

Legislative
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SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT

SIXTEENTH INTERIM REPORT

2nd Session, 42nd Parliament
71 Elizabeth II

ISBN 978-1-4868-5768-5 (Print)
ISBN 978-1-4868-5770-8 [English] (PDF)
ISBN 978-1-4868-5772-2 [French] (PDF)
ISBN 978-1-4868-5769-2 [English] (HTML)
ISBN 978-1-4868-5771-5 [French] (HTML)

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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
February 2022

SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT MEMBERSHIP LIST

2nd Session, 42nd Parliament

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*LINDSEY PARK was replaced by DONNA SKELLY on October 20, 2021.

STEPHEN CRAWFORD and MICHAEL PARSA regularly served as substitute members
of the Committee.

CHRISTOPHER TYRELL
Clerk of the Committee

HEATHER CONKLIN
Research Officer

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INTRODUCTION

On November 5, 2021, the Select Committee on Emergency Management Oversight met for the sixteenth time to receive an update on COVID-19 emergency orders. Issued in the first months of the pandemic under the *Emergency Management and Civil Protection Act*, these orders have been continued as regulations under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* (“the *Reopening Ontario Act*”).

Ontario’s Deputy Premier and Minister of Health appeared as the Premier’s designate to provide an oral report and respond to Committee questions. The Deputy Premier was accompanied by the Associate Minister of Digital Government, the Honourable Kaled Rasheed, and by Ontario’s Chief Medical Officer of Health, Dr. Kieran Moore. The presentations and discussion with Committee members are summarized in the pages that follow. To view the Deputy Premier’s and Associate Minister’s full remarks, and all questions posed by Committee members, the reader is referred to the official *Hansard* transcript.

Further interim reports and a final report will follow.

It should be noted that this report reflects the situation in the province on November 5, 2021. As of that date, Ontario’s 34 public health units remained at Step 3 of the province’s Steps of Reopening. On October 22, 2021, Ontario released A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long-Term, which outlines the province’s approach to lifting remaining public health and workplace safety measures under the *Reopening Ontario Act* and regulations.

COMMITTEE MANDATE

On October 7, 2021, Ontario’s Solicitor General moved that the Select Committee on Emergency Management Oversight be reappointed with the same mandate and membership that existed prior to the prorogation of the 1st Session of the 42nd Parliament, and that it resume its business at the same stage of progress as at prorogation.

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.

Reporting provisions under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* include a requirement that the Premier (or a Minister to whom the Premier delegates the responsibility) appear before and report to a

standing or select committee designated by the Assembly, at least once every 30 days, concerning

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

Hearings consist of an opening statement from the Premier or his designate(s), followed by Committee member questions. 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 DEPUTY PREMIER AND MINISTER OF HEALTH

Opening Remarks

Ontario's Deputy Premier and Minister of Health, the Honourable Christine Elliott, presented to the Committee on November 5, 2021. She was accompanied by the Associate Minister of Digital Government, the Honourable Kaleed Rasheed, and by Ontario's Chief Medical Officer of Health (CMOH), Dr. Kieran Moore.

The Deputy Premier began by introducing the government's Plan to Safely Reopen Ontario and Manage COVID-19 for the Long-Term. She said that, from the beginning of the COVID-19 pandemic, the government has taken a cautious approach to reopening, and "will replicate our earlier success by slowly and incrementally lifting all remaining public health measures and workplace safety measures by March 2022." The approach will be guided by key public health and health care indicators.

Since releasing the plan, the Deputy Premier advised that the government has already taken steps, including lifting capacity limits in the majority of settings where proof of vaccination is required, and allowing other settings to lift capacity limits and physical distancing requirements if they choose to opt into proof-of-vaccination requirements. If key indicators continue to improve, Ontario will look at lifting capacity limits in the remaining settings where proof of vaccination is required.

The Deputy Premier assured Committee members that the government will continue to monitor the impact of lifting capacity limits, particularly over the winter holidays and as students return to in-class learning. In the absence of concerning trends, the government will keep "cautiously and gradually" lifting other public health measures in January, February, and March 2022.

