

Legislative
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SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT

EIGHTEENTH INTERIM REPORT

2nd 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
February 2022

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2nd Session, 42nd Parliament

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INTRODUCTION

The Select Committee on Emergency Management Oversight met on December 16, 2021, to receive an update on COVID-19 emergency orders.

First issued under the *Emergency Management and Civil Protection Act* during the early months of the pandemic, 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 Solicitor General appeared as the Premier’s designate to provide an oral briefing and respond to Committee questions. This report summarizes the Solicitor General’s formal presentation and subsequent discussion with Committee members. To view the Solicitor General’s full remarks, and all questions posed by Committee members, the reader is referred to the official *Hansard* transcript of the meeting.

This report is a snapshot of the situation in Ontario as of December 16, 2021. On that date, all 34 public health units remained at Step 3 of the Province’s reopening framework, as set out in Ontario Regulation 363/20: Steps of Reopening, under the *Reopening Ontario Act*.

This is the Select Committee’s eighteenth interim report. Further interim reports and a final report will follow.

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.

Reporting provisions under the *Reopening Ontario Act* 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 SOLICITOR GENERAL

Opening Remarks

Ontario's Solicitor General, the Honourable Sylvia Jones, appeared before the Committee on December 16, 2021.

In her opening remarks, the Solicitor General observed that while COVID-19 continues as "a story of variants and vaccines," Ontario today is better prepared to meet the pandemic's challenges than it was at this time last year. Most notably, whereas a year ago the first vaccines were being administered in the province, as of December 2021, more than 90% of Ontarians aged 12 and over had received at least one vaccine dose, and more than 87% were fully vaccinated.

Vaccines, the Solicitor General said, will continue to be "the first line of defence" against COVID-19, supported by personal protective measures such as face masks and physical distancing.

Although the early data on Omicron's virulence is inconclusive, the Solicitor General said that the Government would be implementing additional measures to mitigate the variant's impact on hospital capacity. First and foremost are the following new restrictions at long-term care and retirement homes:

- All general visitors to a long-term-care home must be fully vaccinated to enter. In addition, all long-term-care homes are being directed to increase infection prevention and control audits.
- All staff, students, volunteers, and caregivers will be tested at least twice a week prior to entry into a home, regardless of their vaccination status.
- All visitors and support workers who provide essential services to a resident or the facility must show a negative test.
- Indoor visits will be limited to a maximum of two people per resident at a time. Outdoor visits, where feasible, will be limited to a maximum of four people per resident at a time.
- Social day trips will be limited to residents who are fully vaccinated; residents who leave the home for social reasons must be actively screened upon their return.
- All residents can continue to leave the home for essential medical reasons, such as health appointments, regardless of their vaccination status.

In addition, the following policies were scheduled to take effect at retirement homes on December 22, 2021:

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- Staff, volunteers, contractors, and essential caregivers will be required to take a rapid antigen test twice a week, prior to entry into the home, regardless of vaccination status.
 - General visitors and support workers entering a retirement home will be required to take a rapid antigen test, regardless of vaccination status.
 - Retirement homes will be strongly encouraged to
 - restrict general visitors to those who are fully vaccinated;
 - limit the number of visitors and group sizes for social activities and events; and
 - implement additional testing and isolation requirements for residents when they return home from an overnight absence.

As a further response to Omicron, capacity limits in higher-risk settings, where proof of vaccination is required, will continue until the full nature of the variant is understood. These include restrictions at

- night club and dance facilities, where food or drink is available;
- strip clubs;
- sex clubs; and
- bath houses.

The Solicitor General also outlined several measures that had either been introduced or announced in advance of the 2021 holiday season:

- Public school students would be given a pack of five rapid antigen tests to use over the holidays and throughout the return of in-person learning.
- Ontario's three GO-VAXX mobile buses will continue to provide mobile vaccination services at various locations, such as workplaces, community centres, and Christmas markets. As of December 13, over 20,000 doses had been administered on board a GO-VAXX bus, including almost 4,000 third doses.
- As of December 13, eligibility for a COVID-19 vaccine booster was extended to Ontarians aged 50 and over and additional high-risk individuals. On December 20, 2021, all individuals aged 18 and over will be eligible for a third dose, and the booster dose interval will be reduced from six months to three months (84 days). As a result, more than five million more adults aged 18 to 49 will become eligible for an extra layer of protection against COVID-19.

