations to inform its re-opening plan, but does state that it is working closely with the federal government to ensure cooperation across provinces and territories (Government of Alberta, 2020br).

Notably, on July 12, the province launched a request for proposals to seek third-party reviews on its pandemic response, including health system, economic, governance, and communication responses, to inform the success of its re-opening strategy and preparedness of a potential second wave of COVID-19 (Government of Alberta, 2020cx).

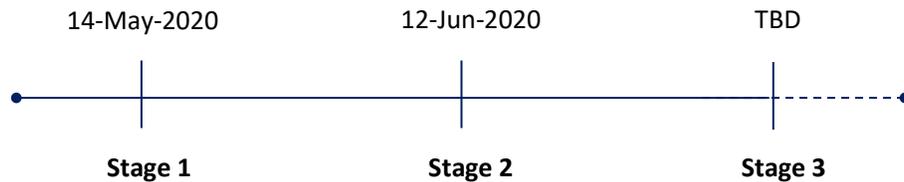
### **Prior to Relaunch**

Before moving to Stage 1 of Relaunch, the province has set out the following targets: enhanced COVID-19 testing across the province, robust contact tracing, further support for those who test positive for COVID-19 to contain the spread, stronger international border control, guidelines for the use of face masks in public (especially mass transit), and continued protections for the province's most vulnerable populations (Government of Alberta, 2020br). Physical distancing ( 2 meters) and hygiene recommendations will continue to be in place throughout all stages of relaunch (Government of Alberta, 2020br). On May 11, 2020, the province also launched a new website, Biz Connect, found at <https://www.alberta.ca/biz-connect.aspx>, which provides businesses specific guidance according to their sector on reopening (Government of Alberta, 2020a).

Notably, the province allowed some activities to resume prior to the official relaunch, including some scheduled, non-urgent surgeries and some dental, physiotherapy, social work, dietician, and other services to resume on May 4, 2020, as long as they follow the guidelines for physical distancing set by their regulatory bodies (Government of Alberta, 2020br).

Access to parks and recreation services will also be relaunched in steps: parking for these activities opened on May 1, boat launches progressively opened between May 1 and May 14, campsites opened by June 1 (to Albertans only and with restrictions on group sites, such as showers and picnic areas, and limits on the use of fires), and golf courses open on May 2 (Government of Alberta, 2020br).

Below is a brief summary and key dates of the provinces relaunch plan. The full plan may be found at <https://www.alberta.ca/alberta-relaunch-strategy.aspx>.



### **Stage 1: May 14 - June 11, 2020**

Stage 1 allowed some businesses and facilities to begin to open as early as May 14, with the exception of two municipalities: Calgary and Brooks. These municipalities will have a more gradual reopening, spanned across 18 days (detailed below), due to their higher case numbers (Government of Alberta, 2020cc).

Examples of businesses allowed to open in Stage 1 included retail businesses and farmers markets, barber shops, museums and galleries, daycares (with limits on occupancy), summer camps (with limits on occupancy) and cafes and restaurants that can operate at 50% capacity (Government of Alberta, 2020br). Places of worship were permitted to host 30% of their usual attendance rate, or a maximum of 50 people, whichever number is smaller, with no group singing permitted (Alberta CMOH, 2020i, p. 14). The cities of Calgary and Books are delaying the reopening of barbershops, cafes and restaurants until May 25, 2020, while day camps, summer schools, and places of worship re-opened on June 1, 2020 (Government of Alberta, 2020ci).

Post-secondary institutions may be permitted to offer some in-person classes, depending on public health guidance at the time. For example, Calgary and Brooks were only permitted to re-open as of June 1, 2020 (Government of Alberta, 2020ci). The use of face masks in public spaces is strongly recommended (Government of Alberta, 2020br). Initially, gatherings were limited to 15 people or less; however, this was extended to a maximum of 50 people in outdoor settings on May 15, 2020 (Mertz, 2020c).