On January 17, 2022, the province would begin to lift vaccine certificate requirements, the CMOH's directives, and capacity limits in settings where proof of vaccination is not required. Other public health and workplace safety measures, including face coverings, would remain until March 28, 2022.

The Deputy Premier provided information about COVID-19 booster (third) doses, which Ontario is beginning to offer for those who face the highest risk of serious illness, as well as to additional vulnerable populations if at least six months have passed since their last dose (including those 70 and over, health care workers and designated essential caregivers in congregate settings, those who have received a complete series of a viral vector vaccine, and First Nation, Inuit and Métis individuals and their non-Indigenous adult household members). In the new year, the booster rollout will gradually expand to include everyone 12 years of age and older.

The Deputy Premier said that the government is also working with public health units across the province to prepare to vaccinate children aged five to 11, subject to Health Canada approval.

The Deputy Premier concluded her remarks by noting that Ontario remains a leading jurisdiction for first and second COVID-19 vaccine doses administered, and that providing boosters to more individuals “will safeguard hospital capacity, keep our communities safe and keep Ontario running.”

Remarks from the Associate Minister of Digital Government

The Associate Minister advised that he was joining the Committee to share an update on the technology that has supported the province’s public health measures, and specifically, the rollout of the Verify Ontario app for businesses and organizations. He said that the Ontario Digital Service delivered this made-in-Ontario app “in record time.”

According to the Associate Minister’s figures, the app has seen more than 1.3 million downloads, and over 3.5 million scans completed. The app has received positive feedback, with Restaurants Canada calling it “a game changer for their members.” Via Rail has also adopted the app for Ontario travellers. Toronto has the highest number of active users, followed by Brampton, Ottawa, Hamilton, and Mississauga.

The Associate Minister said that, together with the enhanced vaccine certificate with the official QR code, digital options are now providing more convenience, while protecting privacy and security. He emphasized that data privacy “has been built into the design of our digital products from the very start” and explained that Verify Ontario never stores personal information, and only shows the minimum amount of information necessary to confirm vaccination alongside government-issued ID.

Regarding design of the app, the Associate Minister said that businesses and venues of all sizes were consulted, as well as private sector partners, and that the Ontario Digital Service continues to receive feedback about how organizations are using the app. He also stressed that the app’s development has been transparent, taking an open-source software approach and publishing the app’s code online.

However, the Associate Minister clarified that “digital first does not mean digital only,” meaning that paper vaccine certificates would continue to be valid proof of vaccination.

The Associate Minister also explained that Ontario’s enhanced vaccine certificate with official QR codes uses the SMART Health standard, which means it can be used for international travel and is designed to work in other provinces and jurisdictions. Likewise, he said that the Verify Ontario app will read and interpret valid SMART Health QR codes from other provinces.

The Associate Minister concluded his remarks by stating that Ontario’s broader digital and data strategy “is helping transform the way people, businesses and communities across the province interact online with government, making public sector services more modern, customer-focused, digital and data-driven.”

DISCUSSION

The concluding discussion with Committee members on various pandemic-related issues is summarized below.

- **Mandatory Vaccination (Hospitals) — Question:** Ontario’s science advisory table has supported mandatory vaccination of hospital workers, and, according to the Ontario Hospital Association, 120 Ontario hospitals agreed. Which of Ontario’s 141 hospitals were opposed to mandatory vaccination? **Deputy Premier’s Response:** That information was provided in confidence by all of the hospitals that responded to Premier Ford’s letter. What we were concerned about—and did hear from some hospitals—was that, if we brought mandatory vaccination forward, they were very concerned about their health human resources, which have been heavily impacted by COVID-19.
- **Mandatory Vaccination (Re-evaluating Decision) — Question:** Hospitals are having to bear the consequences of making the decision about whether to make vaccinations mandatory. There are six outbreaks right now in hospitals in this province. Is there a point at which Ontario would re-evaluate the decision not to make vaccination mandatory for health care workers in hospitals? What are the metrics that you will be looking at? **Deputy Premier’s Response:** It is not so much a number, but more of a trend in transmission. We have seen some outbreaks in hospitals; however, they are being extremely well managed with case and contact management. If we see the trends changing, for example, rapid increases in transmission or ICU occupancy reaching very high limits, then we are always ready to revisit the decision. We have been very open and transparent about the decisions the government has made since the beginning of this pandemic. This is a decision based on policy and based on the current lack of health human resources.

