



EVERGREEN KEY MESSAGES

2019 Novel Coronavirus (COVID-19) – Wuhan, China

Issue Statement: On December 31, 2019, the Wuhan Municipal Health Commission in Hubei province, Central China, issued a public statement that they had identified an outbreak of pneumonia of unknown cause. China has made a determination that a novel coronavirus (referred to as COVID-19) is responsible for cases of pneumonia in the Wuhan outbreak.

For the latest and most up-to-date information about COVID-19, including the latest number of confirmed cases, visit Canada.ca/coronavirus.

These media lines have been prepared for use by media relations and senior officials to respond to requests for information.

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COVID-19 key messages

- Our top priority is the health and safety of Canadians.
- The Public Health Agency of Canada is actively monitoring the situation regarding the novel coronavirus (COVID-19) and planning for all possible scenarios based on evidence as the science of the novel coronavirus continues to emerge.
- Canada has multiple systems in place to prepare for, detect and limit the spread of infectious disease, including COVID-19, in Canada.
- This is a serious public health issue and there is the possibility that the virus is present in countries that may not have the capacity to detect or contain the virus.
- The Government of Canada is working collaboratively with partners at all levels of government to respond to COVID-19, and to plan and prepare should the situation escalate.
- There are however a number of things that we can all do to stay healthy and prevent the spread of respiratory infections. Practise frequent hygiene, which includes proper hand washing and coughing and sneezing etiquette. Clean and disinfect frequently touched objects and surfaces, such as toys and door handles.
- For the latest and most up-to-date information, visit canada.ca/coronavirus or call the new toll-free phone line (1-833-784-4397) to get answers to questions about the 2019 novel coronavirus.

Global spread and preparedness

- COVID-19 is a global issue and there is the possibility that the virus could be present in countries that may not have the capacity to detect or contain the virus.
- Our response must be based on evidence as our understanding of the science of COVID-19 continues to grow.
- On March 11, 2020, the World Health Organization (WHO) assessed COVID-19 as a pandemic.
- The assessment by the WHO is not unexpected.
- In Canada, our health system is prepared for such a situation.
- Since the outset, the Public Health Agency of Canada-along with public health authorities at all levels of government across the country-have been working together to ensure that our preparedness and response measures are appropriate and adaptable, based on the latest science and the evolving situation.
- Our public health efforts will continue to focus on containment to delay the onset of community spread by rapidly identifying cases, meticulously finding close contacts and using tried and true public health measures such as isolation and physical distancing.
- In the event of community transmission, these actions will continue as long as feasible to interrupt chains of transmission in the community and to delay and reduce an outbreak where possible.

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- The Public Health Agency of Canada and the Chief Public Health Officer are in close contact with the World Health Organization and other international partners, as well as with provincial and territorial counterparts.
- A Special Advisory Committee of Canada's Chief Medical Officers of Health is in place to respond to COVID-19. This Committee will focus its attention on coordination of federal, provincial and territorial preparedness and response across Canada's health sector.
- It is a critical time with global efforts focused on containment of the outbreak and the prevention of further spread.
- This is an evolving situation, and we will provide Canadians with new information as it becomes available.

Canada's domestic preparedness and response

- Canada has multiple systems activated and in place to prepare for, prevent, detect, and respond to the spread of novel coronavirus. These include the following:
 - The Public Health Agency of Canada (PHAC) activated the Health Portfolio Operations Centre (HPOC) to ensure effective planning and coordination of the Agency's response efforts, in collaboration with international and federal, provincial and territorial partners.
 - Public Safety Canada has activated the Government of Canada Operations Centre to coordinate activities across federal departments and agencies.
 - PHAC, through Canada's Chief Public Health Officer, is in close contact with provincial and territorial Chief Medical Officers of Health to share information, coordinate response efforts, and support informed vigilance as the situation evolves.
 - A Special Advisory Committee of Canada's Chief Medical Officers of Health and senior public health officials has been activated to focus on coordination of federal, provincial and territorial preparedness and response across Canada's health systems.
 - Routine traveller screening procedures are in place at all of Canada's ports of entry, and additional border screening measures have been expanded to all international airports in Canada to help identify any travellers returning to Canada who may be ill, and to raise awareness among travellers about what they should do if they become sick.
- The Government of Canada maintains continual preparedness for public health emergencies, taking precautions to mitigate the potential risk of introduction and spread of infectious diseases. These precautions include:
 - a comprehensive surveillance infrastructure to rapidly identify emerging events and infectious diseases, including respiratory illnesses;
 - routine infection prevention and control precautions in all Canadian hospitals; and
 - public health laboratory capacity that is well equipped to rapidly detect serious infectious diseases.

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- Everyone has to contribute to flattening the epidemic curve. We have to modify our behaviours including personal hygiene measures, like frequent hand-washing, covering our coughs, and practicing physical distancing.

Risks to Canadians

- COVID-19 is a serious health threat, and the situation is evolving daily.
- The risk will vary between and within communities, but given the increasing number of cases in Canada, the risk to Canadians is considered **high**.
- This does not mean that all Canadians will get the disease.
- It means that there is a significant impact on the health care system already that could impact health care resources available to Canadians with or without COVID-19, if we do not flatten the epidemic curve now.
- The risk of severe illness and outcomes is higher for older adults and those of all ages with underlying medical conditions.
- This is why we are advising Canadians to stay home, if possible. If you must leave your home, practise physical distancing.
- Public health authorities across the country are working hard to slow the spread of COVID-19 in our communities and to reduce its impact.
- The Public Health Agency of Canada, along with provincial, territorial and community partners, continues to reassess the public health risk, based on the best available evidence as the situation evolves.

Keeping Canadians Informed

COVID-19 Situational Dashboard

- On April 4, the Government of Canada launched a new COVID-19 situational dashboard for Canada.
- The situation in Canada is changing rapidly and we are learning more about COVID-19 every day. Canadians need easy access to digital tools and resources to help them get the information they need about COVID-19.
- This dashboard provides Canadians and researchers with the latest COVID-19 data in a user-friendly format online so that they can better understand how the outbreak of COVID-19 is evolving in Canada.
- It provides an interactive overview of number of cases and deaths in Canada, including information on affected populations by age, sex and on how the outbreak is progressing over time.
- This tool does not provide any modelling or forecasting of what may occur in the coming weeks and months.

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- New data is released daily by provincial and territorial officials. While the dashboard is continuously updated to reflect these new data, if there are any differences between the national case count and testing numbers reported by provincial and territorial public health officials, the provincial and territorial data should be considered the most up-to-date.
- The Government of Canada will continue to work collaboratively with partners at all levels of government to respond to COVID-19 and ensure that cases continue to be rapidly identified and managed in order to protect the health of Canadians.

Canada COVID-19 app

- Canadians need easy access to digital tools and resources to help them get the information they need about COVID-19.
- The Canada COVID-19 mobile application allows users to access trusted health resources and track COVID-19 symptoms daily.
- The latest updates about COVID-19 and how Canada is responding are available in real-time through the app with recommendations and resources that are personalized.
- This app builds on what provinces and territories are doing and provides another valuable resource for Canadians.
- Health Canada is continuing to work closely with provinces and territories, vendors and stakeholders to make additional tools widely available to Canadians and their families.
- The Canada COVID-19 app is a central resource to be used for accessing trusted, evidence-based information about the COVID-19 pandemic across Canada. It does not track personal information, nor is it a surveillance tool.
- The protection of Canadians information is a priority for the Government of Canada and any tool used to collect health care information would need to undergo a rigorous privacy assessment.

Federal funding

- On March 11, the Prime Minister, Justin Trudeau, announced Canada's more than \$1- billion whole-of-government COVID-19 Response Fund.
- Funding provided to PHAC and Health Canada includes:
 - \$50 million for the Public Health Agency of Canada to support ongoing communications to keep Canadians informed and a national public education campaign to encourage the adoption of personal protective behaviours.
 - \$100 million to support federal public health measures such as enhanced surveillance, increased testing at the National Microbiology Laboratory (NML) and ongoing support for preparedness in First Nations and Inuit communities.
 - This is in addition to an initial \$50 million that was provided to support the immediate public health response.

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- \$275 million to enhance our capacity to explore antivirals, develop vaccines and support clinical trials.
 - This is in addition to the \$27 million for coronavirus research announced in early March through the Canadian Institutes of Health Research, which will support 47 research teams from across Canada.
- \$50 million to the Public Health Agency of Canada to support the purchase of personal protective equipment—such as surgical masks, face shields and gowns—and medical supplies to address federal needs and supplement stocks of the provinces and territories that require it.

Government of Canada's Research Response to COVID-19

- Our top priority is the health and safety of Canadians.
- Canada is home to some of the most skilled and recognized researchers in the world, who are working hard to support international efforts to fight this pandemic.
- Every day, we are adding to our knowledge of COVID-19, keeping pace with the rapid growth of new scientific evidence as it emerges.
- In order to slow, and eventually stop, the spread of COVID-19 infection we need to mobilize Canada's research and scientific communities to advance research and technology development.
- That's why, in March 2020, the Government of Canada announced a \$1 billion government-wide COVID-19 Response Fund, which includes \$275 million to enhance our capacity to test antivirals, develop vaccines and support clinical trials.
- Through the Canadian Institutes of Health Research (CIHR) Rapid Research Response program, the Government of Canada has invested a total of \$54.2 million to support 99 research teams from across the country. These teams are focusing on developing and implementing measures to rapidly detect, manage and reduce the transmission of COVID-19. This includes research into a vaccine, as well as the development of strategies to combat stigma, misinformation and fear.
- In addition to CIHR, funding for the Rapid Research Response was provided by the Natural Sciences and Engineering Research Council of Canada, the Social Sciences and Humanities Research Council, the Canada Research Coordinating Committee, the International Development Research Centre, Genome Canada, as well as contributions from Research Manitoba, Research Nova Scotia and Alberta Innovates.
- The report released today highlights the critical and innovative research taking place across Canada, including tools and solutions being developed to combat and treat COVID-19.
- This includes leveraging capacity and expertise from the Government of Canada's research facilities and making strategic investments to support and boost Canadian research capacity in both academia and industry.

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- Many of these funded projects have international collaborations and partnerships with academia, government departments as well as industry.
- Together, we are working to turn significant findings and research into actions that will save lives across the country.

Examples of projects

- The Government of Canada is investing \$150 million to support federal public health measures such as enhanced surveillance, increased testing at the Public Health Agency of Canada's (PHAC) National Microbiology Laboratory and ongoing support for preparedness in First Nations and Inuit communities.
- This important work will support diagnostic testing across Canada, research, testing and implementation of new diagnostic tests and methods, and coordination of the supply and distribution of reagents and lab supplies with provincial and territorial authorities to increase testing capacity across the country.
- The Public Health Agency of Canada's National Microbiology Laboratory is improving its understanding of the epidemiology of COVID-19 across Canada, which will help us to improve our response. Part of this work includes evaluating and establishing blood test methods to determine the immune status of Canadian populations and modelling work to assess different projections that will inform the actions we need to take to minimize the impact of the virus.
- The National Research Council of Canada's (NRC) Pandemic Response Challenge Program will bring together the best Canadian researchers from government, academia, and the private sector to develop important medical countermeasures to address COVID-19. Working with Canada's health experts to identify the most pressing needs, the program will target tools to rapidly diagnose and detect the virus, drugs and vaccines to treat and prevent the illness, and digital health solutions to help manage Canada's response to the pandemic.

Collaborative work to develop a vaccine:

- Currently, there is no vaccine to protect against COVID-19. Research supporting the development of COVID-19 vaccines is in various stages around the world, including in Canada.
- We are taking appropriate action to secure the availability of a vaccine or drug to prevent or treat COVID-19 to Canadians, once it is developed.
- This includes investments to:
 - Medicago (Quebec City): for pre-clinical and clinical testing of a plant-based, virus-like particle vaccine, with expansion of manufacturing capacity;
 - The University of Saskatchewan's Vaccine and Infectious Disease Organization – International Vaccine Centre's (VIDO-InterVac): to strengthen VIDO-InterVac's existing expertise on coronavirus research and upgrade its manufacturing facility to meet good manufacturing practice (GMP) standards; to support this effort, the NML and the Canadian Food Inspection Agency (CFIA) are collaborating with the

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- University of Saskatchewan's VIDO-InterVac and with the National Research Council to develop and test vaccine candidates against COVID-19; and,
- National Research Council (NRC): to upgrade the Human Health Therapeutics Research Centre in Montreal to meet GMP standards. This biomanufacturing facility will be available to produce clinical trial lots as soon as vaccine candidates become available, beginning as early as late spring 2020.
- Health Canada is also working with vaccine developers and manufacturers to help expedite the assessment of vaccines to prevent COVID-19. This includes supporting clinical trials and preparing for expedited reviews, once they are developed.
- The Government of Canada will continue working with international health product regulators—including the European Medicines Agency, the United States Food and Drug Administration, Australia, Canada, Singapore and Switzerland partners, and other organizations such as the International Coalition of Medicines Regulatory Authorities and the World Health Organization (WHO)—to support and coordinate rapid regulatory responses for potential vaccines and other medical countermeasures.
- The NRC is also working with a number of companies in the development of vaccine candidates.
- Canada is participating in the SOLIDARITY trial—a multinational trial coordinated by the WHO that is testing multiple potential drugs for the fight against COVID-19. The Canadian arm of this study has already begun enrolling patients. This global trial plans to recruit up to 20 sites across Canada.
- This unprecedented mega-trial to test potential treatments for COVID-19 is truly a new model for global collaboration, with the goal of being able to quickly identify treatments that could reduce the toll of COVID-19.

