

Legislative
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SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT

NINTH INTERIM REPORT

1st Session, 42nd Parliament
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The Honourable Ted Arnott, MPP
Speaker of the Legislative Assembly

Sir,

Your Select Committee on Emergency Management Oversight has the honour to present its Report and commends it to the House.

Daryl Kramp, MPP
Chair of the Committee

Queen's Park
June 2021

SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT MEMBERSHIP LIST

1st Session, 42nd Parliament

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INTRODUCTION

The Select Committee on Emergency Management Oversight is pleased to present its ninth interim report. The report summarizes the testimony and discussion from the Committee hearing of March 8, 2021.

In accordance with the Committee's terms of reference, the Solicitor General for Ontario appeared as the Premier's designate to provide an oral report and respond to Committee questions.

Further interim reports will follow. The Committee's final report will be a compilation of all interim reports.

To review the Solicitor General's full remarks and all questions posed by Committee members, reference should be made to the official Hansard transcript.

COMMITTEE MANDATE

On July 13, 2020, the government House leader introduced a motion to appoint a Select Committee on Emergency Management Oversight. Following debate, the motion carried on July 15, 2020. The Committee was appointed to receive oral reports from the Premier or his designate(s) on any extensions of emergency orders by the Lieutenant Governor in Council related to the COVID-19 pandemic and the rationale for those extensions.

Under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, the Premier, or a Minister to whom the Premier delegates the responsibility, is required to appear before and report to a standing or select committee designated by the Assembly, at least once every 30 days. This report is to address

- (a) orders that were extended during the reporting period; and
- (b) the rationale for those extensions.

Hearings consist of a report from the Premier or his designate(s), followed by questions from the Committee. The Committee is authorized to release interim reports summarizing each hearing.

The Committee's mandate is reproduced in full in Appendix A to this report.

REPORT FROM THE SOLICITOR GENERAL

Opening Remarks

Ontario's Solicitor General, the Honourable Sylvia Jones, presented to the Committee on March 8, 2021.

The Solicitor General began her presentation with the observation that the Committee was meeting “on the heels of a week filled with encouraging news regarding the world's fight against COVID-19.”

In Canada, this news included Health Canada's approval of two more vaccines, and updated immunology guidance from the National Advisory Committee on Immunization, advising that dose intervals for certain vaccines may be safely extended to four months. These developments will allow more people to be protected within a shorter period time.

In Ontario, the good news was that priority populations were receiving vaccines as quickly as doses arrived, and that individuals 80 years old or older would begin receiving vaccines later in the month. More Ontarians will become eligible for vaccines as supplies arrive.

At the same time, the Solicitor General cautioned that these positive developments had been partially offset by the fact that Ontario's case rate per 100,000 remained “high.” Moreover, the spread of the new variant had “the potential to account for 40% of new cases” by the end of March 2021.

In these circumstances, it was the Solicitor General's opinion that orders under the *Reopening Ontario Act* “remain important tools to limit the spread of COVID-19.” Limiting the spread, she said, will in turn ease the burden on the health care system, protect the vulnerable, allow schools to reopen for in-class learning, and set the stage for moving more regions of the province toward the green zone.

The Solicitor General's presentation continued with a review of developments since the conclusion of the declared emergency on February 9, 2021. On that date, the province began a phased return to the province's COVID-19 Response Framework. Initially, most public health units returned to the framework—the exceptions were Toronto, Peel, York, North Bay, and Parry Sound, which remained subject to the stay-at-home order due to high case-loads. In addition, on February 26th, the province applied the “emergency brake” in the Simcoe Muskoka District Health Unit and the Thunder Bay District Health Unit.

As of March 8, 2021, however, all public health units had returned to the framework. As a result, the situation in the province on that date was as follows:

- *In the Green Zone (Prevent)* — Grey-Bruce Health Unit, Hastings Prince Edward Public Health, Kingston, Frontenac and Lennox and Addington Health Unit, and Leeds, Grenville and Lanark District Health Unit.

