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**Official Report
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(Hansard)**

EM-12

**Journal
des débats
(Hansard)**

EM-12

**Select Committee
on Emergency Management
Oversight**

Emergency orders review

**Comité spécial de la
surveillance de la gestion
des situations d'urgence**

Étude sur les décrets d'urgence

1st Session
42nd Parliament
Monday 31 May 2021

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Lundi 31 mai 2021

Chair: Daryl Kramp
Clerk: Christopher Tyrell

Président : Daryl Kramp
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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE
ON EMERGENCY MANAGEMENT
OVERSIGHT**

**COMITÉ SPÉCIAL DE LA
SURVEILLANCE DE LA GESTION
DES SITUATIONS D'URGENCE**

Monday 31 May 2021

Lundi 31 mai 2021

The committee met at 1302 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Chair (Mr. Daryl Kramp): Okay, colleagues, we will call the select emergency management committee on May 31 to order.

We have the following members present in the room: We have Mr. Tom Rakocevic and we have Christine Hogarth in the room at this point. We also have the following members on the screen at this point: Mr. Bailey, Sam Oosterhoff, Sara Singh and Effie Triantafilopoulos.

Colleagues, the minister is just a little bit late. Obviously, for those of you who are not aware, we had last-minute votes. We had three of them, and they were just finishing now, so we might have just a very, very short delay.

Interjection.

The Chair (Mr. Daryl Kramp): It won't be long there now, because I do see the minister, who is catching her breath for a second, and then we will go on.

Before we go ahead and start, obviously, the normal routine—I don't need to go through the whole drill; we have all done this a number of times now. But please wait until the staff unmute your mike before speaking, and as always, you will have the opportunity for Q&A, as we always do.

If you do have a problem, certainly recognize you can contact Andrew Kleiman if we have a problem with communication.

We will have the line of questioning after the Solicitor General has her opening statement of up to 30 minutes. There will be three rounds of questioning. The first round will be 10 minutes to the official opposition, 10 minutes to the government and five minutes to the independent member. The second round will be identical to that, and the third round will be 10 minutes to the official opposition and 10 minutes to the government.

Any questions before we begin? Seeing none, let me first thank the member for Humber River–Black Creek, Tom Rakocevic, who filled in so capably for me while I was off having a little bit of a surgery. Tom, thank you very, very kindly. Well done, sir.

Solicitor General, are you ready to proceed with your introductory comments?

Hon. Sylvia Jones: I am, Chair. Can you hear me okay, or do I need my headset—

The Chair (Mr. Daryl Kramp): We need a little more volume out of you.

Hon. Sylvia Jones: Better?

The Chair (Mr. Daryl Kramp): Much better, thank you.

Hon. Sylvia Jones: Okay, good. Well, thank you, and I'm sorry I was a few minutes delayed.

Good afternoon, everyone, and thank you, Chair. I'm pleased to join you for the 12th meeting of this select committee. Since we last met, we've experienced an eventful month with some encouraging, very positive news. New COVID-19 case numbers and positivity levels are still high, yet we are seeing clear trends that they are starting to decline. Hospitalization and intensive care unit beds are also trending downward, albeit slowly. It is now possible to see an inverse relationship between our downward trends in new cases and rising numbers of Ontarians who are being immunized on a daily basis. We can be proud of this Team Ontario approach. We continue to make new daily vaccination records as we strive to reach herd immunity.

When we last met, more than two and a half million vaccines had been administered here in Ontario. As of last Friday, more than nine million doses of COVID-19 vaccines have been administered in Ontario. Over 65% of adults and more than 15% of youth aged 12 to 17 have received at least one dose of the vaccine. More than 624,000 Ontarians are fully vaccinated, a number that continues to grow as we expedite second-dose appointments in the province.

With increased vaccine supplies, we continue to make it easy to receive a vaccine, especially in hot spot areas, to help stop the spread of COVID-19 and protect our hospital capacity. Hot spot communities now have a higher vaccine coverage rate than non-hot spot communities.

As Ontario's vaccine supply grew increasingly more stable and reliable this past month, we expanded eligibility to book COVID-19 vaccine appointments to all individuals aged 18 and up ahead of schedule. Also ahead of schedule, we lowered the age range to provide Pfizer vaccines to those aged 12 and over through pop-up and mobile clinics, as well as mass vaccination centres. We are continuing to expand access to the vaccines through a

broad variety of channels such as mass vaccination sites, hospital clinics, primary care settings and pharmacies.

