

# Guidance for a strategic approach to the lifting of restrictive public health measures

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## Introduction

The status of the COVID-19 epidemic varies across Canada, affecting diverse groups based on socio-economic and demographic factors such as gender, ethnicity and culture. We are seeing the impact of public health measures on the flattening of the epidemic curve and the slower growth of new COVID-19 cases across Canada. The nature and phase of the COVID-19 epidemic differs from one province or territory to another and within each province and territory. This document provides guidelines to public health authorities for the transition planning that is underway across Canada; it also outlines a strategic approach to lifting restrictive public health measures that can be tailored to different jurisdictions. It is based on the [Lifting of restrictive public health measures - Recommendations from the F/P/T Special Advisory Committee](#).

## Goals

The goals of the COVID-19 pandemic response are: first, to minimize all serious illness and death (due to all causes); and second, to minimize social disruption, including reducing the burden on health care resources. These goals underline the need to strike a balance between the positive and negative effects of restrictive public health measures.

Some degree of coronavirus transmission will be unavoidable as public health measures are relaxed, so it is essential to frame a strategic approach that preserves protective measures for those most likely to be severely affected by COVID-19. Consideration must also be given to the effects—both negative and positive—that the lifting of public health measures will have on mental health. Until we have targeted treatments or vaccines, the aim will be to carefully balance the risks associated with the spread of COVID-19 against the unintended social and health consequences of restrictive public health measures, including among vulnerable groups.

## Objectives

The objectives of this strategic approach are:

- mitigate the risk of increased transmission due to the lifting of restrictive public health measures
- protect vulnerable populations (e.g. older Canadians, people with underlying or immune-compromised health conditions, people living in crowded conditions, people with low incomes or insecure employment) and high-risk settings (e.g. long-term care facilities, homeless shelters, rural and remote regions, shared living spaces such as dormitories, Indigenous communities)
- keep the health care and public health demands below critical levels
- increase social and economic activity by initiating appropriate conditions and controls
- monitor impacts in order to inform decision making about changing the approach
- communicate regularly and transparently with the public to highlight the role everyone has to play in reducing the risk of COVID-19

## Principles

The nationally agreed upon principles below underlie the approach to lifting restrictive public health measures in Canada.

- **Science- and evidence-based decision making** – Decisions to ease and/or reinstate measures should be based on current public health situations as advised by public health officials.
- **Coordination and collaboration** – Strong collaboration to date has served Canadians well, and continued collaboration is key to our ongoing success. Governments have agreed to keep cross-border supply chains open so as to maintain economic activity, access to protective equipment and food security for all Canadians. Governments will continue to share information about challenges and opportunities. Since provinces, territories and the Government of Canada may need to move forward at different times and in potentially different ways, it will be important to maintain the coordination and collaboration that has existed throughout the pandemic (e.g. consistent directives on occupational health and safety requirements).
- **Accountability and transparency** – Each government will continue to be accountable to its residents for its actions and decisions, and will monitor the impacts of measures to restart the economy and provide updates on progress. Data sharing is critical to understanding the situation across Canada and informing efforts to reopen segments of the economy.

- **Flexibility and proportionality** – Public health measures should be relaxed based on the level of threat and in a phased and controlled way, based on information that may change over time. This includes information on risks around the disease and health of Canadians and information on social and economic benefits. Local and sector contexts need to be taken into account (e.g. different workplaces, educational institutions and social activities). Some differences on approaches are to be expected within jurisdictions, and measures may need to be re-imposed as situations change.

## Strategic approach

This document outlines a strategic approach that addresses the goals and objectives in light of the nationally agreed upon principles. The approach includes: an assessment of readiness, a core set of personal public health practices for individuals that should be maintained throughout the COVID-19 response, recommendations for monitoring and risk assessment, and progressive steps for lifting restrictive public health measures. The provinces and territories will have to decide which steps to include in their respective phased transition plans.

The steps are intended as a guide to a logical, cautious and gradual progression to fewer restrictions on social and economic activities. An initial approach with five first steps is intended to provide a starting point and an example of the conditions and modifications needed for lifting any given measure,

### Readiness criteria and indicators for living a new normal with COVID-19

The F/P/T Special Advisory Committee (SAC) has agreed on a set of criteria and indicators to assess readiness for lifting restrictive public health measures in Canada. These seven criteria and thirteen indicators will also be used to assess the need for re-introduction of specific measures as the pandemic progresses.