Working with industry to advance research and bring innovative products to market

- The Government of Canada is also working with industry to support research and manufacturing capabilities through Innovation, Science and Economic Development Canada and the National Research Council of Canada.
- This includes funding to develop patient monitoring systems and home diagnostic kits.
- The Government of Canada is also providing funding to help Canadian small and medium-sized businesses to increase their capacity to innovate and take ideas to market, including manufacturing personal protective equipment and sanitation products.

Collaboration with the global research community

- The Government of Canada is also connected to the global research effort to respond to COVID-19, working with international partners, including the WHO through its Collaborating Centres and Blueprint R&D Initiative, to coordinate efforts and share research data and findings to collectively build knowledge around the world.
- Some examples include collaboration between the Canadian Food Inspection Agency (CFIA), Defence Research and Development Canada (DRDC) and PHAC to establish the Biosafety Level 4 Zoonotic Disease Network (BSL4ZNet).

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- This network consists of 15 government organizations from five countries (Canada, the US, the UK, Germany and Australia), each with a responsibility over the regulation of human, animal and zoonotic pathogens with pandemic potential.
- The BSL4Znet has been conducting COVID-19 emergency meetings since early January with international partners to facilitate the sharing of scientific information and research capacity needs to enhance global efforts to respond to the spread of COVID-19.
- PHAC and DRDC are also members of the Medical Countermeasures Consortium, in partnership with the Department of National Defence, where they engage with the US, the UK and Australian governments to promote collaboration in research, development and acquisition.
- GAC, NRC, PHAC and CFIA regularly engage with the Coalition for Epidemic Preparedness and Innovation (CEPI), which is a key international funding mechanism for vaccine development. Canada has provided \$54 million to CEPI, which is leading efforts to have COVID-19 vaccine candidates ready for clinical trials by late spring 2020.
- CIHR's response to the COVID-19 pandemic is being informed by international partners, including the WHO and the Global Research Collaboration for Infectious Disease Preparedness (Glo-PID-R).
- CIHR, in partnership with PHAC, is leveraging the existing Canadian Immunization Research Network (CIRN) to address the COVID-19 pandemic. CIRN has received \$1 million through a direct grant to gather data related to COVID-19 symptoms, as well as possible treatments and risk factors, which will inform Canada's public health response to COVID-19.
- Health Canada is engaged with other international regulators to monitor any impacts on global supply as a member of the International Pharmaceutical Regulators Programme.

Mental Health Support for Canadians

Wellness Together Canada portal

- Canadians need easy access to digital tools and resources to provide them with the information they need during COVID-19.
- During these difficult times, it is critical that Canadians have access to effective tools to support their mental health and wellbeing, obtain credible and reliable information about mental health and substance use, and access services.
- That's why the Government of Canada is launching the Wellness Together Canada mental health and substance use support portal. It is a central resource for accessing confidential mental health and substance use support with respect to COVID-19.
- Health Canada was pleased to work with a wide variety of organizations who have a long history of providing top quality mental health and substance use care to Canadians, including Stepped Care Solutions, Kids Help Phone, Homewood Health, Greenspace Health, the Mental Health Commission of Canada, and the Canadian Psychological Association.

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- This web-based portal provides Canadians with a virtual network of psycho-social information services and supports, and is available on Canada.ca/coronavirus and the [Canada COVID-19 app](#).
- The Wellness Together Canada mental health and substance use support portal is meant to support existing provincial and territorial services.
- Health Canada is working closely with provinces and territories, vendors and stakeholders to make additional tools widely available to Canadians and their families.

Funding to Kids Help Phone to meet increased demand for mental health services for children and youth in relation to COVID-19

- The COVID-19 pandemic is new and unexpected. It is having a major impact on Canadians, including children and youth. Supporting the mental health and well-being of Canadians during the COVID-19 pandemic is a priority for the Government of Canada.
- With school closures and reduced access to community resources, Kids Help Phone is experiencing increased demand for its confidential 24/7 crises support services, which are available online, by telephone, and through text messaging.
- In response, the Government of Canada is providing \$7.5 million to Kids Help Phone to meet this increased demand and provide young people with the mental health support they need during this difficult time.
- This additional support will provide English and French e-mental health services to children and youth across Canada who are feeling the social and financial impacts of the COVID-19 pandemic. It will ensure that vulnerable Canadian youth and children can find the help they need when they need it most.
This investment is an important first step in connecting Canadians to the mental health resources they need across the country.

Vaccination Schedules during COVID-19

- Vaccination is one of the most effective ways to prevent the spread of infectious diseases.
- Although public health is a shared responsibility in Canada, matters related to vaccination programs fall under provincial and territorial jurisdiction.
- Canadians should contact their health care provider or public health authority to see whether there have been any revisions to their or their family's recommended vaccination schedule as a result of the COVID-19 pandemic.
- Given the current pandemic, it is normal to feel concerned about visiting a doctor's office or clinic for routine appointments such as vaccinations.
- Canadians should consult with their health care provider or public health authority to:

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- find out whether there have been any revisions to their or their family's; recommended vaccination schedule as a result of the COVID-19 pandemic
 - determine when they should visit, and;
 - learn about the measures that have been put in place to safely deliver vaccination services during COVID-19.
- Health care providers have precautions in place to prevent the spread of infection during office visits. These precautions can include:
 - screening patients for symptoms or other risk factors before the appointment and upon arrival;
 - posting signage at the office;
 - encouraging patients to use alcohol-based hand sanitizer;
 - providing masks to patients upon arrival; and
 - staggering appointments to ensure physical distancing in the office.

Infection Prevention and Control Guidance for Acute Health Care Settings

- Protecting Canada's healthcare workers from COVID-19 infection is essential. These care providers are at the frontline of the pandemic and are looking after some of the most vulnerable Canadians.
- The Public Health Agency of Canada's (PHAC) infection prevention and control guidance complements provincial and territorial public health policies and procedures.
- PHAC's National Advisory Committee on Infection Prevention and Control, comprised of experts in this field and front-line care providers, worked with PHAC to develop this guidance.
- The F/P/T Special Advisory Committee on COVID-19 has endorsed the guidance and the technical brief.
- PHAC guidance is not mandatory. It should be read in conjunction with relevant provincial, territorial, and local legislation, regulations and policies.

Updated interim guidance on infection prevention and control in acute healthcare settings:

- This guidance was updated in line with our approach to keep guidance current and to ensure we provides comprehensive recommendations based on the best available evidence.
- The guidance emphasizes the need for environmental and administrative controls in facilities to protect healthcare workers and patients as well as the fundamental importance of training in the use of PPE.
- It indicates that droplet and contact precautions are appropriate for most patient care. Aerosol-generating medical procedures require N95 respirators along with other PPE.

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- The guidance remains interim as it is subject to revision based on new scientific evidence.

New technical brief guidance regarding masks and eye protection/ face shields, to be worn throughout shifts:

- PHAC recommends that all health care workers in acute care hospitals wear medical masks and eye protection/face shields for the full duration of a shift in acute healthcare settings.
- This recommendation is based on emerging evidence of asymptomatic and pre-symptomatic transmission of COVID-19 infection.
- Wearing a medical mask throughout the duration of a shift is an important measure to help reduce the risk of transmission from a health care worker to a patient.
- Wearing a medical mask and eye protection/face shield throughout the duration of a shift is an important measure to help reduce the risk of transmission from a patient to a healthcare worker.
- This recommendation applies to health care workers who are in direct contact with patients, as well as environmental services staff working in patient care areas.
- Another important measure to ensure COVID stays out of health care settings is the recommendation that any health care workers who have COVID-19-related symptoms should immediately go home and only return to work following the advice of their local public health units
- Health care workers should refer to their province or territory's guidance, as well as facility policies on the use of masks, eye protection, and other personal protective equipment (PPE), including any PPE conservation strategies that are in place.

Canada's supply of PPE and medical supplies:

- Health care workers need medical masks, including surgical masks, medical procedure masks, and respirators, such as N95 masks. It is extremely important to maintain the supply of medical masks where it is needed.
- The Government of Canada is working to ensure that health care workers have the PPE and medical supplies they need. We are doing this through collaborative bulk procurement with the provinces and territories, building domestic production capacity, and identifying potential alternatives and ways to extend product life.
- Canada is working to rapidly allocate PPE and medical supplies to the provinces and territories as per an approach agreed upon by federal, provincial and territorial Ministers of Health.

Guidance and concerns from the Canadian Federation of Nurses Unions:

- We have engaged regularly with the Canadian Federation of Nurses Unions about their concerns with some aspects of the updated guidance.

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- The Government of Canada has developed this guidance based on the best available evidence to protect the health and safety of health care workers.
- We will continue to reassess and update our guidance as the situation evolves and we learn more about COVID-19.

Point of Care Risk Assessment

- Before any patient interaction or procedure, all health care workers should assess the infectious risks posed to themselves, other patients and other workers. This is called Point of Care Risk Assessment, and is the basis for selecting the appropriate PPE.

Inclusion of cleaners or food providers who could be exposed to COVID-19:

- The advice in this guidance document covers anyone working in acute health care, including cleaners and food providers.

Use of surgical masks rather than N95 respirators:

- The choice of a surgical mask or N95 respirator should always be informed by a point of care risk assessment.

Re-use of PPE and guidance for health care facilities:

- N95 masks have historically been single-use products that are used by health care workers.
- Canada is exploring ways to extend the use of N95 respirators by decontaminating and reusing them. Decontamination of N95 respirators has been successful in other countries, including the United States.
- Canada is asking provinces and territories to set their used N95 respirators aside while a process for successful decontamination of the masks can be tested.
- Extending the use of PPE through decontamination is one way of helping to ensure that Canada has enough supply.

Long-term Care Facilities

- We are calling on all Canadians to help protect older adults and medically vulnerable people, who are at greatest risk of severe health complications linked to COVID-19.
- We all need to do our part to help stop the spread of the virus among the residents of long-term care homes, as well as the workers who care for them.
- A "no visitor" policy should be strongly considered. If visitors are permitted, they should be strictly limited to those who are essential, meaning necessary to basic personal care medical or compassionate resident care. Essential visitors should be limited to one person at a time for each resident.

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- Like all Canadians, residents and staff within long-term care homes should practise physical distancing to the greatest extent possible, including during meal times.
- Because they have direct contact with the most vulnerable in our society who are at highest risk of severe illness, health care workers should not go to work if they have symptoms.
- We understand that the efforts of Canadians to stop the spread of COVID-19 and to protect our most vulnerable involve difficult decisions and personal sacrifices.

Guidelines:

- The Public Health Agency of Canada (PHAC) develops evidence-informed infection prevention and control guidance to complement provincial and territorial public health efforts in monitoring, preventing and controlling healthcare-associated infections.
- The Government of Canada has released Infection Prevention and Control for COVID-19: Interim Guidance for Long-Term Care Homes to support the staff and residents in these facilities.
- This interim guidance is based on previous Canadian guidance developed for the coronavirus pandemic, lessons learned from the COVID-19 outbreak in China and other countries, and interim guidance from other Canadian and international bodies.

Public health guidance for long-term care homes:

- Long-term care homes should maintain a high level of vigilance to ensure that staff do not report to work with symptoms.
- Staff should be screened for symptoms of COVID-19 before every shift, and any staff member developing symptoms during a shift should be managed immediately.
- Wherever possible, employers should work with their staff to limit work to only a single facility, and to limit the number of locations in the facility in which the employees work.
- All staff and visitors should wear masks for the duration of their shifts or visits in order to prevent transmission of the virus, even before they are aware they are ill.
- If visitation is required, visitors should be screened for fever, cough or difficulty breathing, and prevented from entering if they have any COVID-related symptoms.
- Many facilities have already implemented measures, such as barring visitation or other non-essential on-site services.
- These facilities should also follow the recommendations for preventing transmission of infections, including COVID-19, in long-term care and assisted-living facilities developed by the relevant provincial or territorial health authority.