- **Mandatory Vaccination (Treating Vulnerable Patients) — Question:** Does the Minister have any concerns that unvaccinated people may be caring for the most vulnerable patients we have in our hospitals? **Deputy Premier's Response:** We will take all precautions necessary, including frequent testing. It is very important that any unvaccinated staff be tested regularly to make sure they are safe and healthy.
- **Mandatory Vaccination (Absenteeism) — Question:** With regard to health care worker shortages, do considerations about absenteeism that would result from health care workers contracting COVID-19 factor in as a consideration? **Deputy Premier's Response:** We are making very difficult decisions based on a weighing of many risk factors. We are very aware of our responsibility to all of the people of Ontario, including thousands of people who have been waiting for well over 20 months to have important surgeries that had to be cancelled or postponed because of COVID-19.
- **Mandatory Vaccination (Evidence) — Question:** The argument has been made that mandatory vaccination would create problems in our health care system, but early adopters—such as the University Health Network—have reached vaccination levels of “over 99%.” As well, the Ministry of Long-Term Care has made vaccinations mandatory. Some individuals have suggested that the decision not to vaccinate health care workers in hospitals is political. Could the government release the evidence underlying the decision not to make vaccinations mandatory for health care workers in hospitals? **Deputy Premier's Response:** We have said from the beginning that we want everyone to be vaccinated who is able to be vaccinated. We are rolling out vaccinations for people aged 12 and older, and we will soon be rolling out vaccinations for children aged five to 11. That said, some people have decided not to be vaccinated. Yet we are still providing significant protection in hospitals with ongoing testing, so that we do not “lose numbers of people.” Our health human resources are fragile right now. We need everybody there who can be there. We also need to ensure that we can move forward with the surgical backlog caused by COVID-19, so we have a level of responsibility that others making some of these decisions might not always have, and we have to consider what the unintended consequences might be.
- **Mandatory Vaccination (Hospitals, Vaccine Certificates for other Settings) — Question:** Individuals are required to have a vaccination certificate to enter a restaurant or gym, but not to work in a hospital, a place where there are many infections. Was the government concerned about the reaction of “anti-vaxxers”? **Deputy Premier's Response:** We are not making any decisions because we are worried about the views of any particular group. Our responsibility is to make decisions to protect the health and well-being of all Ontarians. With respect to hospitals, as opposed to restaurants and other places, hospitals have to perform other surgeries. We are currently “thousands of surgeries behind because of COVID.” People are also having to be admitted to hospital because we had to postpone

diagnostic procedures. This was a risk assessment that we had to conduct. The risk of further delaying those surgeries and diagnostic procedures was a greater risk than possible outbreaks in hospitals, because we have significant testing to make sure that health care workers are safe and healthy. Our hospitals are still very safe places for people to be treated. Hospitals can make their own decisions to require mandatory vaccinations, and several have.