We have also added a new channel to our distribution network. Mobile units began operating clinics at small and medium-sized workplaces in Toronto, York and Peel for employees who cannot work from home. With these mobile units, coupled with the employer-led workplace clinics that continue to run in Peel region, we are helping vaccinate workers who cannot work from home.

By expanding eligibility, increasing immunization access through multiple channels and a steady vaccine supply coming into the province, more than 65% of Ontario adults were vaccinated by the end of May.

While new infections, positivity rates and numbers of patients with COVID-19-related critical illness in intensive care have all recently been on the downward trend, we cannot take our eyes off the road ahead, which remains unpredictable. If COVID-19 has taught us anything, it is to exercise caution when making predictions about the future. New, more contagious variants continue to pose significant risks. We must remain vigilant to ensure our ICU numbers are low and our hospital capacity is protected.

Earlier today, the Legislature extended the powers under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, to December 1, 2021. If they had not been extended, the powers under the reopening Ontario act would have expired on July 24. This extension will ensure public health measures which are currently in place can be adjusted as needed to deal with the impacts of COVID-19 in whatever forms they take and to support a gradual reopening of Ontario. These measures will continue to be necessary to prevent a resurgence of COVID-19 transmission when we start to reopen higher-risk settings and permit larger gatherings.

There are currently 29 orders in effect under the reopening Ontario act, a decrease from the 36 which were continued under this legislation when it came into effect last July. I will review some of the order amendments that took place this past month.

Amendments were made to O. Reg. 82/20, rules for areas in stage 1, such as:

- permitting additional outdoor recreation amenities, including golf courses, soccer and other sports fields, tennis and basketball courts, skate parks and splash pads to be open, and for marinas and boating clubs to be open with restrictions in place such as the need to maintain physical distancing;

- increasing gathering limits to five people for organized public events or social gatherings that are held outdoors;

- expanding the list of fields or occupations for which in-person teaching instruction at post-secondary institutions and in-person examinations are permitted, with a maximum capacity of 50 people, subject to physical distancing requirements and other existing measures.

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Finally, O. Reg. 129/20, signatures in wills and powers of attorney, was revoked on May 20 as it was no longer

needed, given its terms were written into other permanent legislation.

As usual at this point, and in line with the legislative mandate of this committee, I will now walk through the remaining orders that are currently in effect until the first instance of July 19, 2021, and have not been amended since the last committee meeting. These updates are being presented in numerical order.

O. Reg. 74/20, work redeployment for health services providers: This order authorized specified health service providers within the meaning of 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 re-deploying staff to other health service providers and to assist long-term-care homes and retirement homes.

O. Reg. 76/20 relates to allowing documents servicing legal matters to be handled electronically instead of in person. This order is needed to continue access to justice while reducing unnecessary contact between individuals in order to stop the transmission of COVID-19.

O. Reg. 77/20 relates to 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. It remains necessary because flexibility to recruit and reassign staff remains crucial for preventing and managing outbreaks and ensuring stability and quality in long-term-care homes.

O. Reg. 95/20 relates to 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.

O. Reg. 98/20 relates to prohibition on certain persons charging unconscionable prices for sale 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, some of which remain in short supply.

O. Reg. 114/20 relates to enforcement of orders. 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 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 reopening Ontario act.

O. Reg. 116/20 relates to 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 relates to 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 resident care.

O. Reg. 121/20 relates to staffing flexibility measures for 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. Staffing flexibility measures continue to be needed so deployment services agencies can alleviate staffing pressures while responding to challenges posed by COVID-19.

O. Reg. 132/20 allows chiefs of police to authorize certain members of a police service to perform duties involving use of force and to carry a firearm if the member has successfully completed the required training within the previous 24 months of this authorization, instead of the annual training required under the Police Services Act.

O. Reg. 141/20 exempts the construction or conversion of a building from certain 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 emergency or for 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 COVID-19 care, surgical backlog and residential space needs.

O. Reg. 145/20 enables residential violence against women and anti-human trafficking service providers, as well as crisis lines under the violence against women support service program, to continue to have the authority and flexibility they need to redeploy their staff to support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 146/20 addresses ongoing staffing challenges in the long-term-care sector and allows employees who have been fully immunized against COVID-19 to work in another long-term-care home, retirement home or other health service provider location.