Beginning on the first week of June, the province further expanded the provision of non-urgent surgeries to include those with overnight stays. Over 3,000 non-urgent surgeries had been performed between the beginning of the relaunch and May 22, 2020 (Government of Alberta, 2020cj).

On June 3, 2020, the province also reopened maternity services at Calgary’s South Health Campus and High River Hospital; notably, the province had consolidated maternity and other health services on April 21, 2020 (Government of Alberta, 2020cj).

Large festivals, movie theaters and classes for elementary and secondary students are permitted under Stage 1 (Government of Alberta, 2020br). Working from home and limiting travel, especially outside of the province are recommended (Government of Alberta, 2020br).

### **Stage 2: June 12, 2020 - Current**

Stage 2 was implemented depending on the success of Stage 1, as determined by ongoing monitoring of the situation, capacity of the healthcare system and continued limiting of new infections, hospitalizations and ICU cases. Alberta entered Stage 2 starting on June 12, 2020 (Government of Alberta, 2020b).

Stage 2 allowed more businesses and facilities to reopen, as long as physical distancing measures are maintained, and allowed for the potential reopening of elementary and secondary schools exclusively for diploma exams and summer school, more scheduled surgeries, movie theaters opening with restrictions, and the permission of larger group gatherings in some situations (ibid). Notably, as of August 4, students and staff are required to wear non-medical face coverings when it is difficult to maintain physical distance and, further, must complete a daily COVID-19 screening assessment (Government of Alberta, 2020j). Further, libraries, wellness services (e.g. massage), and personal services (e.g. spas) are permitted to operate, with public health measures in place (ibid). Team sports, indoor recreation facilities (e.g. gyms and pools) and bingo halls are also permitted to re-open (ibid). While instrumental concerts and trade shows are permitted, night clubs, arenas and large festivals or concerts remain prohibited (ibid). Further, non-essential travel is still not recommended (Government of Alberta, 2020br).

Under Stage 2, indoor social gatherings of up to 50 people are permitted; however, audience-type outdoor events, such as festivals and rodeos, are permitted up to a maximum of 200 people (Government of Alberta, 2020b). A maximum gathering size of 100 people is permitted for other outdoor events and indoor seated and audience-type events, such as wedding ceremonies and movie theatres (ibid). There are no capacity maximums for the following gathering types, although public health measures must be in place: worship gatherings; restaurant, cafes, lounges and bars; casinos; and bingo halls (ibid).

Further, under Stage 2, the province permits more flexibility for its “cohort groups”. Namely, households are permitted to increase their number of close contacts to a maximum of 15 people (Government of Alberta, 2020b). As an extension of this order, performers and sports teams can have cohorts of up to 50 people (ibid).

### **Stage 3: Date to be determined**

The timing of Stage 3 will similarly be dependent on the success of stage 2. This will involve fully reopening businesses with some limitations in place, permitting large gatherings, lifting restrictions on non-essential travel, and permitting nightclubs, gyms, pools, festivals and concerts to run (Government of Alberta, 2020br). Notably, physical distancing requirements will remain in place (ibid).

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

<b>Category</b>	<b>Dates and Relevant Notes</b>
Schools, childcare facilities and youth camps	Higher education: some limited classes as of May 14 (Stage 1). Primary and Secondary: June 12 (Stage 2) for diploma exams and summer school In-person classes are expected to resume in September 2020
Non-essential businesses and services	Staged approach beginning May 14 (Stage 1), with a broad range of services permitted to re-open since June 12 (Stage 2).
Public and private gatherings	Staged approach beginning May 14 (Stage 1). The opening of all religious services: June 12 (Stage 2).
Outdoor facilities	Staged approach beginning with Stage 1 (May 14), e.g. playparks, with a wider range of facilities, e.g. recreation facilities, opening under Stage 2 (June 12).
Healthcare service facilities	Staged approach beginning May 14.
Long-term care facilities	Visitation restrictions were relaxed on July 23.

Sub-populations and Indigenous Communities	Several Indigenous communities continue to impose travel restrictions.
Mobility and travel	Inter-provincial travel is not recommended until stage 3, date to be determined.