1. **COVID-19 transmission is controlled.**
  - Indicator 1.1: Number of cases (linked and non-linked), hospitalizations, intensive care unit (ICU) admissions and deaths per day
  - Indicator 1.2: Reproduction number, absolute and relative changes in cases, hospitalizations and deaths
2. **Sufficient public health capacity is in place to test, trace and isolate all cases.**
  - Indicator 2.1: Testing capacity
  - Indicator 2.2: Resources to trace contacts

Indicator 2.3: Ability to isolate all cases

Indicator 2.4: Ability to quarantine all contacts

3. **Expanded health care capacity exists: the incidence of new cases should be maintained at a level that the health system can manage including substantial clinical care capacity to respond to surges.**

Indicator 3.1: Critical care capacity

Indicator 3.2: Availability of personal protective equipment (PPE)

4. **Supports are in place for vulnerable groups/communities and key populations to minimize outbreak risks.**

Indicator 4.1: Availability of guidance for staff and residents to prevent transmission among vulnerable groups/settings

Indicator 4.2: Number, size, and status of outbreaks in high vulnerability settings

5. **Workplace preventive measures are established to reduce risk.**

Indicator 5.1: Availability of guidance for workers and employers to prevent transmission of COVID-19 in the workplace

Indicator 5.2: Number of workplace outbreaks

6. **Avoid risk of importation of cases.**

Indicator 6.1: Number of international travel-related cases

7. **Engage and support communities to adjust to the new normal.**

Indicator 7.1: Communication strategies in place

This set of criteria and indicators provide a data and evidence-driven basis for decisions to lift or adjust restrictive public health measures. Together these indicators could help determine, objectively, each government's readiness for the gradual, coordinated lifting (or re-instating) of restrictive measures that will ultimately facilitate the safe re-launch of our economies and societal activities.

## **Core personal public health practices**

With no targeted therapies or vaccine available, core personal public health practices will need to become the "new normal" in order to maximize our ability as a society to control the spread of the virus for the long term. The following core personal public health practices are fundamental, and should continue throughout all steps of the COVID-19 response:

- Staying informed, being prepared and following public health advice
- Continuing to practice good hygiene (hand hygiene [i.e. washing or sanitizing], avoid touching face, respiratory etiquette [e.g. coughing into elbow])
- Staying at home and away from others if symptomatic/feeling ill – not going to school/work and following jurisdictional/local public health advice

- Maintaining physical distancing as much as possible when outside of the home (i.e. from non-household members)
- Cleaning and disinfecting your surfaces and objects
- Staying at home as much as possible if at high risk of severe illness
- Wearing a medical mask or, if not available, an NMM or cloth face covering, if experiencing symptoms, and if you will be in close contact with others or going out to access medical care
- When the local epidemiology and rate of community transmission warrant it, the wearing of non-medical masks or cloth face coverings is recommended for periods of time when it is not possible to consistently maintain a two-metre physical distance from others, particularly in crowded public settings. [Footnote a](#)
- Reducing personal non-essential travel

Frequent and transparent communications to the public will be important to help engage Canadians on their role in reducing the risk of COVID-19 by adopting these practices. These communications should be incorporated into an on-going community and engagement strategy with the public and should emphasize the continued importance of these core personal practices as restrictive public health measures are loosened. Engagement strategies should also consider and address challenges, barriers and opportunities to maintaining these practices throughout the population and in some vulnerable populations in ways that avoid stigmatization. For example, some people may live in crowded conditions or lack access to clean running water, making it difficult for them to follow guidelines for social distancing or hygiene practices. There is a particular need to partner with Indigenous communities on culturally appropriate, gradual re-opening plans to prevent workers from bringing the virus back to their home communities.

## **Recommendations for monitoring and risk assessment**

Provincial/territorial and/or local surveillance and capacity assessment data will inform the need for any adjustments to the existing strategy based on the criteria and indicators listed above. Routine, ideally daily, monitoring of indicator data is needed, since there is often a waiting period before any impact of the lifting of restrictive measures can be detected, due to natural delays in diagnosis and reporting. Risk assessments as to the likelihood of transmission and the consequences of that transmission should be conducted on a routine basis and before any further lifting of restrictive measures. Governments should consider conducting risk assessments at least every 28 days (2 maximum incubation periods), allowing sufficient time to assess the impact of lifting restrictions. Whatever the result, any need to re-implement measures should be recognized and communicated proactively.