- *In the Yellow Zone (Protect)* — District of Algoma, Haliburton, Kawartha, Pine Ridge District Health Unit, Huron Perth Public Health, Northwestern Health Unit, and Renfrew County and District Health Unit.
- *In the Orange Zone (Restrict)* — Brant County Health Unit, Chatham-Kent Public Health Unit, City of Ottawa Health Unit, the Eastern Ontario Health Unit, Haldimand-Norfolk Health Unit, Middlesex-London Health Unit, Oxford Elgin St. Thomas Health Unit, Porcupine Health Unit, and Timiskaming Health Unit.
- *In the Red Zone (Control)* — City of Hamilton Health Unit, Durham Region Health Unit, Halton Region Health Unit, Lambton Health Unit, Niagara Region Health Unit, North Bay Parry Sound District Health Unit, Peterborough County Health Unit, Simcoe Muskoka District Health Unit, Sudbury and Districts Health Unit, Waterloo Health Unit, Wellington-Dufferin-Guelph Health Unit, Windsor-Essex County Health Unit, and York Region Health Unit.
- *In the Grey Zone (Lockdown)* — City of Toronto Health Unit, Peel Regional Health Unit, and Thunder Bay District Health Unit.

The Solicitor General concluded her opening remarks on a note of prudence:

Let me be clear. A return to the framework is not a return to normal. Our government has taken a safe and cautious approach to returning to the framework.

Amended Orders

Since the Committee last met on February 9, 2021, several orders under the *Reopening Ontario Act* have been amended. The Solicitor General noted the following:

- *O. Reg. 82/20 (Rules for Areas in Stage 1) and O. Reg. 263/20 (Rules for Areas in Stage 2)*—amended to support licensing examinations for specific fields and occupations, such as critical service providers and disciplines needed to support the COVID-19 response. Amendments included creating an exemption from the 10-person capacity limit applicable to meeting and event spaces and post-secondary institutions, to allow for in-person licensing examinations for the registration, licensing, and accreditation of persons in specific fields to a maximum of 50 people.
- *O. Reg. 82/20 (Rules for Areas in Stage 1)*—amended to allow all construction activity in the shutdown zone that was previously not permitted to reopen immediately. While most types of construction businesses were already allowed to be open in these areas, some were not, including most commercial construction such as office buildings, interior finishing work in

retail, and construction supporting businesses such as warehousing, IT, and the telecom sector.

- *O. Reg. 82/20 (Rules for Areas in Stage 1), O. Reg. 263/20 (Rules for Areas in Stage 2), and O. Reg. 364/20 (Rules for Areas in Stage 3)*—amended to enable the American Hockey League (AHL) to return to play in Ontario. Teams must operate in accordance with the professional sports plan governing NHL games played in Ontario. No spectators are permitted in the arena. Other amendments exempt the NHL and AHL from restrictions on film and television production contained in O. Reg. 263/20.
- *O. Reg. 82/20 (Rules for Areas in Stage 1), O. Reg. 263/20 (Rules for Areas in Stage 2) and O. Reg. 364/20 (Rules for Areas in Stage 3)*—amended so that specialty vape stores may not permit an electronic cigarette to be used for the purpose of sampling a vapor product while in the store.
- *O. Reg. 82/20 (Rules for Areas in Stage 1)*—amended to support active patron screening requirements for meeting or event spaces and indoor malls. The person responsible for a business or place that rents out meeting or event space must ensure that individuals are screened prior to entering, in accordance with the advice, recommendations, and instructions of the Office of the Chief Medical Officer of Health; indoor shopping malls must actively screen individuals before they enter the indoor premises of the mall.
- *O. Reg. 263/20 (Rules for Areas in Stage 2)*—amended to establish patron screening requirements for meeting or event spaces, indoor malls, restaurants and bars, facilities for indoor sports and recreational fitness activities, personal care services, casinos, bingo halls and other gaming establishments, cinemas and performing arts venues (limited exceptions are made for the use of facilities for indoor sports and recreational fitness activities, such as those training for Team Canada). Other amendments clarify that soccer and other sports domes are a “facility for indoor sports and recreational fitness activities” and are subject to the same conditions as other facilities for indoor sports and recreational fitness activities.
- *O. Reg. 263/20 (Rules for Areas in Stage 2)*—amended so that the general capacity limit provisions for event spaces, indoor malls, restaurants and bars, facilities for sports and recreational fitness activities, and personal care services open to the public in the red zone align with O. Reg. 364/20.
- *O. Reg. 263/20 (Rules for Areas in Stage 2)*—amended to require that the person responsible for a place of business or a facility that is open to the public must limit the number of persons so that every member of the public is able to maintain a physical distance of at least two metres from every other person.