## 6. Measures in other sectors

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

### 6.1 State of Emergency

On March 17, 2020, the Premier of Alberta declared a public health state of emergency (AHS, 2020k). On May 12, the *Emergency Management Amendment Act* came into force (Government of Alberta, 2020s). The order provided enhanced authority for police during a state of emergency, granted municipalities the authority to declare a 90-day state of local emergency, and granted the Government of Alberta powers to cancel, rescind or restrict actions taken by a municipality pursuant to a state of local emergency.

On May 12, 2020, *Bill 13: Emergency Management Amendment Act, 2020 (No. 2)* came into effect, which refined the powers outlined under the original *Act*, including granting police enhanced authority during a state of emergency, permitting municipalities to declare a 90-day state of emergency (previously limited to 7-day intervals), and granting the Government of Alberta powers to cancel, rescind or restrict actions taken by municipalities in response to the local state of emergency (Government of Alberta, 2020s, p. 13). For example, one of these revisions changed the wording of the original *Act* to include not only “pandemic influenza” but pandemics, more broadly.

Further, on June 18, *Bill 24 the COVID-19 Pandemic Response Statutes Amendment Act*, was proposed which would enact amendments to 15 different acts across seven ministries (Government of Alberta, 2020cs). Notably, these amendments were proposed in response to the state of public health emergency ending and included extensions to existing measures, such as unpaid job-protected leave specific to COVID-19, and new measures, such as providing provincial and municipal authorities with flexibility and authority to respond to the COVID-19 pandemic and future provincial emergencies (ibid).

### 6.2 Border control, mobility, and travel restrictions

#### Internal travel

Responsible intra-provincial travel is permitted, e.g. to cottages; however, public health guidance must continued to be followed, e.g. physical distancing (Alberta, 2020).

In an effort to reduce the spread of COVID-19, some municipalities have taken measures to make their public transit systems safer for users. For example, Calgary Transit has limited seating by about half-capacity to allow for physical distancing between passengers; they have also implemented new cleaning measures to disinfect vehicles at stations, enforce rear-door boarding and front seat closures (to protect drivers), and have limited station building access (Calgary Transit, 2020). In Edmonton, transit services

have been reduced by limiting routes to a Saturday schedule, effective March 17 (Mertz, 2020a); the regular service schedule will resume on August 30, 2020 (City of Edmonton, 2020).

On March 21, 2020, Fort McKay's First Nation and Metis communities made the joint decision to close their borders and have since only permitted community members, essential services and staff through the community's dedicated checkpoints (Macyshon & Bogart, 2020). Several other communities followed suit, including Alexis Nakota Sioux Nation, and others, such as Peerless Trout First Nation, implemented curfews to limit the spread of COVID-19 (CBC News, 2020b).

### **External travel**

There are currently no provincial border or internal travel restrictions in place in Alberta; however, the US-Canada border remains closed to non-essential travel (Alberta, 2020). Non-essential out-of-province travel is not currently recommended – this recommendation will remain in place until the province moves to Stage 3 of its reopening plan (ibid).

On May 20, the provincial government announced they would be strengthening safety measures for travellers (Government of Alberta, 2020ch). These measures included requiring travellers arriving at the Calgary and Edmonton international airports from outside Canada to pass through a provincial checkpoint where they will need to complete an Alberta isolation plan. As per federal law, all international travelers are legally required to self-isolate for 14 days upon arrival in Canada (Immigration Canada, 2020). As well, travellers will undergo a thermal scan to screen for COVID-19 symptoms, prior to travel/entry (depending on mode of transport).

Exemptions to the above measures can be obtained, on a case-by-case basis, for certain Albertans, namely: pilots, flight attendants and commercial carriers (Alberta, 2020).

Failure to comply with the above isolation requirements can result in a fine of up to CA\$1,000; for more serious offenses, first-time offenders can face fines of up to CA\$100,000 and, for subsequent offenses, up to CA\$500,000 (Alberta, 2020). The province operates a phonenumber and online form for residents to report individuals suspected of not following these isolation requirements, as well as those not following physical distancing or gathering size restrictions (ibid).