Isolation, Quarantine (Self-Isolation) and Physical Distancing

- There is a difference between advice to quarantine (self-isolate) and advice to isolate. It is important to note these measures are in place to protect the health and safety of Canadians.

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Isolation

- Isolation means staying at home when you have a symptom of COVID-19 and it is possible that you have been exposed to the virus. By avoiding contact with other people, you help prevent the spread of disease to others in your home and your community.

You must:

- **go directly home and/or stay at home** if you have:
 - been diagnosed with COVID-19, or are waiting to hear the results of a lab test for COVID-19
 - any symptom of COVID-19, even if mild, and have
 - been in contact with a suspected, probable or confirmed case of COVID-19
 - been told by public health (directly, through public communications or through a self-assessment tool) that you may have been exposed to COVID-19
 - returned from travel outside Canada with symptoms of COVID-19 (mandatory)
- monitor your symptoms as directed by your healthcare provider or Public Health Authority until they advise you that you are no longer at risk of spreading the virus to others
- immediately contact your healthcare provider or Public Health Authority and follow their instructions if your symptoms get worse.
- **Limit contact with others**
 - Do not leave home unless it's to seek medical care.
 - Do not use public transportation (e.g., buses, taxis).
 - Arrange to have groceries and supplies dropped off at your door to minimize contact.
 - Stay in a separate room and use a separate bathroom from others in your home, if possible.
 - If you have to be in contact with others, practise physical distancing and keep at least 2 metres between yourself and the other person.
 - Avoid contact with individuals with chronic conditions, compromised immune systems and older adults.
 - Keep any interactions brief and wear a medical mask if available, or if not available, a non-medical mask or face covering (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) when coughing, sneezing or if you need to be in the same room with others in the home.
 - Follow instructions online for the safe use and disposal or laundering of face masks, or as provided by your Public Health Authority.
 - Avoid contact with animals, as there have been several reports of people transmitting COVID-19 to their pets.
- **Keep your hands clean**
 - Wash your hands **often** with soap and water for at least 20 seconds, and dry with disposable paper towels or dry reusable towel, replacing it when it becomes wet.
 - You can also remove dirt with a wet wipe and then use an alcohol-based hand sanitizer.
 - Avoid touching your eyes, nose and mouth.

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- Cough or sneeze into the bend of your arm or into a tissue.
- Avoid contaminating common items and surfaces
- At least once daily, clean and disinfect surfaces that you touch often, like toilets, bedside tables, doorknobs, phones and television remotes.
- Do not share personal items with others, such as toothbrushes, towels, bed linen, utensils or electronic devices.
- To disinfect, use only approved hard-surface disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.
- Place contaminated items that cannot be cleaned in a lined container, secure the contents and dispose of them with other household waste.
- Put the lid of the toilet down before flushing.
- Wearing a face mask, including a non-medical mask or facial covering, may trap respiratory droplets and stop them from contaminating surfaces around you - but wearing a mask does not reduce the need for cleaning.

- **Care for yourself**

- Monitor your symptoms as directed by your health care provider or public health authority.
- If your symptoms get worse, immediately contact your health care provider or public health authority and follow their instructions.
- Get some rest, eat a balanced diet and stay in touch with others through communication devices.

- **Supplies to have at home when isolating**

- Medical masks if available for the case and the caregiver. If not available, non-medical mask or face covering (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops)
- Eye protection (face shield or goggles) for use by caregiver
- Disposable gloves (do not re-use) for use by caregiver
- Disposable paper towels
- Tissues
- Waste container with plastic liner
- Thermometer
- Over the counter medication to reduce fever (e.g., ibuprofen or acetaminophen)
- Running water
- Hand soap
- Alcohol-based sanitizer containing at least 60% alcohol
- Dish soap
- Regular laundry soap
- Regular household cleaning products
- Hard-surface disinfectant, or if not available, concentrated (5%) liquid bleach and a separate container for dilution
- Alcohol prep wipes or appropriate cleaning products for high-touch electronics

Self-Isolation (Quarantine)

- Quarantine for 14 days if you have **no symptoms** and **any** of the following apply:
 - you are returning from travel **outside of Canada** (mandatory quarantine)

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- you had close contact with someone who has or is suspected to have COVID-19
- you have been told by the public health authority that you may have been exposed and need to quarantine
- Quarantine means that for 14 days you need to:
 - **stay at home** and monitor yourself for symptoms, even if mild
 - avoid contact with others to help prevent transmission of the virus at the earliest stage of illness
 - practise physical (social) distancing in your home and community
- If you develop symptoms, even if mild, stay home and isolate yourself from others. Immediately call a health care professional or your public health authority.

Physical distancing

- We are advising Canadians to stay home, if possible. If you must leave your home, practise physical distancing.
- Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak.
- Everyone needs to practice physical distancing, even if you have:
 - NO symptoms of COVID-19
 - NO known risk of exposure
 - not travelled outside of Canada within the last 14 days.
- You can practise physical distancing by making changes in your everyday routines to minimize close contact with others. For example:
 - avoiding crowded places and gatherings
 - avoiding common greetings, such as handshakes
 - limiting contact with people at higher risk (e.g. older adults and those in poor health)
 - keeping a distance of at least 2 arms lengths (approximately 2 metres) from others, as much as possible
- To stay healthy and prevent the spread of respiratory and other illnesses is to:
 - wash your hands often with soap and water for at least 20 seconds;
 - cough and sneeze into your sleeve and not your hands;
 - avoid touching your eyes, nose or mouth, especially with unwashed hands;
 - avoid close contact with people who are sick; and
 - stay home if you are sick to avoid spreading illness to others.
- While keeping a physical distance of 2 metres from others, you can:
 - greet with a wave instead of a handshake, a kiss or a hug
 - use food delivery services or online shopping
 - ask family, a neighbor or friend to help with essential errands
 - exercise at home

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- go outside for some fresh air, a run, a bike ride, or to walk the dog
- host online dinners and games with family and friends
- use technology, such as video calls, to keep in touch with family and friends
- work from home
- get creative by drawing chalk art or running back yard obstacle courses and games

Be Prepared

- There are simple, practical things you can do to prepare in case you or someone in your household becomes ill or if COVID-19 becomes common in your community.
- Make a plan that includes:
 - Have essential supplies (a few weeks' worth) on hand so you will not need to leave your home if you become ill.
 - Avoid panic buying. Add a few extra items to your cart every time you shop. This places less of a burden on suppliers, and can help ease financial burden on you as well.
 - Renew and refill your prescription medications.
- Alternative arrangements in case you become ill or if you need to care for a sick family member. For example:
 - Have backup childcare in case you or your usual care provider become ill.
 - If you care for dependents, have a backup caregiver in place.
 - Talk to your employer about working from home if possible.
- We are aware that the novel coronavirus can cause a range of mild to severe symptoms. It is possible that individuals will not recognize when they first develop symptoms, because they can be similar to a cold or flu.
- If you have symptoms (fever, cough or difficulty breathing) and suspect you may have COVID-19, contact a health professional before arriving in person so that the appropriate measures can be taken when you arrive.
- Do not go to a health care provider without calling ahead so that appropriate measures can be taken when you arrive.

Stay informed

- Go to credible sources for up-to-date information and advice:
 - the [Canada.ca/coronavirus](https://www.canada.ca/coronavirus) web page;
 - the national toll-free phone number (1-833-784-4397) for COVID-19;
 - Government of Canada Twitter, Facebook and LinkedIn social media accounts; and
 - provincial, territorial and municipal government websites and social media accounts.

Enforcing Isolation and Quarantine (Self-Isolation)

- For questions regarding whether Canada would ever consider fining or arresting individuals who are not following the advice to self-isolate:

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- We are asking Canadians to **do the right thing** and to continue to stay home, if possible, and to practice physical distancing if they leave their home.
- Canadians need to understand the role that they play personally and the potential risk that they may have been exposed to the virus during any travel outside the country and the risk that they in turn may pose to other Canadians including the most vulnerable.
- Canadians need to also respect any guidance given to them by local public health and, if they are sick, they need to stay home.
- The failure to comply is a real concern. Individuals who are asked to self-isolate should take this seriously and stay home. If there is a need to leave home for food and/or medication, efforts should be made to ask a friend or family member to help out.
- For Canadians not self-isolating, there will continue to be the need to leave their homes for essential items like food and medication. As long as individuals do not have COVID-19 symptoms, people can also continue to get fresh air and exercise outdoors while practicing physical distancing.
- This will help protect older adults and medically vulnerable people who are at greatest risk of severe COVID-19 disease. We need to help as many Canadians as possible to stay healthy.

If pressed:

- There are some very powerful measures under the Quarantine Acts within every level of government, to help enforce measures to protect the health and safety of Canadians. A number of provinces and territories have put in place mandatory self-isolation orders.
- Such extreme action could take place, but we are not at that point and we continue to expect Canadians to help their neighbours, friends and family by continuing to stay at home as much as possible, wash their hands often and avoid close contact with people who are sick.

Criteria for individuals to discontinue home isolation after COVID-19 symptoms

- Based on the latest science and in consultation with provincial and territorial experts, we have updated the guidance on when individuals can end a period of home isolation following the presence of COVID-19 symptoms.
- The new guidance recommends that an individual in home isolation, who had symptoms consistent with COVID-19, can end home isolation a minimum of 10 days after the onset of their first symptoms, provided they are feeling better and do not have a fever.
- The 10 day minimum is based on when these people are no longer expected to be able to spread the virus to others. Some people can have a persistent cough after an illness like COVID-19 and we do not want to keep them isolated longer than necessary.

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- This new guidance means that an individual on home isolation no longer needs to have two negative COVID-19 tests 24 hours apart once they no longer exhibit symptoms consistent with COVID-19.
- This change does not apply to hospitalized patients.
- Provinces and territories may impose a longer period of isolation. Individuals who work in health care settings may need to meet additional requirements, as set out by their employer or provincial/territorial jurisdiction, before they are able to return to their workplace.
- Everyone has to contribute to reducing the spread of COVID-19 in Canada and flattening the curve. Using tried and true measures such as continuing to practise physical distancing once home isolation has ended will help our overall public health efforts and protect Canada's most vulnerable people.

If pressed on why the criteria are being changed

- Across Canada, we need to strategically use laboratory testing resources.
- This change to the approach for laboratory testing will help ensure the best use of limited health and laboratory resources.
- Not all persons on home isolation with symptoms consistent with COVID-19 require a laboratory test to confirm or rule out infection, provided they adhere to strict home isolation guidance.
- The updated criteria will allow the provinces and territories to recommend a period of home isolation for individuals with symptoms consistent with COVID-19 without requiring multiple laboratory tests.

If pressed on how the time period was decided upon

- The research and data on COVID-19 continues to grow and evolve.
- One unpublished study found that when scientists tried to find live virus in specimens from people who had COVID-19, no live virus could be found by the eighth day after onset of illness/symptoms. When these same people were tested using a different test (polymerase chain reaction (PCR)) several of them still came up as positive because that test can detect both live and dead virus.
- This means some people can test positive even though they are no longer at risk of spreading the virus to others.
- In the absence of a large amount of conclusive data, a minimum of 10 days of home isolation is an appropriate recommendation at this time.

If pressed on whether the new criteria are more or less stringent than previous criteria

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- The new guidance replaces the current, more stringent and resource intensive, requirement for individuals to receive two negative tests before being allowed to end home isolation.

Modelling and Surveillance:

Surveillance for COVID-19

- Canada's health system has been on high alert to detect possible COVID-19 cases for many weeks.
- Canada remains focussed on containment efforts to delay and slow the spread of COVID-19. We do this by rapidly identifying cases, meticulously finding close contacts and using proven public health measures such as isolation and recommending that Canadians practise physical distancing.
- Canada has a highly integrated federal, provincial and territorial approach to surveillance, involving front-line healthcare settings and laboratories across the country that have effectively equipped us to detect respiratory illnesses, including COVID-19.
- Public health laboratories across Canada are also working together to report COVID-19 test results weekly. These reports will allow us to monitor where COVID-19 is occurring, which can provide us with an early signal of potential clusters that can indicate community spread.
- Hospital surveillance is another important area for detection of COVID-19. These sites allow us to monitor for people with respiratory symptoms, including those with pneumonia or severe infections, even if they have not travelled to an affected country. This is another means of broadening the scope of our surveillance to identify signals of potential community spread so that public health authorities can take appropriate action.
- Finally, Canada has established networks of paediatricians and family doctors that are essential to surveillance. These networks include providers at the front line of primary care, who are often the first to detect new or unexpected patterns of illness that may be a first alert to an emerging health concern.
- It is by bringing data together from all these sources that we can detect signals and investigate transmission patterns to closely monitor the emergence and spread of COVID-19 in communities across Canada.