- *O. Reg. 263/20 (Rules for Areas in Stage 2)*—amended to clarify that certain settings for public health unit regions in the Red Zone, including community centres, multi-purpose facilities, recreational facilities, and facilities for indoor-outdoor sports, may be open to provide space for the provision of child care.
- *O. Reg. 364/20 (Rules for Areas in Stage 3)*—amended to prescribe patron-screening requirements for meeting or event spaces, indoor malls, restaurants and bars, facilities for indoor sports and recreational fitness activities, personal care services, casinos, bingo halls, cinemas and performance art venues for the Orange Zone only. Other amendments clarify that soccer and other sports domes are a “facility for indoor sports and recreational fitness activities” and are subject to the same conditions as other facilities for indoor sports and recreational fitness activities.

Extended Orders

The Solicitor General continued her update with a review of orders that had not been amended since the Committee last met and that would remain in effect until March 21, 2021. Orders are listed in numerical order and with a brief statement of the rationale for extension.

- *O. Reg. 74/20 (Work Redeployment for Certain Health Service Providers)*—The hospital sector continues to experience increased demands and pressures as a result of COVID-19. This order authorizes hospitals to take measures with respect to work deployment and staffing and is necessary to address surgical backlogs, and to alleviate health human resource shortages within hospitals and other health care service providers.
- *O. Reg. 76/20 (Electronic Service)*—This order allows document service in legal matters to be handled electronically instead of in person. The order is needed to continue access to justice, while reducing unnecessary contact between individuals in order to slow the spread of COVID-19.
- *O. Reg. 77/20 (Work Deployment Measures in Long-term Care Homes)*—This order gives long-term care homes greater flexibility to identify staffing priorities, deal with staff shortages, and address outbreaks. An extension is necessary because flexibility to recruit and reassign staff remains crucial for preventing and managing outbreaks and ensuring stability and quality of long-term care homes.
- *O. Reg. 95/20 (Streamlining Requirements for Long-term Care Homes)*—This order provides flexibility and a reduced administrative requirement for long-term care homes so that they can respond quickly to the care and safety needs of residents. The order is extended to ensure

that long-term care homes continue to provide care and safety for their residents.