- A holiday “testing blitz” will be launched in high-risk neighbourhoods where vaccine rates are significantly below the provincial average. The blitz includes voluntary rapid antigen screening for asymptomatic individuals, free of charge. Up to two million rapid tests will be provided at pop-up testing sites in high-traffic areas, such as shopping malls, Christmas markets, transit hubs, and LCBO stores.
- Rapid antigen testing at high-risk congregate settings, such as long-term-care homes, will be increased to protect vulnerable populations. As of December 14, over 45 million rapid testing kits had been distributed province-wide.
- The tentative January 17, 2022 lifting of proof of vaccination requirements had been “pushed out,” due to concerns over the rapid spreading of the Omicron variant.
- To strengthen the vaccination verification system, effective January 4, 2022, only an advanced vaccine certification with QR code, either on smart phones or as a paper certificate, can be presented in settings where proof of vaccination is required. All businesses and organizations operating within the verification system must have the Verify Ontario app. As of January 10, all those with medical exemptions and clinical trial exemptions must provide a certificate with a QR code. Businesses and organizations will be advised to no longer accept physician notes on that date. The Province is also taking steps to ensure that a QR code is available to any Ontarian who wants one.

Amended Orders

One order under the *Reopening Ontario Act* had been amended since the Committee’s meeting of November 25, 2021.

O. Reg. 364/20 (Rules for Areas at Step 3 and at the Road Map Exit Step) was amended to exempt children who turn 12 years old on or after January 1, 2022, from proof of vaccination requirements for a period of 12 weeks after their birthdate. The amendment gives these children time to be vaccinated for settings where proof of vaccination is required. (For example, effective December 20, 2021, youth aged 12 to 17 years are required to provide proof of vaccination to participate in organized sports at recreational facilities.)

Extended Orders

The following orders under the *Reopening Ontario Act* had not been amended since the last Committee meeting. They remain in effect and have been extended until the first instance of January 15, 2022. Orders are presented in numerical order, along with the Solicitor General’s explanation for extension.

- *O. Reg. 74/20 (Work Redeployment for Certain Health Services Providers)* — This order authorizes specified health service providers, as defined in the *Connecting Care Act, 2019*, to take reasonably necessary measures with

respect to work deployment and staffing to respond to, prevent, and alleviate the outbreak of COVID-19, including redeploying staff to other sites within the organization or to other health service providers, long-term-care homes, or retirement homes.

- *O. Reg. 76/20 (Electronic Service)* — This order requires document service in legal matters against the Crown, ministers of the Crown, and related entities to be done electronically instead of in person. The order is needed to promote access to justice while reducing unnecessary contact between individuals to stop the spread of COVID-19.
- *O. Reg. 77/20 (Work Deployment Measures in Long-Term Care Homes)* — Long-term-care homes have been affected by the pandemic and continue to rely on this regulation to help stabilize staffing levels, which is crucial to prevent and manage outbreaks. The Minister's directive on long-term-care homes' COVID-19 immunization has been updated to reflect the revised National Advisory Committee on Immunization recommendations regarding the optimal interval between first and second doses of the COVID-19 vaccine. The update gave staff, support workers, students, and volunteers until December 13, 2021, to show proof of a second dose. For broader staffing pressures, this order provides long-term-care homes with greater flexibility to identify staffing priorities and develop, modify, and implement redeployment plans. This is to alleviate the effects of COVID-19 and deal with staff shortages and increased care required to address an outbreak. It allows homes to implement redeployment plans as required.
- *O. Reg. 95/20 (Streamlining Requirements for Long-Term Care Homes)* — This order provides long-term-care homes with increased flexibility by enabling homes to better focus resources on providing high-quality resident care and the safety needs of residents. The flexibility provided by these provisions continues to be required in long-term-care homes to recover from current and earlier waves of the pandemic.
- *O. Reg. 98/20 (Prohibition on Certain Persons Charging Unconscionable Prices for Sales of Necessary Goods)* — This order is in place so that consumers can 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. Committee members asked about this order last month. In follow up to those questions, the Solicitor General shared the following information. Of those reports with sufficient information to show potential price gouging and identify the business, approximately 900 of the most egregious incidents have been referred to police and law enforcement authorities across Ontario. Most complaints have been about hand sanitizers, N95 masks, disinfecting wipes, and toilet paper. Hand sanitizers and face masks represent about 50% of the complaints filed through the online form. Approximately 1,670 notification letters have been sent to businesses across Ontario, advising them that they have

been reported as selling necessary goods for prices that grossly exceed the price of similar goods available to consumers, contrary to the order.