### **6.3 Economic Measures**

Several economic supports have been introduced by the Government of Alberta throughout the pandemic to support individuals and businesses facing financial hardships as a result of COVID-19. Notably, these measures have been introduced within the broader context of the province's recent economic crisis, which has seen multiple large employers leave the province, record high business insolvency rates, and declines in gross domestic product (GDP); resulting in substantial increases in unemployment and person insolvency rates (Pelletier, 2019). In addition to a global pandemic, March 2020 also brought a shock to the province's economy (Cox & Keller, 2020). Specifically, the province's economy is highly reliant on the oil sector; in March, oil prices had collapsed to their lowest level in four years in response to escalating price wars between Russia and Saudi Arabia (ibid).

### **Public financial support**

In an effort to support individuals who have been affected by the COVID-19 pandemic, the Government of Alberta has implemented various financial support programs. On March 18, 2020 the provincial government announced the Emergency Isolation Support Program (Government of Alberta, 2020be). The program was introduced as a temporary program to provide support to working Albertans until the Government of Canada announced its national support program (ibid). The program provided a one-time payment for people who were required to isolate, people who had to take care of a dependent who was isolating, or those who had a significant decrease in income and no other source of compensation during their period of isolation (ibid).

The government has also deferred electricity and natural gas bill payments for residential properties until June 19, 2020 - no Albertan can be cut off from these services or see their services reduced during this period (Government of Alberta, 2020bi).

Further, to assist recent graduates repaying student loans, the government has granted a 6-month interest-free moratorium on Alberta student loan payments (Government of Alberta, 2020bg). Tax returns for individuals have also been deferred until June 1, 2020 (ibid).

### **Sectoral and business financial support**

On March 20, The Economic Recovery Council was appointed to provide insight and expert advice on how to protect jobs during the economic crisis stemming from the COVID-19 pandemic (Government of Alberta, 2020ag). The council aims to develop strategies for long-term economic recovery from the crisis. In an effort to create jobs in Alberta, the government announced on April 9 that they would allocate almost CA\$2 billion from the 2020 Capital Plan to resurface roads, repair bridges, restore schools and fill potholes (Government of Alberta, 2020p). This effort will allow the government to work with companies across the province so they can keep workers employed during the pandemic.

Through the provinces Business Link program, a non-profit organization funded by the Government of Alberta and Government of Canada, additional support is available for businesses impacted by the COVID-19 pandemic (Government of Alberta, 2020at). A news release on April 9 announced support for small businesses through the site, allowing them to seek free advice, coaching and information on COVID-19 resources and supports (ibid). Through the Business Link website free programming is available until June, including webinars, online events, and expert session with lawyers, accountants, markets specialists, and e-commerce specialists. The Government of Alberta has also joined with other provinces and territories, and the federal government to help businesses pay rent through the Canada Emergency Commercial Rent Assistance (CERCRA) program (Government of Alberta, 2020bn). Through the program, small businesses can receive 50% of monthly commercial rental costs (ibid). On April 24, the new Site Rehabilitation program was launched in an effort to create jobs and help Albertans get back to work (Government of Alberta, 2020bl). The program included a CA\$1-billion investment in the energy industry in an effort to create 5,300 jobs (ibid). In June 29, the province further announced a new grant program, The Small and Medium Enterprise Relaunch Grant, to provide financial assistance for businesses, cooperatives and non-profit organizations across the province that loss at least 50% of revenues as a result of pandemic (Government of Alberta, 2020cv). Eligible organizations could apply to receive a one-time grant of CA\$5,000 through the program to offset the additional costs they will face as they re-open, e.g. PPE, physical barriers, cleaning supplies, rent, etc. (ibid).