- *O. Reg. 98/20 (Prohibition on Certain Persons Charging Unconscionable Prices for Sales of Necessary Goods)*—This order allows consumers to continue to file complaints with the Ministry of Government and Consumer Services about price gouging with respect to the necessary goods set out in the order, some of which remain in short supply.
- *O. Reg. 114/20 (Enforcement of Orders)*—Effective enforcement is essential under the *Reopening Ontario Act* to limit the spread and effects of COVID-19. This order ensures a person is required to identify themselves by providing their name, date of birth, and address to a police officer or other provincial offences officers if the officer has reasonable and probable grounds to believe the individual has committed an offence under section 10(1) of the Act. Without disclosure of this identifying information, provincial offences officers would be unable to effectively enforce orders under the Act.
- *O. Reg. 116/20 (Work Deployment Measures for Boards of Health)*—This order allows boards of health or public health units to take any reasonably necessary measures with respect to work deployment and staffing to respond, prevent, and alleviate the COVID-19 pandemic.
- *O. Reg. 118/20 (Work Deployment Measures in Retirement Homes)*—This order allows flexibility for retirement home operators to recruit and reassign staff. It remains crucial for helping to prevent and manage outbreaks and to ensure stability and quality in retirement care.
- *O. Reg. 121/20 (Service Agencies Providing Services and Supports to Adults with Developmental Disabilities and Service Providers Providing Intervenor Services)*—This order allows deployment services agencies and intervenor service providers to continue to have the authority and flexibility needed to redeploy staff to support critical services for vulnerable individuals.
- *O. Reg. 129/20 (Signatures in Wills and Powers of Attorney)*—This order allows the witnessing of wills and powers of attorney to be facilitated virtually through technology. Many people still rely on the order to ensure wills and powers of attorney can be safely executed, as there are no alternative processes available.
- *O. Reg. 132/20 (Use of Force and Firearms in Policing Services)*—This order allows chiefs of police to authorize members of a police service to perform duties involving use of force and to carry a firearm if the member successfully completed the required training within the previous 24 months of this authorization, instead of the annual training required under the

Police Services Act. It allows police personnel to continue to be deployed to keep communities safe, despite delays in annual training due to COVID-19.

- *O. Reg. 141/20 (Temporary Health or Residential Facilities)*—This order continues the suspension of Ontario Building Code requirements to expedite the set-up of temporary services in existing health care facilities and temporary health and residential facilities in new structures, and to convert existing other buildings for these purposes.
- *O. Reg. 145/20 (Work Deployment Measures for Service Agencies Providing Violence Against Women Residential Services and Crisis Line Services)*—This order enables residential violence against women and anti-human trafficking service providers as well as crisis lines under the violence against women support services program to have the authority and flexibility they need to redeploy staff to support critical services for survivors of violence against women and victims of human trafficking.
- *O. Reg. 146/20 (Limiting Work to a Single Long-term Care Home)*—This order reduces the movement of employees between long-term-care homes to minimize the risk of COVID-19 transmission to other homes or health care settings. The order is still necessary because limiting the number of staff moving across multiple settings is an important component of infection prevention.
- *O. Reg. 154/20 (Work Deployment Measures for District Social Services Administration Boards)*—This order provides district social services administration boards flexibility to address staffing shortages and ensure personnel are deployed to critical areas of need to respond to COVID-19.
- *O. Reg. 156/20 (Deployment of Employees of Service Provider Organizations)*—This order allows the voluntary deployment of existing home care staff at service provider organizations to provide services such as nursing, personal support services, and therapy to other congregate care settings. The need for the order is based on ongoing staffing issues at long-term-care homes and retirement homes.
- *O. Reg. 157/20 (Work Deployment Measures for Municipalities)*—This order was issued in response to requests from municipalities to provide flexibility to redeploy staff to ensure front-line services continue to be delivered in critical areas of need. The continuity of service delivery at the municipal level is critical to the health and safety of Ontario's communities and efforts to curb the spread of COVID-19.
- *O. Reg. 158/20 (Limiting Work to a Single Retirement Home)*—Similar to the order for long-term-care homes, this order remains necessary because limiting retirement home staff from working in other retirement homes, long-

term-care homes, and health care settings is an important component of infection prevention and control practices in retirement homes.