O. Reg. 154/20 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 authorizes a local health integration network to request that a contracted service provider organization provide health care and related social services in a setting identified by the LHIN and authorizes the local health integration network to fund the services. The need for the order is based on ongoing staffing issues at long-term-care homes and retirement homes.

O. Reg. 157/20 is in response to requests from municipalities. We issued this order 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 crucial to the health and safety of Ontario's communities and efforts to stop the spread of COVID-19.

O. Reg. 158/20 requires retirement home employees to work in only one retirement home, long-term-care home or other health care setting, and allows fully immunized employees to work in more than one location in response to ongoing staffing challenges in retirement homes. Limiting work to a single retirement home remains crucial for non-immunized staff to help prevent and contain infection spread.

O. Reg. 163/20 authorizes mental health and addiction agencies to take any reasonably necessary measure with respect to work deployment and staffing to respond to, prevent and alleviate the spread of COVID-19 to maintain health human resources flexibility.

O. Reg. 177/20 has been extended so that staff movement across multiple employers in developmental intervenor services, violence against women and anti-human trafficking sectors will continue to be limited. This infection prevention measure protects staff and vulnerable clients.

1320

O. Reg. 192/20 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 authorizes the board of a hospital to take any reasonably necessary measures with respect to any aspect of the hospital's credentialing process 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 to take action with respect to appointments and privileges, as permitted under the regulation.

O. Reg. 195/20 ensures that any temporary COVID-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 currently in place until June 30.

O. Reg. 210/20 enables the director, 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 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. It remains crucial to ensure retirement homes are following appropriate COVID-19 measures to ensure resident and staff safety.

O. Reg. 345/20 helps municipalities quickly pass or make changes to temporary use bylaws, allowing restaurants and bars to create or extend their patios to facilitate appropriate distancing and maintain public health measures while those patios are permitted by public health restrictions to be open.

Finally, O. Reg. 363/20: Given the continued risk of COVID-19, the order remains necessary in order to retain the ability to return to the system of reopening. Based on current evidence and experience, we anticipate that Ontario will require some level of public health and workplace measures through at least the summer and into the fall.

Existing and emerging COVID-19 variants of concern, such as the B1617, are unpredictable and pose a risk to the COVID-19 situation in Ontario for the foreseeable future. The potential impact of these new variants is unknown. Other new variants could also emerge.

But there is also much to be optimistic about. We announced a three-step plan, Roadmap to Reopen, to reopen the province and gradually lift public health measures safely and cautiously. Based on the province-wide vaccination rates and improvements in key public health and health care indicators, the province will move into a road map step and remain there for at least 21 days to evaluate any impacts before moving to the next level. We expect to be able to enter stage 1 of the road map in the week of June 14. This road map represents a path out of the pandemic and will encourage Ontarians to get vaccinated and continue to follow public health advice. We can begin looking forward to July and August and having the summer that everyone wants and deserves.

We still have to keep a sharp eye on that road to a COVID-free future, as there may still be a few unexpected potholes and bumps along the way. The one thing we've learned about COVID-19: It is unpredictable. As we have learned, COVID-19 has proven to be a formidable opponent. We must all remain vigilant until we can all truly feel safe again.

Thank you, Chair. I will return it back to you.

The Chair (Mr. Daryl Kramp): Thank you very much, Solicitor General.

We have an addition to the room here. We have MPP Fraser in the room now, and we also have MPP Park in the room now.

We will now go to the rounds of questioning, with 10 minutes to the official opposition. Mr. Rakocevic, you're up first, sir.

Mr. Tom Rakocevic: Thank you, Chair. Thank you for your kinds words earlier.

Hello, Minister. It's nice to see you. I hope you are well.

I'll begin the questioning by talking about hot spot communities with regard to COVID-19. My community, the Premier's—there were many throughout the province and within the city of Toronto that had very high levels of COVID-19 infection and, when the vaccine rollout began, also had some of the lowest vaccination rates. I had to work very hard on the ground with many different

agencies—health agencies, you name it—who were struggling to make ends meet to try to get those vaccines out, to try to get their hands on supplies.