## **Ongoing protection of high-risk individuals and Indigenous communities**

A protective approach for those most likely to experience serious illness due to COVID-19 should be maintained throughout the pandemic response. Currently, this applies to seniors and/or people with immune-compromised or underlying medical conditions. The risk to these people should be assessed based on their specific situations and the epidemiology of COVID-19 (e.g. age-based hospitalization rates). In the short term, it is recommended that these people stay home unless they require urgent medical services. People are encouraged to work from home as much as possible throughout the pandemic. They should return to their workplaces only when specific protective conditions have been introduced for high-risk individuals, including the ability to get to and from the workplace without using public transit. In general, as restrictive measures are lifted, these people should continue to stay at home as much as possible (i.e. should be encouraged to limit their time in the community) so that they have a high degree of control over their environments and interactions with others. It is important to consider the potential impact these measures may have on individuals' physical, social, mental and emotional [health and wellbeing](#). Mental health support services and resources are available, such as the [Wellness Together Canada: Mental Health and Substance Use Support](#) portal. Extra precautions need to be taken for work sites such as mines and factories that are close to Indigenous communities, especially in remote and isolated areas, to prevent and detect COVID-19 infections among the workforce and prevent COVID-19 from spreading within the communities. If there is an outbreak, workers should strictly self-isolate for 14 days before returning to their communities.

Consultation and collaboration with the leaders and elders of First Nations, Inuit and Métis communities is a necessity when planning for the lifting of restrictive public health measures. In many cases, the potential measures and time lines for lifting restrictive public health measures within remote, isolated and Indigenous communities will have to be adapted to their specific contexts and environments, even if they differ from the measures and time lines applied throughout the broader jurisdictions where these communities are located. These communities are often considered "vulnerable" due to their geographic location, access to health care resources, demographics, living conditions or prevalence of underlying medical conditions that place community members at higher risk for serious COVID-19 outcomes. In such cases it is critical that public health measures be taken through collaboration, dialogue and consultation with the communities, including First Nations, Inuit and Métis. Consultation and collaboration between the public health officials of the provincial and territorial jurisdictions where these communities are located and their local governance structures is of vital importance for making and communicating these decisions and monitoring and reporting back to communities on their impacts.

## **Progressive steps for lifting restrictive public health measures**

This is a pan-Canadian approach that can be implemented regionally or provincially depending on local circumstances. Transition should be slow, gradual and tailored to jurisdictional contexts—including remote and isolated communities—with sufficient time between each step to assess the impact of the changes. Governments will also be monitoring the effectiveness (harms and benefits) of specific measures, including their unintended consequences such as disproportionate health, social, and economic impacts for some population groups. As new information becomes available, less effective measures will be adjusted as appropriate.

The proposed initial phase has five “first step” actions, together with conditions and modifications that could be recommended as each measure is lifted, as an example of the type of directives to be provided in phased transition plans.

### **Initial actions and specific conditions for lifting public health measures**

There are five first-step actions for governments to consider including as they launch their first transition phases. These particular actions have been selected for: their interconnectedness with other measures (e.g. work and childcare); the feasibility of physical distancing and conditions required for it; seasonality; the need to reduce unintended consequences of restrictive measures; the ability to decrease social disruption and stimulate economic activity.

Specific conditions for the lifting of the restrictive measures have been recommended for each of the five first-step actions. These conditions or modifications must be met in order to reduce contact intensity and number, thereby reducing the risk of transmission. If these conditions are met it will be easier to mitigate the risks associated with lifting measures. Based on the seven criteria and indicators outlined above, it is recommended that governments consider beginning with the following five actions to lift restrictive public health measures:

#### **a. Some non-essential businesses can open**

- Core personal practices supported to the extent possible (e.g. hand hygiene stations, tissues, wastebaskets)
- Maintain physical distancing whenever possible (e.g. working from home when possible, signage, floor markings, appropriate spacing of restaurant tables)
- Support for staff to stay at home if they are sick
- Efforts to prevent the entry of sick people (e.g. signs at the entrances of businesses about booking appointments and not entering if symptomatic)