- *O. Reg. 114/20 (Enforcement of Orders)* — This order ensures that a person is required to identify themselves by providing their name, date of birth, and address to a police officer or other provincial offences officer if the officer has reasonable and probable grounds to believe the individual has committed an offence under section 10(1) of the *Reopening Ontario Act*. Without disclosure of this identifying information, provincial offences officers would be unable to effectively issue tickets under the Act.
- *O. Reg. 116/20 (Work Deployment Measures for Boards of Health)* — This order allows boards of health within the meaning of the *Health Protection and Promotion Act* to take any reasonably necessary measures with respect to work deployment and staffing to respond to, prevent, and alleviate the COVID-19 pandemic, including redeploying staff within different locations in or between facilities of the board of health.
- *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 to helping prevent and manage outbreaks to keep residents safe. Additionally, it ensures residents continue to receive stable services and 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 developmental service agencies and intervenor service providers to continue to have the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Measures to alleviate staffing pressures continue to be needed as developmental services and intervenor service agencies respond to challenges posed by COVID-19.
- *O. Reg. 141/20 (Temporary Health or Residential Facilities)* — This order exempts the construction or conversion of a building from all requirements of the *Building Code Act, 1992*, the *Planning Act*, and the *City of Toronto Act, 2006*, where the building will be used as a temporary health or residential facility for the purpose of responding to the effects of the COVID-19 pandemic, or as health care or sleeping accommodation by or on behalf of health service providers, governments, and municipalities. There is a continued need for this provision to be in place to enable the Province to respond to contingency planning, hospital overflows, and shelter space needs caused by the pandemic.
- *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 continue to have the authority and flexibility they need to redeploy staff to respond to challenges posed by COVID-19 and continue 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 limits working in more than one long-term-care home, retirement home, or other health care setting to fully vaccinated staff only.
- *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 being deployed to critical areas of need to respond to COVID-19.
- *O. Reg. 156/20 (Deployment of Employees of Service Provider Organizations)* — This order authorizes a local health integration network (LHIN), now operating as Home and Community Care Support Services, to identify, request, and authorize a contracted service provider organization to provide health care and related social services. The order utilizes existing relationships with service providers to address staffing issues in priority settings, including long-term care homes and retirement homes, in an expedited manner.
- *O. Reg. 157/20 (Work Deployment Measures for Municipalities)* — This order was issued at the request of municipalities and provides flexibility to redeploy staff to ensure front-line service continues to be delivered in critical areas of need. Continuity of service delivery at the municipal level is critical to the health and safety of Ontario's communities and efforts to stop the spread of COVID-19.
- *O. Reg. 158/20 (Limiting Work to a Single Retirement Home)* — This order requires retirement home employees to work in only one retirement home, long-term-care home, or other health care setting, and allows fully vaccinated employees to work in more than one location to safely increase staffing capacity. Limiting work to a single retirement home remains crucial for unvaccinated staff to help prevent and contain infection spread.
- *O. Reg. 163/20 (Work Deployment Measures for Mental Health and Addictions Agencies)* — This order authorizes mental health and addictions agencies to take any reasonably necessary measure with respect to work deployment and staffing to respond to, prevent, and alleviate the outbreak of COVID-19 to maintain health human resources flexibility.
- *O. Reg. 177/20 (Congregate Care Settings)* — This order has been extended so that staff movement across multiple employers in developmental services, 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. Staff members who are fully vaccinated against COVID-19 are exempt from the requirement to work for one employer in the same sector, except in the event of a COVID-19 outbreak.

- *O. Reg. 193/20 (Hospital Credentialing Processes)* — This order authorizes the board of a hospital to take any reasonably necessary measure—regardless of hospital credentialing processes—to respond to, prevent, and alleviate the outbreak of COVID-19. This includes identifying medical, dental, midwifery, and extended class nursing staff needs and priorities; extending existing hospital credentials for board-appointed professional staff; and expediting the appointment of new professional staff.
- *O. Reg. 195/20 (Treatment of Temporary COVID-19 Related Payments to Employees)* — This order ensures that any temporary COVID-19-related payments 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. This includes the temporary wage enhancements for personal support workers and direct support workers.
- *O. Reg. 210/20 (Management of Long-Term Care Homes in Outbreak)* — This order gives the Ministry’s director of long-term care additional authority to issue a mandatory management order to long-term care homes. It allows the director, under the *Long-Term Care Homes Act*, to place interim management to effectively protect residents from COVID-19.
- *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 the case of an outbreak, should an operator be unable or unwilling to manage operations at a home where there is a COVID-19-related risk of harm to residents. It remains crucial to ensure that retirement homes are following COVID-19 measures that protect resident and staff safety.
- *O. Reg. 345/20 (Patios)* — This order enables municipalities to quickly pass or amend temporary-use bylaws that allow restaurants and bars to create or extend their patios to facilitate appropriate distancing and maintain public health measures.