The question is, now that we're in the phase of second-dose rollout, can you pledge and confirm that you will be prioritizing the highest-needs communities in the rollout so that communities like mine that have some of the highest cumulative cases will be getting access to vaccines in the priority that they really deserve?

Hon. Sylvia Jones: Excellent question. I have to say that our two weeks of offering such a substantial increase in the 13 public health units—as you would know, primarily Toronto, York and Peel—additional vaccines to get to those hot spot neighbourhoods has been a resounding success. We always started with the premise that we wanted to prevent mortality, prevent serious illness and prevent transmission, and the hot spot strategy, in particular, really has been a very successful model to prevent transmission. In fact, what we have seen is actually a reverse, with hot spot areas having a higher percentage of vaccination rates than non-hot spot areas, which is exactly what we wanted, and we've accomplished that goal.

I've got to give a lot of credit to the city of Toronto and the region of Peel because they did a lot of the on-the-ground work to make sure that the neighbourhoods, right down to apartment buildings, were being offered the vaccine very quickly.

Mr. Tom Rakocevic: Minister, thank you for that, but with all due respect, there are some elements of what you said that I found different on the ground, especially in my community.

First of all, if you look at the most recent ICES data, what you said doesn't hold true for seniors. Actually, if you look at the oldest age groups, you find that those living in the most affluent and the least—the areas with the least cumulative cases have the highest vaccination rates versus those same hot spot communities.

The other thing is that if you look at pharmacies, there were communities like mine that were a pharmacy desert.

As well, if you looked at the initial data that came out around vaccinations, Jane and Finch had the lowest vaccination rate in Toronto right off the top.

So I hear what you're saying, but really, especially in the initial stages of the vaccination rollout, we didn't see this. So there are many people in my community who are very concerned that, as the second vaccines roll out, there will not be that priority given and there won't be that plan to ensure that the areas most at risk will receive those second doses.

Hon. Sylvia Jones: Let's start with the pharmacies. As you mention, the pharmacy ramp-up was gradual, and it was basically because of supply. We now have 2,700 pharmacies all across Ontario offering either Moderna, Pfizer or, in some cases, second doses of the AstraZeneca. That rollout and that buy-in from pharmacies who wanted to provide the vaccines to their communities has been a resounding success. Our only challenge is, because the trays were in 100 or 150, depending on whether you had

Pfizer or Moderna, they actually ran out very quickly. So by expanding it to essentially every pharmacy in the province of Ontario who wants to provide that vaccine as a service to their customers and their neighbourhood, we're now able to do that, because we're getting a far more consistent inventory and supply from the federal government.

Mr. Tom Rakocevic: Thank you for that. Just a quick question about AstraZeneca second doses: There are those who are seeking second doses of AstraZeneca, and there are many who are being told that their pharmacies don't have them available. Are there any specific plans to ensure that those seeking a second dose of AstraZeneca—what will become of them? Will they have that access, and how's that going to unfold?

1330

Hon. Sylvia Jones: I want to reassure everyone that when you qualify, you will receive the vaccine that you received for your first dose. There is a limited number of lot numbers and supply of AstraZeneca, in particular, that was set to expire on May 31. As you know, Health Canada, upon the request of reviewing the lot numbers and the data, has agreed that it is appropriate to extend those specific lot numbers for AstraZeneca to July 1.

We have a limited number of pharmacies, primarily in Toronto, Kingston and Windsor-Essex, who have and are offering the second dose of AstraZeneca, and I would encourage you or the individuals you are helping to go to ontario.ca/covid and look at the vaccine rollout—they lay out where the second doses of AstraZeneca are—and encourage them to book appropriately, if they want the dose sooner.

Mr. Tom Rakocevic: Thank you for that. The second part—and I think it leads to a lot of different areas—has to do with announcements. When the Premier announced that those 18-plus would have access to vaccinations—and that came when there was intense pressure. When I had immediately contacted multiple hospitals, those on the ground, they were finding out a lot of the information around the plans on the news, just like a lot of other people are finding.

Do you have any comments in terms of how you communicate with front-line health organizations and hospitals, or is it true that they are receiving information and plans after they're already announced? Because when that 18 and up happened, that's where we were working really hard with these pop-ups, because there was a plan but there seemed to be no dedicated vaccine supply or even any prior information, so everybody was left scrambling. Do you have comments on that?