- *O. Reg. 163/20 (Work Deployment Measures for Mental Health and Addictions Agencies)*—This order is necessary to give service providers the authority to maintain health human resource flexibility, especially as mental health and addictions providers work to maintain in-person services during the second and any future pandemic wave.
- *O. Reg. 177/20 (Congregate Care Settings)*—The order has been extended so that staff movement across multiple employers in developmental sectors, intervenor services, and violence against women and anti-human trafficking sectors will continue to be limited. This infection prevention measure protects staff and vulnerable clients.
- *O. Reg. 192/20 (Certain Persons Enabled to Issue Medical Certificates of Death)*—This order allows registered nurses appointed as coroner investigators to complete medical certificates of death instead of a physician or a nurse practitioner. This order continues to give physicians and nurse practitioners more time to focus on patient care during the pandemic.
- *O. Reg. 193/20 (Hospital Credentialing Processes)*—Maintaining flexible health human resources is critical for hospitals during the pandemic. This order allows hospitals to quickly appoint, reappoint, and grant privileges to physicians and other professional staff, where necessary, to prevent and alleviate COVID-19 outbreaks.
- *O. Reg. 195/20 (Treatment of Temporary COVID-19 Related Payments to Employees)*—The order ensures that any temporary COVID-19-related payments, including temporary wage enhancements for personal support workers and direct support workers, received by employees in relation to work performed while the order is in effect, are excluded from the maximum increases in compensation set out in the *Protecting a Sustainable Public Sector for Future Generations Act* during a moderation period.
- *O. Reg. 210/20 (Management of Long-term Care Homes in Outbreak)*—This order enables the director appointed under the *Long-Term Care Homes Act* to order the placement of interim management to effectively protect residents from COVID-19. Maintaining the management order allows the director to swiftly take appropriate actions to reduce or alleviate harm to residents and staff in homes that are in outbreak.
- *O. Reg. 240/20 (Management of Retirement Homes in Outbreak)*—This order ensures measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in case of outbreak should an operator be unable or unwilling to manage operations of the home.

- *O. Reg. 241/20 (Special Rules re Temporary Pandemic Pay)*—The order facilitates the implementation of temporary pandemic pay and provides clarity to employers and employees regarding eligibility for pandemic pay.
- *O. Reg. 345/20 (Patios)*—This order allows municipalities to quickly pass or amend bylaws governing patios to facilitate appropriate distancing and maintain public health measures. The order remains necessary to help restaurants and bars prepare for the spring patio season, support small businesses across the province, and help maintain and create new jobs to overcome the economic effects of COVID-19.

In conclusion, the Solicitor General said that although the province had made progress in the fight against COVID-19, “now is not the time to let our guard down.” The government, she said, will continue to respond to the pandemic as it evolves, and will do so in a way that is “responsible, transparent and accountable to the people of Ontario.”

DISCUSSION

Following her report, the Solicitor General responded to questions from the Committee.

- *Temporary Pandemic Pay*—**Question:** Does the government intend to make the temporary pandemic pay for personal support workers (PSWs), nurses, paramedics, and other eligible employees permanent? **Solicitor General’s Response:** The Premier has indicated on many occasions that historically we have undervalued the importance of the work performed by these individuals and that we need to do much more to appreciate and value what they do. Toward that end, the government recently announced a major initiative to train more PSWs to fill in-demand jobs. These additional workers will provide support in the critical long-term care and retirement sectors.
- *Vaccine Rollout (Frontline Workers)*—**Question:** Does the government have plans to ensure that PSWs, health care workers, and others working on the front line of the pandemic receive vaccines? Will the government provide mobile vaccination so that workers will not have to take time off to get vaccinated? **Solicitor General’s Response:** In the first phase of the vaccine rollout, those working in long-term care and high-risk retirement homes were offered the vaccine; however, as supplies became scarce, priority was given to the residents of those homes. That targeted approach has led to fewer high-risk, vulnerable citizens contracting COVID-19. With the arrival of more supplies, vaccines are now being offered to all frontline health care workers. Most individuals are currently receiving vaccines on-site; that is, in the long-term-care or retirement home where they work. If they choose, for whatever reason, not to receive the vaccine at that point,

they will eventually be able to receive vaccines from pharmacies and mass vaccination sites.