Concluding Remarks

The Solicitor General concluded her formal presentation by noting that Ontario’s weekly case rate remained below the national average, and that high vaccination rates had allowed hospitals to maintain both non-critical and ICU (intensive care unit) capacity.

At the same time, she cautioned that the upcoming holiday season would present “the conditions where the virus thrives,” such as parties, holiday shopping, and family get-togethers. Ontarians were urged to continue the personal protection practices that have proved effective in the past, including limiting the size and number of social gatherings attended over the holiday season, and encouraged to get the booster shot.

“We all want this pandemic to end,” the Solicitor General said, “and that is why we continue to extend orders under the *Reopening Ontario Act*.”

DISCUSSION

The final section of this report summarizes the Solicitor General’s discussion with Committee Members on various pandemic-related topics.

- **Additional Measures to Fight Omicron — Question:** Could the Solicitor General indicate whether the Government is considering any measures—other than vaccinations—to deal with the Omicron variant? For example, will it consider introducing a “circuit breaker,” as recommended by the provincial science table? **Solicitor General’s Response:** We recognize that Omicron is four times more transmissible than other variants. Accordingly, on the advice of the National Advisory Council on Immunization, we are expanding the opportunities for people to get vaccines. At the same time, we continue to work with the Chief Medical Officer of Health and our science experts to make sure that appropriate public health measures are in place and that they are being followed by the people of Ontario. For example, indoor venues with a seating capacity of over 1,000 will soon be limited by 50%. As well, we continue to monitor developments in other countries, such as South Africa and the UK, and will take further measures based on the evidence from those jurisdictions. It should also be noted that Ontario’s 34 public health units have authority under the *Emergency Management and Civil Protection Act* to make recommendations and impose additional restrictions based on local conditions. They also have authority under section 22 of the *Health Protection and Promotion Act* to issue orders with respect to a communicable disease outbreak within their jurisdiction. As noted in my opening remarks, the province is in a much better place today than a year ago. Ninety percent of Ontario residents over the age of 18 have had one shot and 87% have had two doses; this compares with an average rate of 53% in other jurisdictions around the world. All of these pieces together make Ontario a relatively safe jurisdiction.
- **Targeted Measures — Question:** Could the Solicitor General speak to the importance of targeted measures, as opposed to the blunt instrument of lockdowns? **Solicitor General’s Response:** Although province-wide measures may be necessary—vaccination requirements at long-term care homes are an example—targeted measures are sometimes more effective at dealing with conditions at the community level. In particular, I have spoken previously about the value of section 22 orders under the *Health Protection and Promotion Act*. Medical officers of health have exercised these powers throughout the pandemic to address local issues, such as vaccinations for temporary agricultural workers in the Niagara region.
- **Booster Shots Update — Question:** Yesterday, the Province announced that, as of December 20, 2021, individuals aged 18 and over will be eligible to receive the COVID-19 booster shot, and that the interval between an individual’s second

dose and the booster shot will be reduced from six months to three months. Could the Solicitor General provide an update on the booster shot program? Will there be an opportunity to get a booster shot during the holidays? **Solicitor General's Response:** First, it should be stressed that Ontario's booster shot program—including the three-month interval between a second dose and the booster shot—follows the recommendations of the National Advisory Committee on Immunization. These determinations are not made by politicians but rather on the advice of medical experts. As we move forward with the program, we will continue to follow the “multi-pathways” strategy that worked so well during the initial vaccine rollout. This strategy includes re-engaging large employers in the private sector who can offer workplace vaccination clinics, innovative programs such as GO-VAXX buses, pharmacies, and primary care practitioners who are stepping up to ensure that parents and guardians are informed about the benefits of having their children vaccinated. Vaccination clinics will continue to operate throughout the holiday season.