- Physical barriers (e.g. plexiglass at checkout) and other technical controls (e.g. increasing ventilation)
  - More environmental cleaning (e.g. more frequent cleaning and disinfecting of high-touch surfaces)
  - Special options for people at high risk of serious illness (e.g. online or phone orders, curbside pickup, special hours)
- b. Daycare and education settings/camps to open**
- Continue providing online learning as an option for students with health conditions that place them at higher risk of severe illness from COVID-19 (e.g. immune-compromised) and to help students stay at home if they are sick
  - Support core personal practices (e.g. hygiene education, supervised hand hygiene)
  - Screen all staff and students/campers
  - Maintain physical distancing as much as possible (e.g. separation of desks, no assemblies, no high-contact sports, limited extracurricular activities)
  - Staff and students/campers at higher risk of serious illness stay at home
  - Environmental cleaning (e.g. increase frequency of cleaning and disinfecting high-touch surfaces)
  - Non-medical masks may be considered, but they are not recommended for children under 2
- c. Additional outdoor and recreational activities to resume**
- Support core personal practices to the extent possible
  - Maintain physical distancing between members of different households when engaged in outdoor recreation (e.g. picnics, camping)
  - Support staying at home if you are sick (e.g. participate in just part of a camp activity, with a refund if cannot attend due to illness)
  - No large gatherings, even outdoors and when appropriately physically distanced
  - Sports – allow only sports that can maintain physical distancing (e.g. low or no contact, separation on sidelines)
  - Equipment – no sharing or cleaning of shared sporting equipment between use
- d. Non-urgent health care services to resume**
- Support core personal practices (e.g. hand hygiene supplies, tissues)
  - Physical distancing measures in place (e.g. tele-medicine, no waiting in waiting room, call in from car)
  - Screen for symptoms and reschedule or implement infection control measures at point of assessment



- Scheduling to protect patients at higher risk of serious illness (e.g. specific days, beginning of day)
- Environmental cleaning (e.g. more frequent cleaning and disinfecting of high-touch surfaces between patients)
- e. **Small critical cultural ceremonies (such as funerals) to take place**
  - Support core personal practices (e.g. hand hygiene supplies, tissues)
  - Screen staff and mourners before they enter the gathering
  - People at higher risk of serious illness should not attend
  - Maintain physical distancing
  - Limit size of gathering (e.g. number of participants)
  - No receptions or buffet meals; single-serving refreshments only
  - Ceremonies held outdoors whenever possible

### **Next steps for the progressive lifting of restrictive public health measures**

Core personal public health practices need to be maintained throughout the transition to the point where either there is a significant level of population immunity due to widespread infection or use of an effective vaccine, or the threat the virus poses is reduced due to the availability of effective treatments or, possibly, a reduction in the severity of the illness due to viral mutation (see Step 5 in Table 1).

The section below on [recommended progression by setting, service or activity](#) provides guidance on the gradual lifting of restrictive public health measures. Some activities are interdependent, like allowing more people to return to work outside of the home and providing childcare. Governments need to factor such interdependencies in when they decide what to include in each phase of their transition plans. The columns in the table reflect the sequence of steps for the activity in each row. They are not meant to determine which activities should be included in each phase, since each government has to decide that based on the local epidemiological, social and economic context and priorities, including stakeholder consultations in transition planning.

In order to proceed with caution, it is crucial that public health authorities provide direction to the public, business owners, event organizers and service providers about the conditions or modifications to set up and sustain as they start to operate again or increase their activities.

### **Table 1: Gradually lifting restrictive public health measures for COVID-19 in Canada: Recommended progression by setting, service or activity**

## Settings with vulnerable populations

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
Implementation timing (depending on criteria) to be determined by jurisdiction						
Closed settings, with populations at higher risk for severe illness (e.g. long-term care facilities, residential care, prisons)	Restrictions on visitors; protective measures in place	Continue (as per current state)	Continue (as per previous step)	Open to visitors with conditions <a href="#">[1, 2, 3, 4, 5, 7, 8, 9]</a> Restrictions/protective measures continue	Continue (as per previous step)	Lift all conditions or restrictions
Other congregate living environments (e.g. shelters for homeless)	Restrictions on access; protective measures in place	Continue (as per current state)	Continue (as per previous step)	Lift some restrictions (e.g. permit greater access to shelter) with conditions <a href="#">[1-9]</a> Protective measures continue	Continue (as per previous step)	Lift all conditions or restrictions