- *Vaccine Rollout (Local Priorities)*—**Question:** Media reports indicate differences in the way public health units are rolling out their vaccine programs. For example, as of March 8, it appeared that people over the age of 80 were getting vaccines in the Region of Peel, but not in the City of Toronto. To what extent do public health units follow provincial guidelines? How much variation between communities do the guidelines permit? **Solicitor General's Response:** Vaccine rollout across the province is governed, in the first instance, by the provincial framework and priorities. Although the province has established age as the top priority, it is not the only one. Individual public health units also have the ability to address local “nuances and challenges.” For example, they may choose to set up mass vaccination sites in or near high-risk neighbourhoods. With respect to the City of Toronto, it has, in fact, been vaccinating over-80s, in accordance with provincial priorities. At the same time, however, it has been given the flexibility to continue vaccinating health care workers, and to target high-risk areas and homeless populations.
- *Vaccine Rollout (Family Physicians)*—**Question:** The head of the vaccine task force recently announced that family physicians would be communicating with patients about how to get a vaccine; however, some doctors say they have not been given adequate information on how this will happen. Could the Solicitor General clarify the role of family physicians in the vaccine rollout? **Solicitor General's Response:** In fact, family physicians are already playing a role in many public health units. For instance, in the Wellington-Dufferin-Guelph region, one of the public health units reached out to the Ontario Health teams in that unit to give them information about who qualifies for a vaccine—namely, over-80s, those with chronic conditions, and those who are receiving home care. Individual physicians on those teams then reached out to their patient base. This has proved to be a successful model that has encouraged people to book appointments.
- *Vaccine Rollout (Pharmacies)*—**Question:** According to the Minister of Health, people will be able to book a vaccination at a pharmacy using the province's online portal. Is that correct? Can northern and rural Ontario expect to be in the rollout of vaccines to pharmacies and doctors? **Solicitor General's Response:** Another pathway to receiving a vaccine will be through pharmacies. As of today's date, we have limited supply. Accordingly, we are beginning with a pilot project involving pharmacies in three public health units. When more supplies arrive we will be rolling out the same model across Ontario—that is, through pharmacies and family physicians' offices. Vaccines will be available by appointment and in accordance with the priority framework. Some pharmacies have the ability

to access the provincial COVaxON site; some may not want to go that route. Notification of how to book an appointment will be given through public awareness campaigns. One of the complicating factors with respect to the rollout is that each vaccine is different. AstraZeneca, for example, is shipped in trays of 500, and we have been advised that the trays cannot be split up. This means that we cannot give every pharmacy that wants it a tray of AstraZeneca. It should be stressed, however, that, to date, communities in northern and rural Ontario have been receiving per population the same amount of vaccine as southern Ontario public health units.

- *Collection of Data by Police Officers*—**Question:** Police officers have authority under the “enforcement” order to collect data about individuals charged with an offence under the *Reopening Ontario Act*. Has the government received any of that data? Will there be a race-based analysis to see who has been asked to provide contact and other information? Will the data indicate the number of people stopped versus the number actually charged? **Solicitor General’s Response:** Under the enforcement order, the only time police or provincial offences officers may request data—including date of birth, name, and home address—is when they are laying a charge, and that is all public information. If an individual is stopped and a charge is not laid, the order is very clear that police will not ask for this information.
- *Emergency Brake*—**Question:** The “emergency brake” has been applied twice since the declared emergency ended in February. What role did the local medical officer of health play in those decisions? Did the emergency brake work? **Solicitor General’s Response:** Local medical officers of health play an important role in these decisions, because they see the data on an hourly and daily basis. In Thunder Bay, for example, the local medical officer of health saw that case rates were increasing in a dramatic way, and that a hard stop—as opposed to a gradual move through the framework—was necessary to reduce transmission. Although it is not an “on/off switch,” we are seeing that the emergency brake is helpful in addressing the more transmissible variants. Adherence to public health guidelines, however, remains a key element of our efforts to control community spread.
- *Local Emergencies*—**Question:** Some municipalities and First Nations communities have made their own declarations of emergency during the pandemic. How has the province supported communities in dealing with acute local conditions? **Solicitor General’s Response:** Local medical officers of health have always had what are known as “section 22” powers; that is, the authority under section 22 of the *Health Protection and Promotion Act* to issue orders to deal with a communicable disease outbreak in a particular health unit. In the Wellington-Dufferin-Guelph region, for example, a local medical officer of health issued a section 22 order temporarily closing private schools in a designated part of one health

unit. The order was issued to deal with a localized outbreak, and to ensure that transmission did not spread beyond that small area. As a further example, when large farming operations in southwestern Ontario experienced outbreaks last year, the local public health unit worked with a farming organization to ensure that farms had the support they needed to contain the spread of infection.