Modelling Data (Released April 9)

- The Government of Canada is continuing to work with provincial, territorial and international partners to ensure that our response to the COVID-19 epidemic is based on the latest science and situational assessment.
- We continually analyze data and clinical and epidemiological studies as they emerge to determine when public health measures are working and when we may need to do more to control the epidemic.

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- We are also collaborating with federal, provincial and territorial governments and universities to forecast the possible future spread of COVID-19 in Canada and to estimate a range of possible numbers of cases, hospitalizations and deaths that may occur in the coming weeks and months.
- Based on these models, we can prepare our health system to provide care for the projected number of patients and assess what additional public health measures we may need to change the course of the epidemic in Canada.
- The models are highly sensitive to our actions. We can all help lower the impact of COVID-19 in Canada, by keeping up our physical distancing efforts.
- Just as case rates are different across the country, so too are projections about the impacts in various provinces and territories.
- Predictive modelling for COVID-19 requires that we make assumptions based on incomplete data and evolving science. These assumptions change as we get new information about the virus and more data about the epidemic in Canada.
- We are continually improving the models to provide the best available information to Canadians about possible outcomes.

Quebec's rate of cases and deaths

- Several factors are contributing to Quebec's higher numbers of reported cases and deaths relative to those of other provinces and territories.
- Most importantly, both Quebec and Ontario have reported numerous outbreaks in long-term care homes and senior residences. Transmission in these settings is driving a large number of cases and deaths among older adults. More than 80% of deaths in Quebec are among residents of these homes.
- Long-term care facilities continue to experience outbreaks, which are driving cases and deaths in some provinces. Based on provincial and territorial websites and press briefings, above half of all deaths, 63% (1,157/1,834), have occurred in long-term care facilities.
- The timing of the school break in Quebec is another factor that could have contributed to the higher number of cases. Quebec's school break occurred earlier than that of other provinces, with people travelling to countries and regions that had unrecognized outbreaks.
- A difference in reporting methods may also contribute to higher case counts in Quebec. Quebec includes individuals without waiting for laboratory diagnosis if they have symptoms of COVID and have been in close contact with a laboratory-confirmed case. Quebec counts these individuals in their counts of cases and deaths whereas other provinces and territories do not.
 - Quebec's public health authority can provide more clarity on how it reports confirmed cases.

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- The province of Quebec was able to ramp up its testing capacity early on in the outbreak, with a more targeted testing approach (including testing for healthcare workers, long-term care residents, hospitalized cases with respiratory illness), which enabled them to identify cases.

If pressed on whether case numbers are underestimated in other provinces and territories

- Other provinces and territories publicly include only individuals with a laboratory diagnosis in their confirmed case count.
- We know that laboratory-confirmed cases underestimate the true number of infected individuals in all provinces where the virus is circulating. This is because not every person who is sick will get tested and be recorded as a lab-confirmed case.
- People with mild illness may go undetected and unreported and some people who are infected will not experience any symptoms at all. This is why public health measures such as physical distancing are so important.

Virus epidemiology

- In Canada, and around the world, researchers are actively investigating all aspects of the novel coronavirus outbreak to further understand this disease and how the outbreak may progress.
- Canada is following the guidance of the WHO, which recommends a quarantine period of two weeks (14 days).
- The WHO noted on February 10, 2020, that it is not considering changing its recommended quarantine time.
- The World Health Organization (WHO) has cautioned that a 24-day incubation period could be an outlier or an unrecognized second exposure. An unrecognized second exposure is a situation where an individual already recognized as having been exposed to the virus is exposed to the virus again but this second exposure is not recognized. If they develop illness due to the second exposure it may mistakenly appear like the incubation period is longer than 14 days because the “clock” was not “re-set” at the time of the second exposure.
- To date, there has been no verified data to suggest the incubation period extends beyond 14 days. The report from China requires careful review to establish whether the finding is valid.
- PHAC is an active participant in a number of expert groups that are examining how the disease is transmitted, developing models to predict how it may spread, and developing guidance for infection prevention and control based on the most recent information.
- The Public Health Agency of Canada (PHAC) continues to liaise with international partners, including the World Health Organization (WHO), to better understand the epidemiology of this disease

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Testing

- Canadians can be confident in the methods and laboratory capabilities of Canada's National Microbiology Laboratory (NML).
- The NML is internationally recognized for its scientific excellence.
- Provincial public health laboratories can test for COVID-19 with a very high degree of accuracy.
- The NML is providing all provinces and territories with laboratory reference services. These testing services provide a variety of support to provincial and territorial laboratories across Canada including confirmatory testing, quality assurance, and in-depth analysis of difficult to diagnose specimens.

Testing individuals

- Testing for the novel coronavirus in symptomatic individuals has clear clinical and public health value, but the same is not true for testing asymptomatic persons.
- Canada has and will continue to test all symptomatic individuals, as part of our evidence-based approach, while considering the evolving science on other testing scenarios. As the science evolves, our approach will keep pace, and policies and protocols will be updated accordingly.
- One thing that is clear in our approach is that we test all symptomatic individuals and our threshold for that has been very low.
- It is important to understand that this is not a simple or straightforward issue, and the science is not clear.

Why asymptomatic people are not being tested for COVID-19:

- It is important to focus on testing the right people at the right time.
- Testing in Canada is focused on people who present with symptoms consistent with COVID-19.
- Testing people who are asymptomatic is not considered an effective approach to detecting and preventing the spread of this virus and may give a false sense of reassurance.
- Testing asymptomatic individuals offers a false sense of reassurance, because it does not mean that an individual will not go on to become symptomatic and develop disease within the incubation period. The timing of testing matters. This is why we took the precaution to quarantine individuals again in Canada. There is a real assurance in monitoring for the 14-day incubation period and that means more for preventing spread than a potentially false negative test result.
- In addition, if an asymptomatic individual was tested and the test was positive, it is not clear what the significance and implications are. A positive test could mean presence of virus genetic material was detected, but that does not mean the person is necessarily infectious to others.

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- Most individuals tested to date have had symptoms and a history of travel, or contact with a traveller, to a known affected country.

Unusable Testing Kit Swabs

- The Government of Canada is aware that there are issues with some of the testing kit swabs that were received this past week.
- These swabs were part of a bulk order of 8.85 million swabs to be delivered throughout April and May in Canada.
- The manufacturing company (ESBE Scientific) is a reputable one, licensed by Health Canada. We have been informed that the company has paused subsequent production to address issues in the manufacturing process. As a result, remaining swab shipments will likely be delayed to address quality issues.
- This issue may have implications for future orders. The Public Health Agency of Canada continues to work directly with provinces and territories to identify their medical supply needs in order to place bulk buy orders. Public Services and Procurement Canada will continue to identify all available suppliers that have the capacity to respond to Canada's needs.

Serology and Immunity Passports

- Each day we are adding to our knowledge of COVID-19, keeping pace with the rapid growth of new scientific evidence as it emerges. This is critical to decision-making.
- There is an active international effort to assess whether those who have recovered from illness are safe to go back to work. No decisions have been made yet in Canada on whether we can certify individuals with their immunity status.
- COVID-19 is an emerging virus and that means we need more data before we know if those who have recovered will have long-lasting protective immunity.
- Right now, we do not know if people who've recovered will have immunity, how long that immunity may last, or if it's possible for individuals to get COVID-19 twice, or experience milder or more serious illness if they get COVID-19 a second time.
- We recognize that waiting for the science can be difficult but, while we learn more about COVID-19, we have to use public health measures that we know are effective.
- We are continuing to advise Canadians to stay home, practice good hand hygiene, and if you have to leave your home, practise physical distancing. These are tried and true public health measures that we know work.
- We are working hard to improve our understanding of COVID-19 across Canada so we can continue to adapt our response to slow the spread of the virus.

If pressed on serological tests:

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- The Public Health Agency of Canada's National Microbiology Laboratory (NML) is working on developing a number of in-house serological tests in addition to evaluating a variety of commercial tests for COVID-19.
- A serological test detects the presence of viral specific antibodies in patients' blood and allows public health professionals to identify individuals who have been exposed to the COVID-19 virus.
- Serological testing can be used to determine the immune status of individuals by detecting antibodies in the blood of those who have recovered from the infection.
- The ability to test for antibodies provides a deeper understanding of how the immune system responds to the virus that causes COVID-19, and provides a tool to assess new vaccines and other therapeutics or treatments.
- Serological testing will help increase diagnostic capacity, provide a means for studying community transmission and exposure rates, and the efficacy of new treatments.
- Developing and applying a serological test for COVID-19 has its challenges as this is an emerging virus and the performance of new tests require additional research. The NML and its partners are in the process of assessing a number of serological tests and collecting samples to evaluate them.

If pressed on why Canada is not following the UK and Germany:

- More research is needed before making decisions in Canada.
- Other respiratory viruses generally do not provide an individual with 100% immunity after recovery.
- Right now, we just do not know if individuals who have recovered from COVID-19 will have immunity, how long that immunity may last, or if it's possible for individuals to experience less severe or potentially more serious illness if they get COVID-19 a second time.
- Canada will continue working closely with international partners to share information on measures and best practices to inform our domestic approaches..

On pre-symptomatic and asymptomatic transmission

- Now that more countries have had large numbers of cases and have analysed transmission patterns, recent studies provide evidence that transmission of the virus can happen from infected people—before they develop symptoms. We refer to this as pre-symptomatic transmission.
- There is also evidence that some infected people who never develop symptoms are also able to transmit the virus. This is called asymptomatic transmission.
- We do not know how much of a role pre-symptomatic and asymptomatic transmission play in driving this epidemic at this time—but we know that it is occurring among those with close contact or in close physical settings.

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- While the primary driver of the global pandemic of COVID-19 has been individuals with visible symptoms (coughing and respiratory droplets are key ways the virus is spread), evidence of asymptomatic or pre-symptomatic transmission points to the importance of everyone, even those who feel fine, following the proven methods of preventing transmission.

Drugs and vaccines

- When a vaccine or drug is developed to prevent or treat COVID-19, we will take appropriate action to ensure its availability to Canadians.
- Measures include fast-tracking through the:
 - scientific review of new drugs or vaccines through a priority review or a notice of compliance with conditions
 - use of the Extraordinary Use of New Drugs pathway for making a promising new drug or vaccine available in order to secure the health of Canadians during an emergency
 - Canadian clinical trials for new vaccines, new or repurposed antivirals, or supportive therapies
- Other measures include the:
 - Special Access Program for practitioners treating patients with serious or life-threatening conditions when conventional therapies have failed or are unavailable
 - importation of a new drug authorized for sale in the United States, Switzerland or the European Union through the list of drugs for an urgent public health need.

Canadian hospitals to join global drug trials

- COVID-19 is a global pandemic that requires a global solution.
- The participation of countries, including Canada in this unprecedented mega-trial to test potential treatments for COVID-19, is truly a new model for global collaboration.
- This global trial coordinated by the World Health Organization will test multiple potential drugs to treat COVID-19. By using a common study design across countries, it ensures that results can be obtained more rapidly and be more robust.
- As with any unproven therapy, there are potential harms as well as benefits. Therefore, all potential therapies are best accessed through a clinical trial.
- The Government of Canada has invested nearly \$1 million through the Canadian Institutes of Health Research to support the Canadian portion of this global trial. This is part of our \$275 million commitment towards supporting medical research for the COVID-19 pandemic.
- Canada is home to some of the most skilled and brightest researchers in the world who are working hard to support international efforts to fight this pandemic. The Canadian portion of this global trial plans to recruit up to 20 sites across Canada.

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- To help advance research and vaccine development for COVID-19, the World Health Organization, along with the Coalition for Epidemic Preparedness Innovations, is coordinating an international collaboration in which Canada is participating.

Experimental Therapies

- Every drug or health product making a therapeutic claim sold or marketed in Canada needs to be approved by Health Canada for safety, efficacy and quality. This approval process starts with manufacturers filing a submission of a drug or health product with Health Canada.
- To provide Canadians with the fastest access possible to health products related to COVID-19, Health Canada is expediting the review of any COVID-19 related submissions.
- Currently there are no drugs specifically authorized to treat or prevent COVID-19. For drugs that show an early promise in treating COVID-19, the best way to access therapies is through clinical trials.
- Health Canada encourages health care professionals prescribing or using experimental therapies for COVID-19 patients to contact the Department to initiate a clinical trial.
- The Department continues to monitor the safety and effectiveness of drugs and health products once they are on the market.

If pressed on accelerating access to treatments:

- Health Canada recognizes that Canadians want faster access to new and promising drugs and health products, particularly when limited treatment options are available.
- As an emergency public health measure, the Minister of Health has signed Interim Orders to allow expedited access to COVID-19-related medical devices and drugs.
- Health Canada will continue to use all tools at its disposal to expedite the supply of safe and effective health products related to COVID-19.