Hon. Sylvia Jones: Sure. At least twice a week, we have meetings with all of the public health units, the 34 public health units, as well as the hospitals that are administering the vaccine. There's over 100 different people on those twice-weekly calls, and we inform the public health units about our plans going forward. We do ask that the information remains embargoed until a formal announcement has been made, and then that information in terms of the details goes directly to the public health units and the doctors' offices and hospitals.

I will say again that, in some cases, certain public health units have booked out their inventory that they know they're receiving for the coming week or two weeks. So there are public health units that, when we make the announcements of lowering the age range, for example, have already booked out their supplies. But the key thing with the announcement is that we're saying that now you have ability to book your next appointment.

Mr. Tom Rakocevic: Thank you. Now, this is with regard to schools. I am hearing from a number of parents who are seeking clarity with regard to schools reopening. We're starting to hear more medical experts and health experts talking about reopening. When are we going to get a much clearer answer in terms of what that reopening strategy is? It seems to be like announcements of announcements, and it's hard to really inform these parents that are looking for a clear answer.

Hon. Sylvia Jones: The Premier mentioned today that he expects to have more information on schools reopening in the next day or two. I can tell you that there has been an awful lot of consultation, both, of course, with Minister Lecce and his boards of ed and schools and the teachers, but also with Premier Ford. On the Saturday call with public health units over the May long weekend, he was receiving feedback from public health unit doctors at that point talking about their thoughts and opinions on schools reopening.

The Chair (Mr. Daryl Kramp): One minute.

Mr. Tom Rakocevic: Okay. I guess the last question is, many businesses I continue to hear from are really struggling. Some fear that they may never reopen or their business may not be the same. The question is, can you confirm whether the government will be offering a third round of Ontario Small Business Support Grant payments—to work with governments to make that happen? We've seen the damaging effects of this pandemic, but we're going to continue to feel those effects after, especially for small businesses, if we don't take decisive, strong action to protect and help them.

Hon. Sylvia Jones: There is, without a doubt, a very large challenge with small businesses, in particular, that have had to change how they approach business, whether that's curbside or online. Our government, as you know, invested through the main street grant to assist small businesses who wanted to offer their goods and services online and have a stronger web presence. We have done that, as you know. We have twice now offered additional business supports. Without a doubt, this is very challenging—

The Chair (Mr. Daryl Kramp): Thank you, Minister. The time is up now.

We will now go to Ms. Hogarth, please, for 10 minutes.

Ms. Christine Hogarth: Thank you very much, Minister, for being here once again, and congratulations on over nine million people being vaccinated. That's such great news for everyone across Ontario. It makes us all feel that much more safe even though we still must continue to do our part by practising social distancing and encourage our neighbours and friends to be vaccinated.

On another note, we talked about the stay-at-home order. I understand it's set to expire in two days, June 2, so that also is great news for the people of Ontario. It means we're all doing our part, and many people are going to be finding this an exciting step in our fight against COVID-19. But given that the reopening plan isn't anticipated to kick off for another couple of weeks, some of my constituents over the weekend—I have received a lot of emails. They're a little bit confused of what happens in between. I'm wondering if you can provide some clarity around this in-between stage.

Hon. Sylvia Jones: Thank you. As you mentioned, the stay-at-home order will be lifted as of the first instance of June 2. What we need to continue to see and what the medical experts have asked us to very closely monitor is not just positivity rates, but also hospitalization, intensive care unit beds and, of course, our vaccination rates. Our vaccination rates have been incredibly positive. Even in terms of intensive care unit beds, we're now at a stage where we can assist Manitoba. We have 24 Manitoba citizens who are currently in Ontario hospital intensive care units. So the ability to turn the page, if you may, and offer assistance to our neighbouring jurisdictions is very positive.

The main difference that will occur on June 2 is the removal of the stay-at-home order. The other restrictions, which include continuing with curbside delivery in most non-essential businesses, and others will stay in place until we see that consistent lowering of all of the data that I referenced earlier. I hope that helps.

Ms. Christine Hogarth: It does. Thank you very, very much, Minister. It is important, again, that we continue to encourage people to be vaccinated so we can all have a wonderful summer.

I just want to talk a little bit about vaccinations. I know MPP Rakocevic touched on our expedited schedule for second doses. But last week, last Friday, we heard that there's going to be an expedited schedule for the second doses of the vaccine. With so many places people can go—and even this morning, we had some people who are in their eighties, 83—Dorothy, I was chatting with her this morning. She was trying to book her second dose. People are really excited to get that.