## Workplaces, businesses and services (interdependency with childcare and public transit)

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
Implementation timing (depending on criteria) to be determined by jurisdiction						
<u>Workplaces/businesses providing essential services</u>	Open with conditions <a href="#">[1-9]</a>	Continue (as per current state)	Continue (as per current state)	Continue (as per current state)	Continue (as per current state)	Lift all conditions
<u>Non-urgent health care services</u> (e.g. elective surgeries, physiotherapy, non-emergency dental care)	Closed	Open with conditions <a href="#">[1-9]</a>	Continue (as per previous step)	Continue (as per previous step)	Continue (as per previous step)	Lift all conditions

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
<p><u>Workplaces/businesses providing non-essential services</u></p> <p>Decisions on which non-essential businesses to re-open depends on specific characteristics of different industries and sectors, including:</p> <ul style="list-style-type: none"> <li>the vulnerability of a sector's workforce (e.g. average age, proportion with underlying health conditions),</li> <li>importance of sector to the local economy, and</li> <li>impact of the sector on the well-being of vulnerable populations.</li> </ul>	Closed	<p>Open those businesses able to meet conditions [1-9]</p> <p>Telework continues where possible</p>	<p>Expand to more non-essential businesses with conditions [1-9]</p> <p>Telework continues where possible</p>	<p>Expand to more non-essential businesses with conditions [1-9]</p> <p>Telework continues where possible</p>	<p>Continue (as per previous step)</p> <p>Telework continues where possible</p>	Lift all conditions

### Schools and child care settings

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
Childcare and child oriented settings (e.g. day camps, daycares)	Most are closed	Open with conditions [1,3-5,7-9]	Continue (as per	Continue (as per previous step)	Continue (as per	Lift all conditions

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
(Interdependency with workplaces)	Childcare for essential workers only		previous step)		previous step)	
Schools (K-12) (Interdependency with workplaces)	Closed	Open with conditions <a href="#">[1,3-5,7-9]</a>	Open with fewer conditions (e.g. assemblies are allowed)	Continue (as per previous step)	Continue (as per previous step)	Lift all conditions
Colleges and Universities (Interdependency with public transportation)	Closed for all on-campus activities	Continue (as per previous step)	Continue (as per previous step)	Open with conditions Fall 2020 <a href="#">[1,3-5,7-9]</a>	Continue (as per previous step)	Lift all conditions

### Outdoor spaces

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
Outdoor spaces and activities/recreation  Group A: <ul style="list-style-type: none"> <li>Physical distancing <b>can be maintained</b>, e.g. walking, running, biking, skateboarding, skating, playgrounds, parks, campgrounds, beaches</li> </ul>	Group A only: Allowed for individual and members of same household; most spaces are closed  Not permitted for those in	Group A continues with conditions <a href="#">[1, 3, 7]</a>  Group B is allowed with conditions <a href="#">[1, 3, 7]</a>	Group A continues with expanded contacts (2 other households)  Group B continues with conditions <a href="#">[1, 3, 7]</a>	Group A continues with further expanded contacts <a href="#">[1, 3, 7]</a>  Group B continues with conditions <a href="#">[1, 3, 7]</a>	Continue (as per previous step) for groups A, B and C with conditions	Lift all conditions

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
<p>Group B:</p> <ul style="list-style-type: none"> <li>Physical distancing <b>can be maintained; more modifiable</b>, e.g. low contact sports (golf, tennis), throwing a Frisbee, kicking/throwing a ball between distanced partners, splash pads, public pools</li> </ul> <p>Group C:</p> <ul style="list-style-type: none"> <li>Physical distancing <b>is difficult to maintain; less modifiable</b>, e.g. soccer, rugby, baseball, basketball, amusement parks</li> </ul>	<p>quarantine (self-isolation) for 14 days</p>			<p>Group C is allowed with conditions</p> <p>[1, 3, 4, 5, 7, 9]</p>		

**Indoor sports and recreation**

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
<p><b>Group A:</b> Physical distancing can be maintained in low contact sports, e.g. indoor golf, tennis, gymnastics, art programs</p> <p><b>Group B:</b> Physical distancing is difficult to maintain, e.g. hockey, ringette, football.</p>	Closed	Closed	Group A with conditions <a href="#">[1, 3, 4, 5, 7, 8, 9]</a>	Group B is allowed with conditions <a href="#">[1, 3, 4, 5, 7, 8, 9]</a>	Continue (as per previous step) for groups A and B with conditions	Lift all conditions