The provincial government has also deferred all income tax balances and instalment payment to August 31, 2020 to increase employers access to cash so they can pay employees, address debts and continue operations (Government of Alberta, 2020bh). As well, education property taxes will be frozen at last year's level and collection of non-residential education property tax for businesses will be deferred for 6 months or both municipal and education property tax will be deferred for a shorter time that is of equivalent benefit (ibid). Commercial landlords have been encouraged to pass on these savings to their tenants through reduced or deferred payments to help employers pay their employees and stay in business (ibid). Small, medium and large private sector employers can also defer Workers Compensation Board (WCB) payments until 2021 (ibid). The government has also deferred electricity and natural gas bill payments until June 19, 2020 for farm and small commercial customers (ibid). To support the tourism industry, hotels and other lodging providers can delay paying the tourism levy until August 31, 2020 for all amounts that were due to the provincial government on or after March 27, 2020 (ibid).

In an effort to support forest companies affected by the COVID-19 pandemic, the government announced on April 4 they will defer timber dues for six months (Government of Alberta, 2020ao). This effort aims to help forest companies continue operating and retain staff during the pandemic.

On May 7, the provincial government announced additional supports for farmers and ranchers facing difficulties due to the COVID-19 pandemic (Government of Alberta, 2020bz). These included compensating cattle producers for costs until backed-up inventory is cleared, allowing beef producers to hold on to slaughter-ready cattle on maintenance feed ration for several weeks, increasing the interim payment from 50% to 75% for the hog sector and increasing the advance payment under AgriStability from 50% to 75% for the potato industry (ibid). The Government of Alberta has also created a new Agriculture Training Support Program which is intended to offset costs for COVID-19 safety and training, including the costs of PPE (Government of Alberta, 2020ca).

In an effort to support the tourism industry, the provincial government announced on May 19 they would be providing new supports for hotels and other lodging providers by allowing these businesses to keep tourism levy amounts collected between March 1 and December 31, 2020 (Government of Alberta, 2020cf).

On May 6, the provincial government announced that they would be investing CA\$2.5 million to upgrade the Lac La Biche Provincial Building in an effort to create jobs for Albertans (Government of Alberta, 2020bw). Additional projects to create more jobs were announced on May 7, including improving highways and repairing potholes (Government of Alberta, 2020by).

Further, on July 28, the Government of Alberta announced that it would be providing CA\$500 million in additional stimulus funding to “shovel-ready” infrastructure projects across the province to support the creation of additional jobs under Alberta's Recovery Plan (Government of Alberta, 2020cz). Further, the province announced, under its *Safe Restart Program*, it would match CA\$233 million in federal funding to support operating costs of municipalities during the pandemic and an additional CA\$70 million to support transit operators, who had been financially hard-hit by the pandemic due to reduced ridership (ibid).

### **Maintaining the supply of food and essential goods**

On April 9, 2020, the provincial government announced the new [Agriculture Jobs Connector Website](#), a tool for Albertans to find essential agriculture work opportunities and for essential agriculture businesses

to find workers (Government of Alberta, 2020ar). The tool is intended to assist in keeping Alberta's food supply chain safe and intact (ibid). Another announcement, on April 9, outlined that the government will modify regulations for truck drivers and railway operators to protect the supply chain and ensure that Canadians can access necessities, including medical supplies, groceries and fuel (Government of Alberta, 2020as). Under the new regulations, commercial truck drivers transporting essential supplies in support of the COVID-19 relief efforts can work for longer periods of time, apply for fewer municipal and provincial overweight permits, be exempt from road bans, and be exempt from municipal bylaws that restrict the hours they operate and park (ibid). The regulations also allow provincially regulated railways to delay audits and re-testing of existing operators' skills and medical fitness (ibid).

Further, on April 10, the government announced measures to secure access to food for vulnerable people in Alberta including providing CA\$5 million to support food banks and community organizations in their food supply efforts (Government of Alberta, 2020av). Additional support for vulnerable populations was announced on May 10 through the Collaborative Online Resources and Education (CORE) platform (Government of Alberta, 2020cb). The platform is for seniors-serving organizations to help improve delivery of services for seniors by making it easier to share resources and coordinate services. The online hub was created through an investment of CA\$40,000 from the provincial government; the government and partners planned to invest about CA\$720,000 in inter-agency programs and initiatives that will be coordinated through CORE (ibid). The provincial government is also providing CA\$30 million in funding to 460 non-profit groups to support their responses to COVID-19, including investing CA\$5 million to food banks (Government of Alberta, 2020cd).