If pressed on off-label use:

Additional context: Some healthcare providers are prescribing drugs “off-label” to help treat COVID-19 symptoms. This means they are prescribing drugs that are authorized and labelled to address other medical conditions to treat COVID-19.

- In Canada, a health care professional’s decision to prescribe or use a particular drug for a labelled or off-label indication is part of the practice of medicine, which falls under the jurisdiction of provincial and territorial professional regulatory authorities.
- While Health Canada regulates the sale of drugs in Canada, it is the responsibility of health care professionals to consider information from the Canadian Product Monograph, approved product labels and other credible references such as medical journals, case reports, peer-reviewed studies, and medical practice experience to ensure that the potential benefit of a drug outweighs the risk for each patient.
- An off-label use may not be supported by the same level of scientific evidence as an authorized use. The justification for off-label prescribing can range from rigorous clinical studies to anecdotal evidence without substantial scientific validation.

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- The product's label is designed to support the authorized use and therefore may not provide all the necessary information for safe and effective off-label use. This means there may be less information available regarding potential drug interactions and other adverse reactions that could occur with off-label uses.
- It is illegal to directly or indirectly advertise either experimental therapies or the off-label use of, authorized drugs.
- Health Canada encourages health care professionals to study the off-label use of drugs for COVID-19 in the context of a clinical trial, so that data can be collected and used to inform future prescribing practices.

If pressed on clinical trials:

- Clinical trials play an essential role in advancing research and the evaluation of investigational products to help respond to emerging health issues.
- Clinical trials are conducted to investigate whether the use of a drug or a medical device is safe and effective for human use.
- A clinical trial requires the informed consent of patients and puts in place oversight and safeguards to protect the people who take part in clinical trials.
- Clinical trials enable the healthcare community to systematically collect information on the effectiveness of the treatment and potential associated risks so that the results can help treatment decisions for other patients.

If pressed on work to address shortages of potential therapies:

- Health Canada is closely monitoring the supply of drugs needed to support patients who have COVID-19 and is working with companies, other federal departments, provinces and territories, and stakeholders from across the supply chain to help ensure continued supply in Canada.
- Health Canada is aware of a shortage of hydroxychloroquine, a drug that is approved for the treatment of lupus, rheumatoid arthritis, and malaria and is being studied as a potential treatment for COVID-19.
- There are four companies that currently market hydroxychloroquine in Canada: Apotex Inc., JAMP Pharma Corporation, Mint Pharmaceuticals Inc., and Sanofi-Aventis Canada Inc. Apotex Inc. is currently reporting a shortage due to an increase in demand with an anticipated end date of April 15, 2020. The other three companies are not currently reporting shortages.
- The Department is working with industry and health care partners to mitigate the impact of the increase in demand for this drug, including working with companies that can ramp up supply for the Canadian market and exploring international supply.

Hydroxychloroquine and azithromycin for the treatment of COVID-19

- Canadians and their families who are ill with COVID-19 need access to safe and effective drugs and to health products for diagnosis and treatment.
- There has been some preliminary evidence from studies suggesting that hydroxychloroquine alone, or in combination with azithromycin, may be effective in reducing the viral load in patients with COVID-19, as well as in treating respiratory tract infections related to COVID-19.

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- Evidence on the effectiveness of using hydroxychloroquine and azithromycin in combination to treat COVID-19 is still very limited, and like all medications, both drugs are associated with known risks.
- Both hydroxychloroquine and azithromycin have been approved in Canada for the treatment of other diseases. A Healthcare practitioner may choose to use these medications off-label based on his/her patient's needs, including the seriousness of the patient's illness, if the potential benefits outweigh the known risks of the drugs.
- Hydroxychloroquine is approved for the treatment of lupus, rheumatoid arthritis and malaria.
- Azithromycin is an antibiotic used in the treatment of pneumonia and other bacterial infections.
- It is important to preserve the supply of medications for patients who need them for approved indications.
- As the use of these medications to treat COVID-19 is in its early experimental stage, Health Canada recommends that healthcare practitioners prescribing these therapies for COVID-19 patients do so through a clinical trial.
- A clinical trial requires the informed consent of patients and would enable the healthcare community to systematically collect information about the risks and benefits of the treatment.
- All clinical trials related to the treatment of COVID-19 are being reviewed on a priority basis. Companies, clinicians, or researchers seeking to initiate a clinical trial should contact Health Canada.

If pressed on the National Emergency Strategic Stockpile

- The Government of Canada is adding hydroxychloroquine to Canada's National Emergency Strategic Stockpile (NESS). Supplies will be used first for approved indications, and then for clinical trials related to COVID-19.
- The addition of hydroxychloroquine to the NESS will be made over a period of several months, to minimize the impact on supply for approved indications.
- The NESS contains supplies that provinces and territories can request in emergencies, such as infectious disease outbreaks, natural disasters, and other public health events, when their own resources are not enough.
- The stockpile includes a variety of items such as medical equipment, pharmaceuticals, and beds and blankets.
- The purpose of the NESS is to help supplement provincial and territorial resources during a rare or high-impact public health event.
- The NESS is not intended to replace supplies that provinces and territories hold or procure. Provinces and territories are responsible for preparing and maintaining their own supply capacities.
- In January, the Public Health Agency of Canada began monitoring the coronavirus outbreak in China and started assessing its NESS inventories and procuring supplies needed to respond to a possible outbreak in Canada.

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- Globally, we have seen a tightening of supply. The federal government is continuing to work aggressively to secure necessary supplies in real time, in direct collaboration with all provinces and territories.

If pressed on the availability of hydroxychloroquine and azithromycin:

- Health Canada is closely monitoring the supply of potential treatments for COVID-19 in Canada, including hydroxychloroquine and azithromycin.
- There are four companies that currently market hydroxychloroquine in Canada: Apotex Inc., JAMP Pharma Corporation, Mint Pharmaceuticals Inc., and Sanofi-Aventis Canada Inc. Health Canada understands that all four companies are experiencing increased demand. At this time, only Apotex Inc. is reporting a shortage due to an increase in demand, with an anticipated end date of April 15, 2020.
- There are 16 companies that currently market azithromycin in Canada: Altamed Pharma, Angita Pharma Inc., Apotex Inc., Auro Pharma Inc., Dominion Pharmacal, JAMP Pharma Corporation, Laboratoire Riva Inc., Marcan Pharmaceuticals Inc, Pharmascience Inc., Pro Doc Limitee, Sandoz Canada Incorporated, Sanis Health Inc., Sivem Pharmaceuticals ULC, Sterimax Inc., Teva Canada Incorporated and Pfizer Canada ULC. None of these companies are reporting shortages of azithromycin in Canada.

If pressed on the hydroxychloroquine shortage:

- Health Canada is aware of a shortage being reported for hydroxychloroquine, a drug that is approved for the treatment of lupus, rheumatoid arthritis and malaria and that is being studied as a potential treatment for COVID-19.
- Health Canada is working closely with other federal departments, provinces and territories, companies, international regulatory partners, and other stakeholders to mitigate the impact on patients, including working with companies that can ramp up supply of hydroxychloroquine for the Canadian market and exploring the potential to access international supply.
- The shortage of hydroxychloroquine has been identified as a Tier 3 shortage. Tier 3 shortages are those that have the greatest potential impact on Canada's drug supply and health care system.
- The Tier Assignment Committee, which includes federal, provincial, and territorial governments, health care professionals and industry stakeholders, makes recommendations on the classification of drug shortages.

If pressed on Health Canada actions to mitigate shortages linked to COVID-19:

- Health Canada is actively monitoring the impact of the COVID-19 pandemic on the supply of drugs in Canada. This includes proactively looking at the Canadian supply chain to identify areas where supply may be vulnerable and addressing those vulnerabilities before shortages develop.
- The Department has also increased surveillance efforts and is regularly engaging provinces and territories, industry, healthcare and patient groups—in some cases on a daily basis. Health Canada is also working with international regulatory partners, including the European Medicines Agency, the United States Food and Drug Administration, the Australian Therapeutic Goods Administration, and the World Health Organization to share information on any signs of global

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supply disruptions. This engagement has enabled us to better identify early shortage signals, potential mitigation strategies, and to coordinate responses.

- As part of the whole-of-government response to the COVID-19 pandemic, the COVID-19 Emergency Response Act was passed on March 25. The amendments to the *Food and Drugs Act* enable Health Canada to put in place more robust tools to support efforts to alleviate shortages that occur and prevent shortages from happening when possible.
- On March 30, the Minister of Health signed an Interim Order permitting the exceptional importation and sale of drugs, medical devices, and foods for a special dietary purpose needed to prevent or alleviate the effects of shortages directly or indirectly related to COVID-19.
- The Interim Order permits the exceptional importation of specified drugs that may not fully meet Canadian regulatory requirements, such as bilingual labelling, but are manufactured according to comparable standards to safeguard the Canadian drug supply and protect the health of Canadians during this time.
- Only drugs included on the List of Drugs for Exceptional Importation and Sale will be eligible for the exceptional importation and sale provisions in the Interim Order. At this time, the list will only include drugs that have been designated as Tier 3 shortages, such as hydroxychloroquine.
- While there are no drugs currently on this list, Health Canada will consider proposals from companies to access Tier 3 shortage drugs, including hydroxychloroquine, under this new pathway and update the list as appropriate.
- Health Canada will continue to work with other federal departments, provincial, and territorial governments, international partners, and industry so that Canadians have access to the drugs and medical devices they need during the COVID-19 pandemic.

Supplementary Messages on Drugs and Vaccines

- When a vaccine or drug is developed to prevent or treat COVID-19, we will take appropriate action to ensure its availability to Canadians.
- Measures include:
 - scientific review of new drugs or vaccines through a priority review or a notice of compliance with conditions;
 - use of the Extraordinary Use of New Drugs pathway for making a promising new drug or vaccine available in order to secure the health of Canadians during an emergency; and
 - Canadian clinical trials for new vaccines, new or repurposed antivirals, or supportive therapies.
- Other measures include the:
 - Special Access Program for practitioners treating patients with serious or life-threatening conditions when conventional therapies have failed or are unavailable; and
 - importation of a new drug authorized for sale in the United States, Switzerland or the European Union through the list of drugs for an urgent public health need.

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Supplies and medical devices

Canada's supply of PPE and medical supplies

- We are aware of the shortage of personal protective equipment (PPE) and medical supplies across Canada and are committed to doing what is necessary to protect the health of Canadians, especially frontline healthcare workers, from COVID-19.
- The Government of Canada is coordinating with provincial and territorial governments to quickly assess needs for PPE items such as N95 respirators, surgical masks, face shields, nitrile gloves, gowns and other protective clothing, as well as medical supplies such as sanitizer, ventilators, swabs and testing kits.
- To meet these needs, we are purchasing large quantities of equipment and supplies, working with Canadian companies to increase their manufacturing capacity to produce additional supplies, and investing in COVID-19 testing.
- We have also received donations from international and domestic organizations.
- Canada is working to rapidly allocate PPE and medical supplies to the provinces and territories as per an approach agreed upon by federal-provincial-territorial (FPT) Ministers of Health.
- The Public Health Agency of Canada (PHAC) is also deploying PPE and ventilators from its National Emergency Strategic Stockpile (NESS) to provinces and territories submitting requests for assistance.
- Canada's NESS contains supplies that provinces and territories can request in emergencies, such as infectious disease outbreaks. The purpose of the NESS is to help supplement provincial and territorial resources through the provision of surge support.
- Provinces and territories are responsible for preparing and maintaining their own supply capacities.

Regulatory Measures to improve access to medical devices including PPE

- To support the Government wide response to COVID-19, in recent weeks we have:
 - allowed expedited access to COVID-19-related medical devices such as test kits.
 - expedited licensing of establishment and product licences.
 - addressed shortages by permitting the importation and sale of medical devices that are not approved in Canada, subject to certain requirements.
 - facilitated access to products that may not fully meet current regulatory requirements, such as bilingual labelling, including personal protective equipment (such as masks and gowns), swabs, hand sanitizers, and hard-surface disinfectants.
 - amended the *Food and Drugs Act* and the *Patent Act* to support efforts to help prevent and alleviate shortages.
- Health Canada will monitor and assess the safety, quality, and efficacy of all products allowed for import and sale under these special measures.