- ***Mandatory Vaccination (Incentive to be Vaccinated)*** — **Question:** Could the decision not to require vaccination for health care workers in hospitals disincentivize vaccinations, particularly among “anti-vaxxers”? **Deputy Premier’s Response:** If you are an anti-vaxxer, then “you’re probably never going to be vaccinated.” Some are vaccine-hesitant and we are working to answer their questions so that they will feel comfortable. Our vaccination numbers are still going up, with well over 88% of eligible people having their first doses, and getting close to 85% having second doses. Things have not “stalled out.” **CMOH’s Response:** I think it is the professional obligation of any health care worker to be immunized, period. But we have given hospital corporations the flexibility to do a risk assessment, and many have gone ahead with mandatory immunization policies. So we have a policy that is flexible, based on risk, and adaptable. I agree with all members that we want all health care workers immunized. We hope to have other vaccine options for them if they have some resistance to viral-vector vaccines and/or mRNA vaccines. We are hoping that Novavax will be available to us soon as an additional vaccine tool to offer health care workers who are resistant to any of those other technologies.
- ***COVID-19 Cases over the Holidays (Pausing Reopening)*** — **Question:** With the possibility of cases increasing over the holiday season, is the government thinking about pausing further reopening? **Deputy Premier’s Response:** We are closely watching the number of cases on a daily basis and will be looking to see whether there are changes in key public health indicators over the holiday season. In the absence of concerning trends following the winter holiday months and after students return to in-class learning, we do intend to gradually lift capacity limits in settings where proof of vaccination is not required. The CMOH will also lift some directives, as appropriate, so proof-of-vaccination requirements may also begin to be gradually lifted, including for restaurants, bars, and other food and drink establishments; facilities used for sports and recreational facilities; and casinos, bingo halls, and other gaming establishments. The months ahead will require “continued vigilance” due to transmissibility of the Delta variant, but we have the infrastructure in place to manage any outbreaks. **CMOH’s Response:** We will be watching those key metrics across the province and at a regional and local public health unit level. Our goal has always been to minimize the impact on the health care sector and to decrease morbidity and mortality—those are the most important metrics, together with admissions to hospitals and ICU, and, indirectly, the total number of cases. We also want

to have a balanced approach for the mental, physical, social, and economic well-being of this province. We have built a plan for pre-holiday, as well as post-holiday, with enhanced testing capacity while still offering immunization for first, second, and third doses. This is an “at-risk time” and the government will have appropriate risk communication for all Ontarians.

- **Vaccine Certificate Requirements (Lifting)** — **Question:** With the recent announcement that the government may end proof of vaccination requirements on January 17, do you have any concerns that this could act as a “dangerous” disincentive to vaccination? **Deputy Premier’s Response:** This decision was made based on a risk assessment of all relevant factors. We continue to assess the numbers on a daily basis. We are looking at the number of cases per 100,000, as well as the reproduction rate, and other factors. If there is a change in circumstances, we will be able to change course.
- **COVID-19 Briefings** — **Question:** Will the CMOH commit to giving the opposition briefings on some regular basis? **CMOH’s Response:** I would be honoured to brief the Legislature on a regular basis.
- **Verify Ontario app** — **Question:** Why did the government choose to create the Verify Ontario app, rather than saving time by acquiring an already existing app, like the one in Quebec? **Associate Minister of Digital Government’s Response:** The government’s goal was to deliver a product that meets the needs of Ontarians. Using other provinces’ products would require customization and procurement that would extend timelines. We have a great team of developers right here in the Ontario Digital Service. We went out to businesses to ask what their requirements are, and we also engaged with other jurisdictions and the private sector to learn from their work and experiences.
- **Verify Ontario app (Internet Connection)** — **Question:** If businesses, especially in rural Ontario, do not have access to active Internet, will they still be able to use the app? **Associate Minister of Digital Government’s Response:** Absolutely, the Verify Ontario app for businesses can be used without an Internet connection, but should be connected periodically to receive updates. There are establishments across the province that may not have a good Internet connection, so we wanted to make sure that the app continues to work off-line.
- **Verify Ontario app (and Third Party apps)** — **Question:** If Verify Ontario is the only app endorsed by the government to read the enhanced QR codes, could other third parties also develop their own apps that would be able to read the Ontario enhanced vaccine certificate with a QR code of their own? **Associate Minister of Digital Government’s Response:** The province’s official enhanced vaccine certificate QR code and the Verify Ontario app are the best option for protecting people’s privacy. Other generic apps can read

Ontario's enhanced certificates; however, Verify Ontario is the only app that is able to scan, read, and interpret certificates by applying an Ontario-specific set of rules about what it means to be fully vaccinated. Verify Ontario generates accurate results for Ontario businesses, and that is why Verify Ontario is the official app for the province. Further, enhanced QR codes are signed by a private key, so every QR code has a private key, which provides additional assurances that the QR code was issued by the province of Ontario. We cannot guarantee that a third-party app will ensure these steps when reading the QR code.