- *Compliance and Enforcement*—**Question:** Are we still having issues with non-compliance across the province? **Solicitor General's Response:** Among the general public there continues to be “pockets” of non-compliance regarding the wearing of masks. This is unfortunate, because wearing a mask is more about protecting those you come into contact with. Anything we can do as parliamentarians to encourage people to wear masks will help to make Ontarians safer. In the workplace, the Ministry of Labour has hired additional inspectors and conducted targeted inspections to ensure that businesses across the province are aware of the rules and guidelines that will keep their particular customers and employees safe. Where labour inspectors see non-compliance, they work with employers to identify corrective measures. Ultimately, however, they have authority to impose fines.
- *Support for Businesses*—**Question:** Could the Solicitor General highlight any new supports that may be available to struggling businesses? Have they been effective? **Solicitor General's Response:** One of the key supports in terms of safe reopening is access to a \$1,000 grant for personal protective equipment. In addition, while they wait for safe reopening, businesses will benefit from a number of supports related to heat, hydro, and municipal tax. Together, all of these things will allow businesses “to take a breath and be a little more patient.”
- *Approval of New Vaccines*—**Question:** Will the approval of two more vaccines solve the shortage? How will this affect Ontario's schedule for vaccine rollout? **Solicitor General's Response:** The short answer is “yes,” every time Health Canada approves another vaccine a larger quantity becomes available. For example, some public health units recently saw a tripling of the doses that will be made available to them in the coming month. Nonetheless, it should be emphasized that the federal government purchases the vaccines (they were offered to national governments only) and that the provinces distribute them. In Ontario, we distribute primarily on the basis of population; however, distribution may also take into account hot spots or populations “that need a boost” because they are experiencing a higher infection rate, or historically have experienced higher rates of infection.
- *Support for Cultural Events*—**Question:** Last year many cultural events such as fairs and festivals were either cancelled or moved online due to COVID-19, and it is almost certain that many will be affected again this

year. What is being done to support these events so that they will not be lost forever after the pandemic is over? **Solicitor General's Response:** As the Minister of Heritage, Sport, Tourism and Culture Industries has said, the arts and cultural sectors were the earliest to feel the effects of the pandemic and will take the longest to recover. Many events were able to continue online and virtually, and this should be celebrated; however, it should also be noted that the Minister has put in place "some very robust plans" to support these sectors.

- *Medical Labs*—**Question:** To comply with distancing guidelines during the pandemic, medical labs have had to limit the number of people coming into their offices at any one time. As a result, labs are booking fewer daily appointments, and a bottleneck for lab work has developed in some communities. Is the government considering allowing health teams, individual physicians, and/or other health care professionals to perform lab work in order to reduce these bottlenecks? **Solicitor General's Response:** In the same way that we have limited the number of people who are able to attend a place of business, people attending labs need to be patient, because it is critically important that we follow public health advice. The Member's question is an appropriate one for the Minister of Health.
- *Social Bubbles*—**Question:** It appears there is some confusion over the status of the so-called social "bubble," and whether we are supposed to be keeping to our households. How does this concept fit into the province's colour-coded response framework? **Solicitor General's Response:** In terms of whether households should be getting together, individuals living alone have always had the opportunity to join one other household. As stated previously, however, the return to the framework is not a reopening. The variants of concern in our communities today spread much faster, which means that we need to be that much more vigilant, and that we need to continue to follow all of the health protocols. At the end of the day, that is what will keep our communities safe.
- *Framework Restrictions (Caps and Percentages)*—**Question:** Under the province's COVID-19 Response Framework, some activities are subject to restrictions expressed as a percentage of capacity (e.g., retail stores), while others are subject to a hard cap on the number of people that may congregate in one place (e.g., places of worship). What is the rationale for the different measures? **Solicitor General's Response:** As developed by the provincial science table, the response framework tailors restrictions to the particular risks associated with an activity. Vape shops, for example, may not allow people to try different types of vaping products, because that activity carries a higher risk. Restrictions on restaurants reflect the risk created when a person removes their mask to eat or drink. In places of worship, people may wish to participate by singing, but that, again, presents a higher level of risk. All of these factors came into play when developing the restrictions contained in the response framework.