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Procurement contracts to increase supplies in Canada:

- Innovation, Science and Economic Development Canada and Public Services and Procurement Canada continue to galvanize Canadian industries to increase domestic manufacturing capacity, including re-tooling facilities to produce equipment and supplies including portable ventilators, surgical masks, and rapid testing kits.
- Through these efforts, the Government of Canada has signed new procurement agreements with Canadian companies such as Thornhill Medical, Medicom, and Spartan Bioscience.
- The Government has also signed letters of intent with companies such as Precision Biomonitoring, Fluid Energy Group Ltd., Irving Oil, Calko Group, and Stanfield's to produce test kits, hand sanitizer, and protective apparel, including masks and gowns.
- Throughout this process, PHAC, Health Canada and National Research Canada are playing a critical role, conducting technical reviews to verify that the products meet the Government of Canada technical specifications for COVID-19 as available on the Public Services and Procurement Canada's [buy and sell website](#).
- The Government of Canada has also awarded a contract to Amazon to manage the logistics of distributing PPE and supplies to support the COVID-19 response.
- Amazon will work directly with Canada Post to provide warehousing, and leverage its current third-party delivery channels, through Canada Post and Purolator, to deliver the products to provincial and territorial health authorities, across the country, for the frontline healthcare response.

Procured and Donations of PPE

- Personal protective equipment and medical supplies received by the Government of Canada, whether donated or procured, is verified by PHAC that it meets the Government of Canada technical specifications for COVID-19 as available on Public Services and Procurement Canada's buy and sell website.
- The process for verification varies depending on the medical device. For example, KN95 respirators, as an accepted alternative to N95 respirators, are visually inspected to verify for defects in design and construction, and tested to assess that flow rate, pressure drop and penetration meet specifications for filtering face pieces. Gowns are visually inspected and tested for fluid penetration.
- Recognizing that some of the supplies might not be familiar to our healthcare providers, items that meet the appropriate technical specifications will be deployed to provinces and territories with accompanying documentation that confirms that the products meet specifications and offers instructions for use.
- For example, items received from China might have labeling in Mandarin. To ensure rapid deployment, PHAC is not able to re-label each individual item. To that end, provinces and territories are advised to follow the PHAC instructions provided with the supplies, conducting the appropriate training with frontline healthcare workers.

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- Another example is the KN95 mask. Normal procedure for an N95 mask is to conduct a fit test; however, the KN95 cannot be tested this way; therefore, PHAC will be instructing provinces and territories to conduct facefit testing. This process may be unfamiliar to healthcare workers; therefore, instructions will be provided.
- The Government of Canada appreciates the donations of PPE generously provided by international and domestic organizations, including the Jack Ma Foundation/Alibaba, Home Depot, Apple, CBC/Radio-Canada, Shell, AstraZeneca, and many others.
- We are pleased to see so many Canadians stepping up and lending support to those who need it most.

Coordinated Government of Canada response to purchasing equipment and supplies

- The Government of Canada is leading a coordinated approach to provide needed supplies and equipment across the country:
 - **Public Services and Procurement Canada:** PSPC is leveraging existing supply arrangements, as well as engaging with the broader domestic and international supply communities to identify and purchase required products.
 - The department is asking all suppliers to come forward with products and/or services they could offer to support Canada's response.
 - **Public Health Agency of Canada:** PHAC is leading collaboration with federal partners, provinces and territories to identify needs and requirements for the COVID-19 response. The Agency is also overseeing Canada's National Emergency Strategic Stockpile, which contains supplies that provinces and territories can request for surge support.
 - **Health Canada:** As the regulatory body for health products, Health Canada is expediting access to the health products Canadians need to help limit the spread of COVID-19.
 - On March 18, the Minister of Health signed an Interim Order to allow expedited access to COVID-19-related medical devices. Health Canada also introduced an interim measure to facilitate access to certain products, such as PPE.
 - Under the Interim Order, a medical device licence or authorization is needed to sell and import higher risk medical devices to Canada.
 - Health Canada will review all COVID-19-related submissions and applications as quickly as possible while maintaining standards for patient safety.
 - **Innovation, Science and Economic Development Canada:** ISED is leading Canada's Plan to Mobilize Industry to fight COVID-19 by introducing new measures to directly support businesses to rapidly scale up production or re-tool their manufacturing lines to develop products made in Canada that will help in the fight against COVID-19. On March 20, ISED issued a call to action for manufacturers and business.
 - **National Research Council of Canada:** The NRC's Industrial Research Assistance Program is building on its existing relationships with thousands of Canada's most

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innovative small and medium-sized businesses to issue challenges to the marketplace for innovative solutions to fight COVID-19.

Legislative Amendments

- To assist in Canada's response to COVID-19, these new legislative amendments will give the Minister of Health new powers to:
 - make regulations to help prevent or alleviate shortages of drugs and medical devices;
 - seek additional information from companies who produce food, drugs, cosmetics or medical devices to assess the risks and benefits of the new products, and to confirm that these products are safe for Canadians; and
 - seek authorization for third-party manufacturers to supply needed patented inventions, such as a medication or medical equipment, to the extent needed to address this pandemic.
- These measures received Royal Assent on March 25, 2020, and took effect immediately.
- The amendments to the Food and Drug Act and the Commissioner of Patents' ability to issue authorizations will remain in place until September 30, 2020.
- Health Canada is committed to taking necessary action to continue to protect the health and safety of Canadians during this pandemic and will take any necessary actions in collaboration with the provinces and territories and other stakeholders to help protect the supply of needed medications and medical devices in Canada.

On how these changes work with the Protecting Canadians from Unsafe Drugs Act (Vanessa's Law):

- These amendments complement the powers received through *Vanessa's Law* by:
 - Providing the authority to gather additional safety information to inform decisions about new products being brought on to the Canadian market or that are already on the market; and
 - expanding the scope of powers to other potential new products, including cosmetics and foods for special dietary purposes that may be needed to help address shortages during this pandemic.

Temporary exemption under the Controlled Drugs and Substances Act for medical treatments

- Many people with substance use disorder or who live with chronic pain may find it challenging to effectively practice physical distancing without changes to prescribing and dispensing practices. In this time of emergency measures, we must do everything we can to allow them to access the medicine they need.
- Health Canada is working with provinces and territories to take action to help patients and practitioners reduce their social interactions, without limiting access to critical medicine.

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- On March 19, 2020, Health Canada issued a six-month national exemption for prescriptions of controlled substances (such as narcotics) under the Controlled Drugs and Substances Act and its regulations. This exemption temporarily authorizes pharmacists to prescribe, sell or provide controlled substances in limited circumstances, or to transfer prescriptions for controlled substances.
- As permitted by the laws and regulations of the province or territory in which the pharmacist is entitled to practice, this exemption will:
 - Permit pharmacists to extend and renew prescriptions;
 - Permit pharmacists to transfer prescriptions to other pharmacists; and
 - Allow pharmacy employees to deliver controlled substances to patients' homes or wherever they may be.
- To accommodate physical distancing, and to reduce the stress on emergency rooms and healthcare practitioners across Canada during the COVID-19 pandemic, the exemption also permits prescribers, including nurse practitioners, to temporarily issue verbal orders (i.e., over the phone) to extend or refill a prescription.
- The exemption will be in effect until September 30, 2020, but can be extended or ended earlier by Health Canada if required.
- Legislative or regulatory changes may be required in some provinces and territories in order to put in place these new activities for pharmacists and nurse practitioners. Health Canada recommends contacting your pharmacist or provincial or territorial regulatory authority to check when and if these activities are available in your area.
- The Government of Canada will continue to collaborate with our provincial and territorial partners to effectively implement the exemption, and to assess any additional barriers to Canadians' access to controlled substances for medical reasons during the pandemic.
- Health Canada issued a similar exemption during the Newfoundland and Labrador's 2020 snowstorm.

Interim Order Respecting Drugs, Medical Devices and Foods for a Special Dietary Purpose in relation to COVID-19

- The current COVID-19 pandemic is having a major impact on Canadians and on the health care system. It is critical to ensure the Government of Canada can effectively respond to the needs of those affected.
- In response to the COVID-19 pandemic, the Minister of Health has signed an Interim Order to help prevent and alleviate shortages—of drugs, medical devices, and foods for a special dietary purpose—resulting directly or indirectly from the COVID-19 pandemic.
- The provision will allow products that are not approved in Canada to be imported and sold in Canada effective immediately, subject to certain requirements.
- As with all drugs and medical devices, Health Canada will assess and monitor the safety, quality, and effectiveness of all products allowed for import and sale under this Interim Order. Drug and medical device manufacturers will be required to follow strict monitoring requirements.

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- The Interim Order will also require companies manufacturing and importing critical medical devices during the COVID-19 pandemic to report actual or anticipated shortages, similar to what is currently required for drugs. This will help the health system to plan and reallocate supplies as needed to help ensure continued access for Canadians.
- In addition, the Interim Order will enable faster market access for hard surface disinfectants and certain hand sanitizers.
- Together, these actions will support access to the drugs, medical devices, and foods for a special dietary purpose that Canadians need to stay healthy and safe, and help those who are ill to recover.

Interim Order Respecting COVID-19-related Medical Devices

- Early diagnosis is critical to slowing and reducing the spread of COVID-19 in Canada.
- As an emergency public health measure, the Minister of Health has signed an Interim Order to allow expedited access to COVID-19-related medical devices.
- With the Interim Order, two new diagnostic tests are made readily accessible in Canada:
 - the Roche Molecular Systems Inc. cobas SARS-CoV-2 diagnostic device; and
 - the ThermoFisher Scientific TaqPath™ COVID-19 Combo Kit
- An Interim Order is one of the fastest mechanisms available to the Government of Canada to help make health products available to help address larger-scale, public health emergency situations.

If pressed on the US directive to allow unauthorized health products:

- Health Canada will continue to use all tools at its disposal to expedite supply of safe and effective health products related to COVID-19. However, the department is not providing blanket approval of unauthorized drugs or devices. We will update Canadians with any new information as it arises.
- The Interim Order will also ensure that other COVID-19-related medical devices are available to treat, mitigate, or prevent COVID-19, as necessary.

If pressed on Cost Recovery:

- To remove impediments for manufacturers in this time of public health need, Health Canada will waive all application fees for COVID-19 medical devices subject to this Interim Order.

Personal Protective Equipment

- Based on needs identified by provinces and territories, collaborative federal, provincial and territorial (FPT) procurement efforts are focused on procurement of large quantities of N95 masks, surgical masks, face shields, nitrile gloves, gowns and other protective clothing, sanitizer, ventilators, and testing supplies.

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- Small quantities of PPE supply are starting to arrive through the collaborative FPT procurement efforts and will be distributed to provinces and territories.
- To address immediate short-term needs, the Public Health Agency of Canada deploys PPE and ventilators to provinces and territories based on requests for assistance.
- Discussions are continuing within the Government of Canada (Innovation, Science and Economic Development Canada, Public Services and Procurement Canada, Health Canada and the Public Health Agency of Canada) to explore alternative PPE supply routes and to scale up domestic production.
- For example, the Public Health Agency of Canada is working with Public Services and Procurement Canada to finalize a long-term agreement with Medicom for the domestic production of masks. In the meantime, Medicom is shipping 8,500,000 surgical masks this week. Additional supply is anticipated next week.
- Canada Goose received its medical device establishment licence from Health Canada to proceed with the retooling of its manufacturing facility to enable it to make gowns.

Re-Use of Single-Use Medical Devices

- As with other hospital-based practices, the purchase and use of reprocessed devices by individual healthcare facilities falls under provincial and territorial jurisdiction.
- Given shortages of some critical medical devices due to COVID-19, Health Canada is working on guidance for the cleaning and sterilization of single-use devices.
- Additional urgent measures have also been taken by the Government of Canada in the last few weeks to support access to new COVID-19 diagnostic tests and hand sanitizers, disinfectants, personal protective equipment, and swabs for diagnosis.

Existing Guidance

- In May 2016, Health Canada published a notice to industry on re-use of single-use medical devices.
- Companies that reprocess and distribute medical devices originally authorized and labelled for single use to Canadian healthcare facilities will be held to the same Health Canada requirements as manufacturers of new devices.
- This means they must meet requirements for licensing, quality system management, labelling, investigating and handling complaints, maintaining distribution records, conducting recalls, reporting incidents and informing Health Canada of any changes to the information in their licence application.
- Reprocessed devices should clearly identify the reprocessor and contain instructions for safe reuse, such as how or by whom the device should be reprocessed. In addition, the single-use symbol should be removed from the label.
- As with other hospital-based practices, the purchase and use of reprocessed devices by individual healthcare facilities falls under provincial and territorial jurisdiction.