- **Verify Ontario app (Accessibility)** — **Question:** There are many people with accessibility needs in Ontario. Can this QR code help people with visual impairments? Could you explain how it would work in that way? **Associate Minister of Digital Government's Response:** The Verify Ontario app will be fully compliant with the *Accessibility for Ontarians with Disabilities Act* and is optimized to take advantage of Android's and Apple's robust accessibility features, like voiceover. We wanted to make sure that the app is easily accessible for all Ontarians.
- **Verify Ontario app (Data Privacy)** — **Question:** What kind of data is kept when a business scans a QR code with the Verify Ontario app? Do businesses get our personal health information? **Associate Minister of Digital Government's Response:** Absolutely not. Throughout the process of development, we wanted to make sure that only limited information is displayed and that no data is stored. Third parties will not have access to the health data of people in Ontario through COVax Ontario. The Verify Ontario app "never, and I want to repeat never, stores personal information." The app does not request a user's specific location or collect any information that links specific locations' visitors or businesses to each other.
- **Verify Ontario app (Cyber Security)** — **Question:** Could you elaborate on some of the cyber security and encryption methods that are being used to keep Ontarians' data safe? **Associate Minister of Digital Government's Response:** The Verify Ontario app is safe and secure. This enhanced vaccine certificate includes a QR code containing similar information to what is found on the paper and PDF receipts people receive after their vaccination. As well, it includes the enhanced security measure of being digitally signed when printed, and displays a watermark to prevent fraud. The Verify Ontario app reads the QR code on a vaccine certificate and provides businesses with a quicker and easier way to confirm that it is valid. The government of Ontario put additional measures in place to ensure that no more information is presented than needed. Information displayed on the app is limited and cannot easily be saved or otherwise shared outside of the app. Ontario is also exploring how to leverage the expertise of others in reviewing our foreign piracy and security concerns. We have also involved the Information and Privacy Commissioner of Ontario to make sure that we are getting their feedback.

- **Verify Ontario app (after January 17) — Question:** What is the government's intention on January 17, if that is the date when the vaccine certificate requirement is lifted? If the public and the business community want to continue to use it, will the government keep the app going?
Associate Minister of Digital Government's Response: We will continue to work very closely with the CMOH, and we will continue to consult. Decisions will be made "based on how things are."
- **Proof of Vaccination (Opting In) — Question:** If some businesses can opt in to the proof-of-vaccination requirement to increase their capacity, is there any flexibility for businesses to opt in for certain events and to opt out for others?
Deputy Premier's Response: There is the ability to opt in for some events, sometimes. For example, there may be a wedding held at a particular place of worship where they may decide they need to have proof of vaccination to keep everybody safe and, in some cases, to increase capacity. They can then opt out again for regular services, where physical distancing may be more relevant. Similarly, boat cruises could opt in to require proof of vaccination. We expect that most organizations will opt in permanently, or not at all, but it depends on the nature of the venue and use of that venue by different members of the public.
- **COVID-19 Vaccination (Five- to 11-year-olds) — Question:** When will the government roll out its plan for COVID-19 vaccination for five- to 11-year-olds?
Deputy Premier's Response: We have one of the highest vaccination rates in the world, with over 88% of our population 12 and over having received the first dose and 84.6%, at least, with a second dose. We intend to roll out the plan for children aged five to 11 very similarly. However, we know that many parents will want to be there if a young child is going to be vaccinated. And so, we have been working with all 34 public health units to understand what their plans are. We expect to be using schools as a venue for mass vaccinations for older children, on evenings and weekends so their parents can also be there with them. We are finalizing the plans that have been presented to us by those 34 public health units, and we will be discussing this in a very open and transparent way.
CMOH's Response: We are in regular contact with Health Canada, the Public Health Agency of Canada, and the National Advisory Committee on Immunization (NACI), which will provide their recommendation on the use of the five-to-11 vaccine. We have not heard a definitive date when they will give us "the green light." They are carefully reviewing the science and the evidence. They will share that with us, and we will give it to the Ontario Immunization Advisory Committee, who will also consult and provide guidance to government. In the interim, we have a robust, "multimodal" plan to distribute this vaccine. We will work with local public health agencies, who are also partnering with pharmacies, primary care, pediatricians, and pediatric hospitals. All health units will have a school where they will partner with a school board to distribute vaccines. The plan is being reviewed on a weekly basis.