- *Lessons Learned*—**Question:** What lessons have been learned since the onset of the pandemic that might help us deal in an effective way with a “third wave”? **Solicitor General’s Response:** One thing we have learned is that the mRNA vaccines take up to 30 days to build immunity. So even after you get the vaccine, this is not a “freedom, take your mask and go type of thing.” You need to let the immunities within your body build up. This is important to know as we approach a possible third wave. Even Israel, which has an excellent vaccination program, experienced a third wave. A lesson learned during the period of limited vaccine supply is that by giving priority to the elderly and most vulnerable, we can significantly lower the number of individuals with severe conditions and reduce the number of deaths. The experts are agreed that focusing on age and vulnerability makes a real difference. We also know that health human resources will always be a factor in decisions about which emergency orders should continue and which should be allowed to expire. More generally, we know a lot more about what COVID-19 does, how it affects people, and who is more likely to be at serious risk.

APPENDIX A: TERMS OF REFERENCE*

That a Select Committee on Emergency Management Oversight be appointed to receive oral reports from the Premier or his designate(s) on any extensions of emergency orders by the Lieutenant Governor in Council related to the COVID-19 pandemic and the rationale for those extensions; and

That the Committee shall have a membership of up to eleven Members, comprised as follows:

- Up to seven members of the Government party
- Up to three members of the Official Opposition
- Up to one Independent Member; and

That the House Leaders of each of the Recognized Parties shall indicate in writing to the Clerk of the House, their Party's membership on the Committee; and

That the Government House Leader, in consultation with the Independent Members, shall indicate in writing to the Clerk of the House, the Independent Member on the Committee; and

That the deadline for indicating Committee Membership with the Clerk of the House shall be Thursday, August 20, 2020; and

That the Committee shall meet at the call of the Chair as follows:

- Up to 30 minutes for the Premier or his designate(s) to make an opening statement
- Up to 60 minutes for Members of the recognized Parties to pose questions to the Premier or his designate(s) in 3 rounds of 10 minutes for each Party
- Up to 10 minutes for the Independent Member to pose questions to the Premier or his designate(s) in 2 rounds of 5 minutes each
- Report writing in closed session; and

That the Clerk of the Committee shall convene the first meeting of the Committee no later than Thursday, August 27, 2020 to elect a Chair and Vice-Chair of the Committee, but no Sub-committee shall be appointed; and

That for business conducted under this order of reference, the provisions of Standing Orders 38 (b), (c), and (d) and 134 (c) and (d) shall be suspended.

That the Committee is authorized to present interim reports summarizing each hearing to the House, or deposit interim reports with the Clerk if the Legislature is not in session; and

That the Committee's final report shall be a compilation of all interim reports; and

That the Committee shall be dissolved 30 days following the Government House Leader indicating in writing to the Speaker that the Committee is no longer required; and

That the Committee's final report shall be tabled in the House, or deposited with the Clerk if the Legislature is not in session, before the Committee is dissolved; and

That if the Committee fails to meet this deadline the cumulative interim reports shall be deemed to be the Committee's final report and deemed to be tabled on the date that the Committee is dissolved; and

That an Order shall be placed on the *Orders and Notices Paper* for discussion of the Final Report of the Select Committee on Emergency Management Oversight following its presentation to the House.

** Votes and Proceedings, July 15, 2020, 42nd Parliament, 1st Session*