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Masks

Mask Re-use

- N95 masks are single-use products. Scientists at the Public Health Agency of Canada's National Microbiology Laboratory along with collaborators at the University of Manitoba and Winnipeg Health Sciences Centre conducted important research to assess whether these masks could be decontaminated and potentially reused.
- In a laboratory setting, our scientists were able to successfully decontaminate N95 masks using four different approaches while maintaining the structural and protective properties of the masks.
- It is important to note that the virus used in the decontamination experiment was not the virus that causes COVID-19. Research studies are currently underway to assess this approach using the virus that causes COVID-19 and results are anticipated in the coming days. (As of April 2, 2020)
- This is promising preliminary research that, if proven successful against the COVID-19 virus, could help protect the diminishing supply of critical personal protective equipment.
- This is an example of important scientific work that draws on the ingenuity of talented scientists in finding solutions to the challenges presented by COVID-19.
- The Government of Canada encourages scientific research that enhances Canada's ability to fight COVID-19.

If Pressed:

- Four different N95 respirator masks were assessed using standard autoclaving, ethylene oxide gassing, ionized hydrogen peroxide fogging, and vaporized hydrogen peroxide treatment.

Use of non-medical masks (or facial coverings) by the public

- Canadian public health guidance related to COVID-19 has been changing as the evidence base and our understanding of COVID-19 is rapidly evolving. We are continually looking at the evidence as it is being produced and working with our partners across the country and around the world to learn more.
- To prevent transmission of COVID-19 here is what we know is proven:
 - Staying home as much as possible
 - Physical distancing
 - Washing your hands
 - Protecting the most vulnerable from infection and exposure to others
 - Covering your cough with tissues or your sleeve
- It is critical that these measures continue.
- Healthcare workers need medical masks, including surgical, medical procedure masks and respirators such as N95 masks. It is extremely important that we keep the supply of medical

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masks for healthcare workers where it is urgently needed for medical procedures and to care for individuals who have COVID-19.

- Wearing a non-medical mask or face covering (ie constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) in the community has not been proven to protect the person wearing it.
- However, with the emerging information regarding pre-symptomatic and asymptomatic transmission, and our goal to stop the spread of COVID-19 by all means possible, wearing a non-medical mask—even if you have no symptoms—can be an additional measure you can take to protect others around you, for short periods of time, when physical distancing is not possible in public settings (e.g., grocery shopping, in close settings such as public transit).
- Wearing a non-medical mask in the community does not mean you can back off the public health measures that we know work to protect you; no mask will ever replace physical distancing.
- All of the recommendations regarding staying home, physical distancing, and hand hygiene are based on what we know will work best to protect you and your family from infection.

How wearing non-medical masks can help protect others

- Wearing a non-medical mask is another way of covering your mouth and nose to prevent your respiratory droplets from contaminating others or landing on surfaces.
- A non-medical mask or face covering can reduce the chance that others are coming into contact with your respiratory droplets, in the same way that our recommendation to cover your cough with tissues or your sleeve can reduce that chance.

Considerations when wearing non-medical masks

- If wearing a non-medical mask makes you feel safer and stops you from touching your nose and mouth, that is good. Remember not to touch or rub your eyes as that is another route of infection.
- Canadians need to understand exactly what wearing a mask will achieve, and that if they choose to wear non-medical masks they need to be used safely:
 - Avoid moving the mask around or adjusting it often.
 - Masks should not be shared with others.
 - It should be constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops)
- People should also be aware that masks can become contaminated on the outside or when touched by hands.
- Non-medical masks or facial coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

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- Please remember that non-medical masks will not prevent COVID-19 spread without consistent and strict adherence to good hygiene and public health measures, including frequent handwashing and physical distancing.
- The website Canada.ca/coronavirus is updated with information on the measures you should take, such as hand washing, when putting a mask on or taking it off. There is also information on how to wash cloth masks or safely dispose of other non-medical masks.

Travel Health Notices

- The Public Health Agency of Canada issues travel health notices to inform Canadian travellers of an increased or unexpected potential health risk in a country or region outside of Canada.
- The travel health notices also provide information on preventative measures travellers can take to help reduce these risks.
- The following is considered when adding countries or areas to the COVID-19 affected areas list:
 - Multiple instances of spread have occurred at the community level (multiple clusters—not in definable settings such as a household);
 - Evidence of geographical spread; and
 - Whether cases can be linked to an exposure (i.e., to another case or because of travel to another country with ongoing transmission of COVID-19).
- The COVID-19 Affected Areas List on Canada.ca/coronavirus includes all countries with Travel Health Notices related to COVID-19.

Cottage Season and COVID-19

- Public health guidance has been changing but that's because the situation is changing rapidly and we are learning more about COVID-19 everyday.
- Based on the current evidence, we are asking Canadians to avoid all non-essential travel to limit the spread of COVID-19, especially to smaller and rural communities where the healthcare systems could be easily overwhelmed.
- That's why we are asking everyone to not to go to cottages, campgrounds or vacation properties during the COVID-19 pandemic.
- Unless the property is your primary residence or within the same community as your primary residence, you should delay your stays in these areas until the situation in Canada changes.
- If you get sick, you may not be able to get the help you need. If you stop along the way to get gas or groceries, you increase your risk of exposure and, if you're asymptomatic, you may pass the virus on to others.
- An influx of people into a small community can also strain the supply of food and other essentials for local residents.
- If you need to check in on your cottage for insurance purposes, you should only make a daytrip and then return directly home.

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- All Canadians must continue to do everything possible to flatten the curve and keep our friends and families healthy. This includes staying home.

Border measures

- The Government of Canada continues to introduce border measures to limit the introduction and spread of COVID-19.
- The Government of Canada has multiple systems in place to prepare for, detect and limit the spread of infectious disease, including COVID-19, in Canada.
- The Canada Border Services Agency (CBSA) is working closely with the Public Health Agency of Canada (PHAC) to help prevent the spread of 2019 novel coronavirus into Canada at all international ports of entry.
- PHAC is responsible for advising the CBSA of any required enhanced measures to be implemented at the Canadian border to help prevent the spread of serious infectious diseases into Canada.
- Canadian citizens, permanent residents and Registered Indians under the *Indian Act* continue to enter Canada by right, and are subject to COVID-19 entry screening measures.
- To protect Canadians and to ease the potential burden non-essential travellers could place on our health care system and its frontline workers, the CBSA has implemented new travel restrictions across all ports of entry in all modes of transportation – land, sea, air and rail.
- A travel ban is currently in place for most people entering Canada*, including:
 - All foreign nationals entering Canada by air;
 - All travellers from the U.S., across all modes, for recreation and/or tourism purposes;
 - Foreign nationals entering Canada if they arrive from a foreign country other than the United States, with some exceptions, including temporary foreign workers and international students; and,
 - Foreign nationals entering from the U.S. with signs or symptoms of respiratory illness.

**There are exceptions to these bans that are spelled out in the Orders in Council.*

- Canada and the US have also entered into a reciprocal arrangement to direct back all asylum seekers. Exceptions may be made for unique circumstances, such as an unaccompanied minor.
- All persons entering Canada – no matter their country of origin or mode of entry - are REQUIRED to self-isolate for 14 days.
- There are exemptions in place on mandatory self-isolation to ensure that critical infrastructure, essential services and economic supply chains continue between Canada and the USA. Workers who are critical to our economy and infrastructure will be permitted to enter Canada, including truck drivers, firefighters and medical workers.

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- Cross-border supply chains are vital to ensure the continued flow of goods, including food and medical supplies for all Canadians. As such, the CBSA is working with other federal partners to share information with commercial stakeholders to provide assurances that commercial traffic is not impeded.

Non-essential Travel Restriction (Canada-US)

- On March 18, 2020, the Governments of Canada and the United States announced that both countries would be implementing collaborative and reciprocal measures to suspend non-essential travel along the Canada-U.S. border in response to the spread of COVID-19.
- As of March 21 at 12:01 a.m. EDT, there is now a temporary 30-day restriction on all non-essential travel at the Canada-U.S. border, effective for an initial period of 30 days, renewable.
- All travel of an optional or discretionary nature, including tourism and recreation, is covered by these measures. Travel by healthy people who have to cross the border to go to work or for other essential purposes, such as medical care, will continue.
- Some examples of essential travel purposes are:
 - Crossing the border for work and study;
 - Economic services and supply chains;
 - Critical infrastructure support;
 - Health (immediate medical care), safety and security;
 - Shopping for essential goods such as medication or goods necessary to preserve the health and safety of an individual or family; and
 - Other activities at the discretion of the BSO.
- Canadian citizens and permanent residents and Registered Indians under the *Indian Act* enter Canada by right. They will be provided with a Public Health Agency of Canada pamphlet that advises travellers that they must self-isolate for 14 days from the date they enter Canada.
- Canada will also implement measures at airports to:
 - strengthen health screening
 - increase presence to conduct further health screening and public outreach
 - increase signage throughout the arrivals area to encourage travellers to follow the latest public health guidance
 - prevent all travellers who have COVID-19 symptoms, regardless of their citizenship, from boarding international flights to Canada
 - airlines will conduct a basic health assessment of all air travellers based on guidance from the Public Health Agency of Canada
- This includes making information readily available and raising awareness among **all** travellers about what they should do if they develop symptoms of COVID-19. In addition, we

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continue to advise travellers coming from any location to self-monitor for signs and symptoms of COVID-19.

- We continue to monitor and assess the global risk of COVID-19. To keep pace with the evolving situation, our response measures are being adjusted and refined in accordance with the global risk assessment. This includes updating our travel health advisories with increased risk levels.

Order in Council 10 – Mandatory Isolation and Quarantine (self-isolation)

- The Government of Canada's top priority is the health and safety of Canadians. We are taking unprecedented action to respond to the COVID-19 epidemic. This includes continuously assessing the risks to adapt our response accordingly.
- The Government of Canada's Emergency Order under the *Quarantine Act* already requires persons entering Canada—whether by air, land or sea—to isolate for 14 days if they have symptoms of COVID-19, or to quarantine themselves for 14 days if they are asymptomatic to limit the spread of COVID-19.
- An updated Order was issued to provide clarification on terminology and is based on new scientific evidence that people without symptoms may transmit the virus.
- Under the updated Order, any traveller arriving in Canada—whether they are symptomatic or asymptomatic—cannot isolate or quarantine (respectively) in a place where they would be in contact with people who are vulnerable, such as adults aged 65 years or over and people with pre-existing medical conditions.
- In addition, every traveller will need to confirm that they have a suitable place to isolate or quarantine where they will have access to basic necessities, such as food and medication. Travellers will be expected to make plans for where they will isolate or quarantine in advance of arriving to Canada. Travellers who do not have an appropriate place in which to isolate or quarantine themselves must go to a place designated by the Chief Public Health Officer of Canada. These criteria are newly applied to asymptomatic travellers.
- This Order is mandatory for anyone entering Canada on or after April 15, 2020.
- If a traveller is symptomatic and does not have private transportation or an adequate place to isolate, they will be required to isolate for 14 days in a place designated by the Chief Public Health Officer of Canada.
- Asymptomatic travellers are still at risk of infecting others and will be required to wear a non-medical mask or face covering (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to proceed to their final destination where they must quarantine for 14 days, and follow instructions provided by the public health authority specified by a screening officer or quarantine officer if they develop signs and symptoms of COVID-19. They will be provided with a mask if they do not have one.
- Symptomatic travellers are also required to wear a non-medical mask or face covering during transit to their final destination for isolation and whenever they cannot maintain a 2 metre physical distance from others.

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- Asymptomatic travellers without an adequate place for quarantine will be subject to the same expectations as those who are symptomatic, and must go to a place designated by the Chief Public Officer of Health of Canada.
- Certain persons who cross the border regularly to ensure the continued flow of goods and essential services, or individuals who receive or provide other essential services to Canadians, are exempt from the requirements to quarantine if they are asymptomatic (i.e., do not have symptoms of COVID-19).
- Individuals exempt from quarantine requirements must wear a non-medical mask or face covering to proceed to their final destination. Following arrival to their final destination, exempted persons should practise physical distancing, consider the use of a mask or face covering when they cannot maintain physical distancing of 2 metres from others, self-monitor for symptoms, stay in their place of residence as much as possible and follow the instructions of their local public health authority if they feel sick.
- We've based this decision on the latest scientific evidence and following discussions with the provinces and territories.
- These additional measures will contribute to containing the epidemic and preventing further spread of COVID-19 in Canada.
- These measures will also help protect older adults and people with pre-existing medical conditions, who are at greatest risk of severe health complications related to COVID-19.
- The Government of Canada will continue to work closely with local, provincial, territorial and international partners to limit the introduction of COVID-19.

Enforcement:

- Spot checks will be conducted by the Government of Canada to verify compliance.
- Maximum penalties include a fine of up to \$750,000 or imprisonment for six months, or both, for failure to comply with this Order.
- A person who causes a risk of imminent death or serious bodily harm to another person while willfully or recklessly contravening the *Quarantine Act* or the regulations could be liable for a fine of up to \$1,000,000 or imprisonment of up to three years, or both.
- Amendments are being made to the *Contraventions Regulations* to make non-compliance with specific requirements under the *Quarantine Act* contraventions for which tickets can be issued.
- The fine amounts for these contraventions will range from \$275 to \$1,000. The fine amount for contraventions committed by young persons is \$100.