- **Mandatory Booster Shots — Question:** Could the Solicitor General indicate whether there is any intention to make booster shots mandatory? For example, will they be mandatory in the long-term care setting? **Solicitor General's Response:** There are so many things that we continue to learn about boosters and variants that I cannot speak to whether a third shot will become mandatory. It is possible, but we will not know until we have a better handle on what Omicron actually does and how effective vaccines are against it. With respect to long-term care homes, it should be noted that staff, residents, and their families have been given priority for third shot boosters, and that many homes have health care staff on site to provide vaccines directly to residents. The shot is voluntary, so there are additional restrictions for residents who choose not to be vaccinated. Again, it should be noted that well over 90% of long-term care residents are fully vaccinated and are actively engaged in getting a third shot.
- **School-based Vaccination — Question:** Could the Solicitor General explain why a COVID-19 shot is not on the list of mandatory vaccinations required to attend school in Ontario? **Solicitor General's Response:** The decision to not include vaccination for COVID-19 on that list reflects the advice we received from the province's 34 public health units, who heard from parents and guardians that they wanted to be present when their children are vaccinated. The result is that we absolutely do have school-based COVID-19 vaccinations across Ontario; however, they are administered outside of school hours.
- **Effects of Vaccination — Question:** On the one hand, we encourage people to get vaccinated, but on the other, we hear about ongoing admissions to ICUs. Could the Solicitor General indicate what percentage of people admitted to hospital for COVID-19 are vaccinated and what percentage are unvaccinated? **Solicitor General's Response:** Although the vast majority of Ontario residents have been vaccinated (87% are double-vaccinated and 90% have one dose), the majority of individuals that have been admitted to a hospital for COVID-19 are unvaccinated. This speaks to the continued importance of having those

conversations—with people of all ages, the healthy and the vulnerable—about the benefits of getting the vaccine.

- **ICU Capacity — Question:** An ongoing issue is ICU capacity. Specifically, we do not want to be in a position where we have to reschedule or cancel surgeries because of a lack of capacity in ICUs. Could the Solicitor General expand on some of the measures the Province is taking to ensure that ICUs do not become overstretched, and that ICU doctors and nurses are not overworked? **Solicitor General's Response:** By way of background, it should be noted that this is not just about the physical beds; it is also about the health human resources required to operate an ICU bed—the critical care nurses that have specialized training to work within an ICU unit and the hospital staff needed to support ICUs. So, while the Ministry of Health has expanded the number of ICU beds, it should be remembered that you cannot train an ICU nurse in two weeks or even two months. Accordingly, we have worked closely with our hospital partners to ensure they have the resources needed to modify their physical space and expand ICU capacity. *[The time for questioning expired at this point in the Minister's response.]*
- **Rapid Antigen Testing (Schools) — Question:** The Premier and other members of the Government have commented that rapid antigen testing is a “game-changer.” This is especially true for schools. Could the Solicitor General explain why the Government did not implement rapid testing for students sooner? **Solicitor General's Response:** As indicated in my opening remarks, 11 million rapid antigen tests are now going home with school children. It is for them to use over the holiday break to test themselves and family members before deciding whether to go to a large gathering. Again, this is five tests per student, now being distributed province-wide.
- **Rapid Antigen Testing (Ottawa) — Question:** For weeks the City of Ottawa has been talking about pop-up testing sites. Yet, as of yesterday, there were no sites in Ottawa, a city of one million people. Moreover, it is unclear who is responsible, the City or the Province. Could the Solicitor General shed some light on this situation? **Solicitor General's Response:** Again, I would like to highlight the multiple pathways approach to vaccination and testing we have taken, which includes access to rapid antigen tests. I also note the work of MPP Dave Smith (Peterborough), who has been working for months with local chambers of commerce and boards of trade across Ontario to distribute rapid tests to their member businesses. *[The time for questioning expired at this point in the Minister's response.]*
- **Rapid Antigen Testing (Sudbury) — Question:** The Sudbury and District Health Unit currently has the highest COVID-19 infection rate in the province, and the demand for hospital beds in this region now exceeds capacity. As of today, however, it appears there are no sites in Sudbury (or in Timmins, for that matter) for people to go for a rapid antigen test. By contrast, rapid test kits are available at LCBO stores in Toronto. Could the Solicitor General explain why the

rapid test distribution program did not give priority to those areas of the province with the highest transmission rates? **Solicitor General's Response:** With respect to the situation in Sudbury, "it is my understanding that Sudbury LCBO will be receiving rapid antigen tests." In any event, as noted earlier, distribution through LCBO stores is only one branch of a multi-path approach that includes long-term care homes, boards of trade, chambers of commerce, businesses, and police and fire departments. Also mentioned previously, five tests per student have been distributed across the province. These were distributed without preference to any region. I also note that Ontario received only a finite number of tests from the federal government, and that those tests have now been distributed. Accordingly, we will continue to press the federal government for more tests.