- **Vaccination Plan (Five- to 11-year-olds) — Question:** Can you assure us that the moment that the “green light” is given, the next day or within a very short period, those vaccines will be available and “we will be ready to go right away?” **CMOH’s Response:** We were prepared—with our First Nations, Inuit, and Métis partners—to have a robust rollout of the third doses immediately after NACI gave the guidelines for the over-70 populations. We will have the same approach, partnering with NACI to get information as it is available so that we can “operationalize within days of the green light being given.” I want to assure Committee members that we are ready to go when the approval is given.
- **COVID-19 Vaccination (Eligibility for Third Doses) — Question:** What considerations went into how the eligible groups for third doses were selected? **Deputy Premier’s Response:** Based on the recommendation of the CMOH, and in alignment with NACI, the province will begin offering booster doses to vulnerable Ontarians if at least six months have passed since their last dose. Eligibility is primarily based on age. In addition to currently providing booster doses for people in long-term care homes and high-risk retirement homes, we are next offering boosters to people aged 70 and older. We are also looking at health care workers, and then First Nation, Inuit, and Métis adults and their non-Indigenous household members. We are also taking a look at people who received a complete series of a viral vector vaccine (anyone who received two doses of AstraZeneca or one dose of the Janssen vaccine). We want to make sure that everyone who wishes to receive this booster dose will be able to do so, starting with those priority populations.
- **COVID-19 Case Numbers (Further Lockdowns) — Question:** As we see some increase in COVID-19 cases with reopening and the transmissibility of the Delta variant, constituents are worried that if the numbers reach a certain threshold, Ontario will “go back into lockdown.” What are the metrics and measures we are looking at? Can the Minister and CMOH provide some reassurance to those looking for stability? **Deputy Premier’s Response:** We are opening in a very gradual, cautious, incremental way, so that we can constantly assess the situation in our health care system and make sure that we can continue to provide care and not have to go into lockdown again. Of course, we look at the numbers of people who are hospitalized and the ICU rates, which continue to be low, and currently include somewhere between 20 and 25 people from Saskatchewan. We also look at the reproduction rate and the number of cases per 100,000. Right now, British Columbia is at 43 cases per 100,000; Quebec has 57 per 100,000; Canada overall has 61 per 100,000; and Ontario has 22 per 100,000. That is the same level as Nova Scotia, despite Ontario having a much larger population. **CMOH’s Response:** As a result of Ontario’s slow and cautious approach we are able to keep our COVID-19 rates some of the lowest in Canada, if not North America. This is because of the sacrifice and hard work of Ontarians, coming forward to get immunized, coming forward to get tested if they develop

symptoms, isolating appropriately, and wearing masks. The system at present is working. Cases will rise over time as we head into the winter. We will have rates of illness that are high in certain communities, and we have a regional structure to support local public health agencies with case and contact management, additional testing if required, and “to help calm activities that we anticipate coming and going for the next six months.” Cases will decrease as all Ontarians come forward to continue to get vaccinated, including vaccines for the five- to 11-year-old population, as well as continuing our third-dose strategy.

**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*