Designated quarantine facilities:

- Canada's Chief Public Health Officer has designated quarantine facilities (e.g., hotels) across the country, including in Vancouver, Calgary, Toronto and Montréal.
- Canada's Chief Public Health Officer has the authority to designate any place in Canada as a quarantine facility if deemed necessary to protect public health in accordance with sections 7 and 8 of the *Quarantine Act*.

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Order in Council 11 – Minimizing the Risk of Exposure to COVID-19 in Canada (Prohibition of Entry into Canada from United States)

- Foreign nationals allowed entry into Canada include temporary foreign workers, some students, persons delivering urgent medical supplies and certain groups of asylum seekers including those who both arrive at a land port of entry and are eligible to make a claim pursuant to the Safe Third Country Agreement (STCA).
- All foreign nationals permitted to enter Canada are required to meet the requirements of the Emergency Orders made under the *Quarantine Act*, including mandatory quarantine for 14 days upon entering Canada except where specifically exempted. They must also follow local and provincial/territorial health emergency orders.
- Foreign nationals generally are not permitted to enter Canada if they seek to do so for optional or discretionary purposes or if they exhibit symptoms of COVID-19 coronavirus disease.
- Foreign temporary workers are required for the continued resilience of our food and supplies sectors to ensure that Canadians have access to food and essential products during this pandemic.
- Order *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Prohibition of entry into Canada from the United States,)* has effect for the period beginning on April 22, 2020 until May 21, 2020.
- Amendments to these orders will ensure that Canada continues to honour its international obligations towards refugees and asylum seekers.
- These measures will help prevent the spread of disease in Canada while ensuring that essential travel and the supply chain of goods is not interrupted.

On foreign nationals seeking to make a refugee claim

- Foreign nationals who enter Canada in between official ports of entry to make an asylum claim will continue to be directed back to the U.S., a designated safe-third country.
- Any foreign national arriving from the U.S. who presents at an official land port of entry and **meets** one of the STCA exemptions – whether symptomatic or not – is exempted from the prohibition on entry, and may enter to make a claim for refugee protection.
- Claimants who are unable to meet Canada’s mandatory quarantine/isolation requirements will be transferred to a federal location.

On enforcement of this Order

- Failure to comply with this Order is an offense under the Quarantine Act.
- Maximum penalties include a fine of up to \$750,000 or imprisonment for six months, or both. Further, a person who causes a risk of imminent death or serious bodily harm to another person while willfully or recklessly contravening this Act or the regulations could be liable for a fine of up to \$1,000,000 or imprisonment of up to three years, or both.

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- In addition, amendments have been made to the Contraventions Regulations to make non-compliance with specific requirements under the *Quarantine Act* contraventions for which tickets can be issued.
- The fine amounts for these contraventions will range from \$275 to \$1,000. The fine amount for contraventions committed by young persons is \$100.

On essential travel of foreign nationals to Canada via the United States

- Essential travel will continue unimpeded. Both governments recognize the importance of preserving vital supply chains between the two countries. These supply chains ensure that food, fuel, and life-saving medicines reach people on both sides of the border.

If pressed

Foreign nationals who are permitted to enter into Canada, include:

- A person who arrived at an official land port of entry and is permitted to make a claim for refugee protection pursuant to the Safe Third Country Agreement;
- A person registered as an Indian under the *Indian Act*; and
- A person who is a protected person.

In addition, provided they seek to enter for a purpose that is not discretionary or optional and they are not exhibiting symptoms of COVID-19, foreign nationals in the following categories also would be permitted to enter into Canada.

Foreign nationals in these categories must still demonstrate they are travelling to Canada for essential purposes and must be asymptomatic.

- A person with a valid work permit or application that was approved under the *Immigration and Refugee Protection Act*;
- A person with a valid study permit who received approval under the *Immigration and Refugee Protection Act* before March 18, 2020;
- A person permitted to work in Canada as a student in a health field under paragraph 186(p) of the *Immigration and Refugee Protection Regulations*;
- A person whose application for permanent residence was approved under the *Immigration and Refugee Protection Act* before March 18, 2020;
- Immediate family members of Canadian citizens or of a permanent resident;
- Persons authorized by consular services for purposes of reuniting with immediate family;
- Conveyance crews (air, boat, etc.) or workers on marine vessels;
- Diplomats;
- Persons invited by Canada to assist with Canada's COVID-19 response;
- Persons on military flights or other Canadian-military support protected persons;
- French citizens who reside in Saint-Pierre-et-Miquelon and have been only in Saint-Pierre-et-Miquelon, the United States or Canada during the period of 14 days before the day on which they arrived in Canada;

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- Those whose presence in Canada is in the national interest as it pertains to public safety and emergency preparedness;
- Persons providing essential services, or are essential for the movement of goods such as truck drivers and marine transportation;
- Emergency workers;
- Licensed health care professionals with proof of employment in Canada;
- Persons who enter Canada for the purpose of delivering, maintaining, or repairing medically-necessary equipment or devices;
- Persons who enter Canada for the purpose of making medical deliveries of cells, blood and blood products, tissues, organs or other body parts, that are required for patient care in Canada; and,
- Those who, in the opinion of the Chief Public Health Officer of Canada, do not pose a risk of significant harm to public health.

Screening of Canadian Travellers Returning to Canada

- As part of Canada's enhanced border measures to contain further introduction and spread of COVID-19, airlines will conduct a health check of all travellers before boarding a flight to Canada.
- The health check is based on guidance from the Public Health Agency of Canada, in line with the World Health Organization's recommendations.
- Individuals will be screened for the following symptoms by airline personnel:
 - Fever
 - Cough
 - Difficulty breathing
- If air operators observe a traveller with symptoms or if the passenger answers yes to any of the questions on the health check, they will be refused boarding for a period of 14 days or until they provide a medical certificate confirming that their symptoms are not related to the COVID-19 virus.
- Further instructions and advice will be provided to travellers who are denied boarding advising them to follow the guidance of local public health authorities. These travellers will also be directed to the appropriate consular services.
- These measures will help protect the health of all Canadians.

On the health check

- Airline staff will be advised to maintain distance between themselves and travellers at all times, and to encourage travellers to do so as well.
- Airline staff will observe if travellers are showing symptoms of COVID-19 and will ask every traveller if they have a fever, cough or difficulty breathing.
- They will also ask if travellers have been denied boarding in the past 14 days due to a medical reason related to COVID-19.

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- However, there is allowance for travellers to provide a medical certificate certifying that any symptoms they have are not related to COVID-19.
- These measures are focused on travellers, not flight crew members.

On enforcement

- Any traveller who provides false or misleading answers about their health during screening could be subject to penalty of up to \$5,000 under the *Aeronautics Act*.

Upon arriving in Canada

- All travellers assessed in the air to be symptomatic on arrival at a Canadian airport are met and escorted by border officers away from other travellers to be attended to by public health personnel.
- All persons arriving in Canada at an air, land, marine or rail border will be asked about the purpose of their visit and whether they are feeling ill or unwell. The border services officer may ask additional questions to make their determination.
- CBSA officers will observe for signs of illness and refer any traveller suspected of being ill for a further medical assessment by the Public Health Agency of Canada, regardless of how travellers respond to screening questions.
- All travellers — no matter their country of origin or mode of entry — are assessed on arrival to Canada. Entry screening is an important public health tool amongst others during periods of uncertainty and part of a multilayered government response strategy.
- CBSA officers remain vigilant and are highly trained to identify travellers seeking entry into Canada who may pose a health and safety risk.
- CBSA officers are providing symptomatic travellers with surgical masks and instructions on how to use them.
- These measures complement routine traveller screening procedures already in place to prepare for, detect and respond to the spread of serious infectious diseases into and within Canada.
- The following questions are now being asked by all border services officers at the primary inspection line at all air, land, ferry and rail ports of entry:
 - “Do you currently have a cough, difficulty breathing, or feel you have a fever?”
 - “I/we acknowledge that I/we must self-isolate for 14 days to prevent the potential spread of COVID-19.”
- CBSA Officers not only query travellers on the state of their health, they are trained to observe visible signs of illness and will refer any traveller who they suspect of being ill, regardless of how the traveller responded to the health screening question.
- Travellers presenting symptoms consistent with COVID-19 will be referred to a PHAC staff member for further assessment.
- These travellers are provided with a kit that includes a mask and instructions.

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- All travellers entering Canada are given a Public Health Agency of Canada handout with instructions to self-isolate for 14 days. Symptomatic people are given a red pamphlet, and asymptomatic people are given a green pamphlet.

CANArrive Mobile Application

- Emergency Orders implemented under the *Quarantine Act* require all individuals who enter Canada to quarantine (self-isolate) or isolate themselves for 14 days.
- To ensure compliance with the Order, all travellers entering Canada are required to provide basic contact information to the Government of Canada upon entry. This also includes a self-assessment of symptoms and confirmation on whether a self-isolation plan has been considered by each incoming traveller.
- Currently, this information is collected using a paper or online form (“Coronavirus Form”) upon entry into Canada.
- The CANArrive App, launched during the week of April 25, will be an alternative to paper forms. It will enable faster processing at the border for travellers returning to Canada, and we encourage travellers to use it.
- The CANArrive App allows travellers to input their information quickly, easily and securely upon arrival in Canada. The App works by digitizing the information collected under the Coronavirus Form.
- This electronic collection method also limits physical contact between travellers and Border Services Officers and Quarantine Officers. This helps to protect both the travellers and the officers.
- The App captures information requested under the Coronavirus Form in much the same way as the current online form.
- The App requires additional information, such as flight or border crossing information, and there is a new question on whether travellers are exhibiting symptoms of COVID-19 and whether they have a self-isolation plan.
- Personal information collected by Border Services Officers and Quarantine Officers, either via the paper form, the online form or the App, will be used by the Public Health Agency of Canada to verify travellers’ compliance with the *Quarantine Act*. Information will be shared with provinces and territories, as well as with law enforcement, to monitor and enforce compliance with the Order.
- The protection of Canadians’ personal information is a priority for the Government of Canada, and any tool used to collect personal information undergoes a rigorous privacy assessment.
- Personal information is used to administer and enforce the *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation)*, No. 2 authorized under the *Quarantine Act* and/or *Department of Health Act*. Personal information may be used and/or disclosed for the following purposes: (1) to monitor, verify and/or enforce compliance with the Mandatory Isolation

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Order, (2) to provide the traveller with information to promote compliance with the Mandatory Isolation Order, and (3) for public health follow-up.

- The *Privacy Act* and its regulations require CBSA and PHAC to retain personal information under their control. Personal information used for an administrative purpose, as is the case for this App, is kept for a period of at least two years after the last time it was used.
- The CANArrive app supports Canada's digital strategy for services to Canadians and enhances efforts to go green.

Mass gatherings

- Mass gatherings occur in a range of public places such as spiritual and cultural settings, theatres, sports arenas, festivals and conference halls.
- They result in a large number of people being in close contact for an extended period of time.
- The Public Health Agency of Canada advises that gatherings of 50 people or more should be cancelled or postponed.
- Organizers should consult their local public health authorities who may set other criteria depending on specific circumstances.
- Older adults and people with underlying medical conditions should reconsider attending gatherings. This includes large gatherings and even smaller events in crowded or enclosed settings.
- If you have symptoms (fever, cough or difficulty breathing), do not attend a mass gathering, event or places where people gather. You could put someone whose health is vulnerable at risk.
- The Public Health Agency of Canada has posted a risk-informed decision-making [tool](#) on Canada.ca/coronavirus to help public health authorities and event organizers work together to determine public health risks and actions for mass gatherings.
- If the virus causing COVID-19 spreads within a community, individuals may also consider avoiding non-essential gatherings, running errands outside of peak hours and increasing physical distance with others to 2 metres, where possible.

Outbreak at Willowdale Welcome Centre

- The Government of Canada is aware of cases of COVID-19 being reported at the Willowdale Welcome Centre in Toronto.
- The Public Health Agency of Canada is working closely with provincial health partners in Ontario to monitor the situation.

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- We understand that our partners at Toronto Public Health, and the City of Toronto, are working closely with the Willowdale Welcome Centre to provide advice and respond to this particular outbreak
- Canada's public health efforts continue to focus on containment by identifying cases, finding close contacts and implementing a range of public health measures to minimize the spread and impact of COVID-19.

If asked about refugee claims in Canada:

- In mid-March, the Government of Canada, along with our resettlement partners – the United Nations Refugee Agency (UNHCR) and the International Organization for Migration – temporarily paused our refugee resettlement programs impacted by the travel restrictions. We'll resume resettling refugees as conditions permit.

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