#### **6.4 Maintaining services for schools and businesses**

As part of the provinces' re-opening plan, on May 6, the government announced they would be providing up to CA\$17.8 million in grants for child care centres and approved family day home agencies to ensure they are ready to safely restart (Government of Alberta, 2020bv). These supports will be allocated in a phased approach: CA\$6.7 million for centres to receive immediately to cover up to 25% of overhead costs like rent and utilities (Stage 1), CA\$3.2 million after centres have re-opened for cleaning and sanitation supplies to adhere to public health guidelines (Stage 2), and CA\$6.9 million after three months of being open to offset deferred bills and address unforeseen operational issues (Stage 3) (ibid).

On July 21, the province announced additional funding – approximately CA\$120 million – to support back-to-school efforts for the 2020/21 school year, with approval from the Ministry of Education to use school board reserves (up to CA\$363 million) to cover additional costs related to COVID-19 measures (Government of Alberta, 2020cy).

#### **Internet service and connectivity support**

On August 7, it was announced that the province would be providing will provide each of Alberta's five First Nations colleges with CA\$100,000 in one-time funding for COVID-19 supports, namely to support technology needs, internet access, other supports for online learning, and improved cleaning protocols (Government of Alberta, 2020dc).

### **Working from home support**

No specific measures have been announced for the explicitly purpose of supporting Albertans working from home during the pandemic.

### **Outreach and volunteer services**

The Government of Alberta has also committed to match donations up to CA\$2 million to Alberta-based charities and non-profit organizations with COVID-19 fundraising campaigns starting April 15, 2020 (Government of Alberta, 2020ax).

On April 22, the government announced they would be launching a new tool, Alberta Care Connector, to connect Albertans with volunteer opportunities (Government of Alberta, 2020bj). Volunteers and volunteer organizations can use the tool to find volunteer opportunities such as volunteering at food banks, sewing masks, providing meals for essential service workers, picking up groceries for those unable to leave their homes, delivering blood, donating items to shelters, and reaching out to seniors through phone calls (ibid).

### **Home education support**

The provincial government has also donated about 60,000 devices, including laptops, Chromebooks, tablets and iPads, to students as they learn from home (Government of Alberta, 2020bx). As well, a provincial education helpline is available for parents to call and have their questions addressed by Alberta Education staff (ibid).

## **6.5 Civil protection and deployment of military resources**

### **Protection for vulnerable people**

The Government of Alberta outlines a number of services and resources available to vulnerable Albertans through its dedicated COVID-19 website and social media accounts. For example, on April 4, the province released fact sheets on where Albertans could find help, supports and tips related to family violence, child abuse, elder abuse, and preventing social isolation during the pandemic; these fact sheets are available in nine languages (Government of Alberta, 2020an). The province also operates a 24/7 family violence helpline and online web chat services (ibid).

As mentioned in Section 4.1, on April 15, 2020, the province announced a CA\$53-million investment into mental health and addiction recovery supports for all Albertans during and after the pandemic (Government of Alberta, 2020bc). Of this, CA\$21.4 million was allocated towards improving access to existing helplines in the province: Addiction Helpline, Mental Health Helpline, Kids Help Phone and the 211 Helpline for Community and Social Services (ibid).

### **Military deployment**

To date, there has been no need for military deployment to support Alberta's COVID-response.

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## List of Acronyms and Abbreviations

AEMA	Alberta Emergency Management Agency
AHCIP	Alberta Health Care Insurance Plan
AHS	Alberta Health Services
CERCRA	Canada Emergency Commercial Rent Assistance program
CMOH	Chief Medical Officer of Health
CORE	Collaborative Online Resources and Education platform
ICU	Intensive care unit
LTC	Long-term care
MOH	Medical Officer of Health
NML	National Microbiology Laboratory
PPE	Personal protective equipment
US	United States

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