### Community spaces

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Near-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
Indoor settings, e.g. libraries, community centres, places of worship, museums, theatres	Closed	Closed	Allowed with conditions, where physical distancing can be maintained <a href="#">[1, 3, 4, 5, 7, 8, 9]</a>	Allowed with conditions where physical distancing is more difficult to maintain <a href="#">[1, 3, 4, 5, 7, 8, 9]</a>	Continue (as per previous step)	Lift all conditions

### Gatherings of families and friends, mass gatherings

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
Gatherings of family and friends: e.g. weddings, funerals, baptisms, small social gatherings such as birthday parties, small cultural ceremonies	Prohibited	Small <u>critical</u> cultural ceremonies allowed with conditions  <a href="#">[1, 2, 3, 4, 5, 7, 8, 9]</a>	Allow small social gatherings with members of 2 households with conditions  <a href="#">[1, 2, 3, 4, 5, 7, 8, 9]</a>	Allow larger gatherings (50 to 100 people) with more than 2 households with conditions  <a href="#">[1, 2, 3, 4, 5, 7, 8, 9]</a>	Allowed with conditions  <a href="#">[1, 2, 3, 4, 5, 7, 8, 9]</a>	Lift all conditions

### Mass gatherings

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
Implementation timing (depending on criteria) to be determined by jurisdiction	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
Highly-visible events with large numbers of attendees, e.g. concerts, sporting events, conferences, cultural or religious events, festivals, large national or international events	Prohibited	Prohibited	Some allowed with conditions based on risk assessment  Size limit = 25 to 50  <a href="#">[1, 3, 4, 5, 7, 8, 9]</a>	Some allowed with conditions based on risk assessment  Size limit = 50 to 100  <a href="#">[1, 3, 4, 5, 7, 8, 9]</a>	Some allowed with conditions based on risk assessment  Size limit = 100 to 250  <a href="#">[1, 3, 4, 5, 7, 8, 9]</a>	Lift all conditions

### Transportation

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
	Current state of measure April 2020	Step 1 Near-term	Step 2 Near-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
Implementation timing (depending on criteria) to be determined by jurisdiction  Public transportation (e.g. taxis, rideshares, buses, subways and rail)  Interdependency with workplaces and schools	Allowed with conditions	Allowed with conditions [3, 4, 5, 6, 7, 8, 9]	Allowed with conditions [3, 4, 5, 6, 7, 8, 9]	Allowed with conditions [3, 4, 5, 6, 7, 8, 9]	Allowed with conditions [3, 4, 5, 6, 7, 8, 9]	Lift all conditions

## Travel

Setting, service or activity	Gradual lifting of measures with conditions or modifications in place					
	Current state of measure April 2020	Step 1 Near-term	Step 2 Short-term	Step 3 Medium-term	Step 4 Longer-term	Step 5 Significant population immunity
<u>Domestic</u>  Inter-jurisdictional travel: provincial/territorial, remote/isolated/Indigenous communities	Some restrictions in place at P/T and/or community level	Travel restrictions lifted based on jurisdictional risk assessment				All restrictions lifted

### Table 1 legend of conditions and modifications

1. Core personal practices supported (e.g. provide access to soap and water or an alcohol-based hand sanitizer (at least 60% alcohol), tissues/waste baskets, public washrooms, showering before entering swimming pool).
2. PPE: includes medical masks/N95 respirators (as per guidance or employer policy), eye protection, gloves and/or gown; level and type is determined based on a risk assessment by an employer or individual.
3. Physical distancing measures added (e.g. size limit, accessible floor markings and or signage, telework, live streaming).
4. Non-medical mask use as per local recommendations.<sup>i</sup>



5. Screening/assessment (active or passive) in place for symptoms of COVID-19.
6. Physical barriers in use (e.g. plexiglass).
7. Environmental cleaning increased (common spaces, high-touch surfaces, shared equipment).
8. Ventilation increased.
9. Increased protective measures for vulnerable populations.

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<sup>i</sup> When the local epidemiology and rate of community transmission warrant it, the wearing of non-medical masks or cloth face coverings is recommended for periods of time when it is not possible to consistently maintain a two-metre physical distance from others, particularly in crowded public settings. These situations could include public transportation, stores and shopping areas. Face masks may also be recommended in some group living situations (e.g. group homes, correctional facilities, dormitories or group residences). Advice or direction regarding the wearing of masks may vary from jurisdiction to jurisdiction based on local epidemiology.