- **Nursing — Question:** Ontario nurses are calling for the repeal of Bill 124 (the *Protecting a Sustainable Public Sector for Future Generations Act, 2019*), and the revocation of O. Reg. 74/20 (Work Redeployment for Certain Health Services Providers), made under the *Reopening Ontario Act*. Could the Solicitor General comment? **Solicitor General's Response:** Specifically with respect to work redeployment, the existing framework would not have allowed us to assign health care workers to where they were needed most. For example, in the early days of the pandemic, we had to send health care workers out of hospitals and into long-term-care homes. That would not have been possible under existing agreements. Similarly, the hospital in my own community was able to redeploy health human resources so that it could become a COVID-19 assessment centre, and many other hospitals redeployed staff so that they could operate testing and vaccination clinics. Again, these services simply would not have been possible under the hospital system that existed pre-pandemic.
- **Visiting Long-Term Care Homes — Question:** Could the Solicitor General outline the new restrictions that will apply to visitors and caregivers who visit long-term care homes over the holidays? **Solicitor General's Response:** The Minister of Long-Term Care has been very active on this front. Several measures have been announced (as outlined in my opening remarks); however, perhaps the most important is that even visitors who are fully vaccinated will need to show a negative test before they can enter a home.
- **Borders — Question:** This week the federal government imposed travel and border restrictions in response to the rise in COVID-19 cases. What is Ontario's position when it comes to protecting our borders? **Solicitor General's Response:** As is well known, we have had "polite disagreements" with the federal government on this matter. Nonetheless, we continue to work with Ottawa to make sure that, as much as possible, the people returning to Ontario have been tested and are provided with the information they need to protect themselves and loved ones. At the same time, the Ministry of the Solicitor General has been working with organizations that are adjacent to or working within airports to see if there are other steps the Province can take to assist.

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- **Vaccine Task Force — Question:** We have known for some time that almost 1 million children would need to be vaccinated, and that people who have already been vaccinated would need a booster shot. Could the Solicitor General indicate why the Vaccine Task Force was disbanded? **Solicitor General's Response:** The Task Force was needed during the initial stages of the vaccine rollout to help direct a limited supply of vaccine to where it would provide the greatest protection. In the early days, this meant vulnerable populations such as the elderly and long-term care residents. In addition, once adequate supplies became available, the Task Force was needed to explain the value of vaccinations, and to build the infrastructure necessary for distributing vaccines to pharmacies, primary care providers, and others in the distribution network. In short, the Task Force was needed to establish “the bones” of the vaccination program. Once we had adequate supply, we were able to thank them for their work and move forward.
 - **Public Awareness — Question:** Yesterday I received an automated call from the Chief Medical Officer of Health, reminding me to get a booster shot. Could the Solicitor General explain why the Province has not made greater use of technology to raise awareness of public health initiatives? **Solicitor General's Response:** In fact, we do use technology, strategically. For example, last summer our call centre reached out proactively to individuals who do not have a family physician and asked such questions as, Are you aware? Do you have any questions about getting a vaccine? We called it the “last mile strategy” for reaching the 15% or 18% of Ontario residents who have not received their first dose.
 - **Vaccinations for Youth — Question:** Could the Solicitor General comment on the status of vaccinations for youth in Ontario? **Solicitor General's Response:** As of today, 57.8% of children aged five to seven have received one dose; 38.5% of Ontario's youth population, aged five to 17, have received their second dose. In short, we're getting there. As with the population at large, children have access to vaccinations through multiple pathways, including family doctors, mass immunization clinics, and local pharmacies.
 - **Precautions for the Holidays — Question:** Could the Solicitor General offer advice to those planning to attend get-togethers over the holidays? **Solicitor General's Response:** I would say this is where the precautionary principle comes into play. All of the following are recommended: knowing whether your guests are fully vaccinated; opening doors more often than you would ordinarily in December and generally ensuring that rooms are well ventilated; and, of course, following all the health advice we have received since the onset of the pandemic regarding wearing masks, physical distancing, and washing hands.

**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*