So I'm just wondering: There are a lot of channels available to get the vaccine. People are a little overwhelmed because they're excited. They want to get that second dose so they can go see their loved ones soon. I was wondering, could you outline the process a little bit in detail for us just so we can share that information with our constituents, especially those who are over 80, who are ready to book those second doses today?

Hon. Sylvia Jones: Absolutely. First, we'll start with those individuals who booked through the Ontario portal, either through the call-in centre or online. They would have received their second dose date at the time of booking their first dose. Once they have reached 28 days and they're over 80, they can go back through that same model, so calling the call centre or going online, and they will have an opportunity to reschedule their second dose if they so choose.

I think it's really important to reaffirm that they don't have to. If they're comfortable and they are happy to wait because of their schedule, then that's perfectly okay. If they want to get it sooner, then they can book it through the online portal or the call-in centre. We forget how quickly the vaccine rollout has expanded, so some individuals who got that vaccine in January and February—there were far fewer pathways, so there may not have been a local pharmacy that was in their neighbourhood that they could have gone to for convenience's sake. So if they want to get their second dose through their primary care physician or a local pharmacy, they can also do that. I would ask that they make sure that they cancel their second dose that's already booked in COVaxON, the online booking, just so that it's freed up for somebody else.

1340

But there are a lot more opportunities and expansion of the number of places that you can get a vaccine now, and that's really the big difference between how it has changed from when I received my first dose in February/March and how I can receive my second dose now. I hope that helps.

Ms. Christine Hogarth: On behalf of my constituents, who are really thrilled—Mr. Keating, who emailed me, and Mrs. Lamb—I just want to say thank you for getting some of those AZ shots quicker than we could. I know it was just a small package of it and it was very limited, but I appreciate all your hard work. I know you've been working so hard to get this done for the people of Ontario, so thank you.

Hon. Sylvia Jones: Thank you.

The Chair (Mr. Daryl Kramp): Further questions from the government? There are four minutes left. Oh, Mr. Bailey. Questions, Mr. Bailey?

Mr. Robert Bailey: Thank you, Chair, and thank you, Minister, also, for everything you've done and for appearing here today; I think it's the 12th time, maybe? Anyway, it's great. The last time you were here—and I think one of the other members maybe touched on this, about the part where the government, through your ministry and the Ministry of Health, directed extra doses to the hot spots. After directing those doubled allotments to those hot spots, for I think it was a two-week period, how effective did you find the vaccinations in the cooling off of those hot spots? And do we have any information to date on how Peel, Durham and York are now doing with their vaccinations?

Hon. Sylvia Jones: Yes, it's a great question. The short answer is that the hot-spot-targeted approach has worked incredibly well. As you mentioned, Toronto, York and Peel were certainly the beneficiary of the majority, but there were actually 13 public health units across Ontario that received extra doses and were asked to focus in on those hot-spot neighbourhoods.

Specifically, to answer your question, in York region, they are now at 73.7% of their residents having received their first dose. In the city of Toronto, they are at 68.2% of residents who have received their first dose. Peel is also at 72.4%. As you know, we just achieved 65% province-wide, so the hot-spot vaccination process has worked really well.

Again, I will call out those public health units and those hospitals offering the vaccine for doing the work that made this successful on the ground. When the city of Toronto went to a single apartment building and asked people, if they wanted to receive the vaccine, to sit outside their apartment, it was a very effective manner to take the vaccine to where people are, to where they live. I'm sure that there are many other public health units who are doing that same kind of creativity, to make sure that the people most at risk, the people most in need, receive the vaccine first.

Thank you for your question.

Mr. Robert Bailey: Thank you. I don't know whether I have a couple of minutes maybe, or whatever, but I'll put the question out there and you can answer the best you can in the time remaining.

With the stay-at-home order expiring on Wednesday, I guess, there are still some orders as far as restricting travel into Ontario, and they still will stay in effect. Could you clarify what the thoughts were behind that, why one expired and yet the restrictions on travel into Ontario will continue?

Hon. Sylvia Jones: As you know, MPP Bailey, we do still have a travel ban of non-essential travel from Manitoba and Quebec. These are the two interprovincial boundaries that we can control. Unfortunately, we have no control over air travel, which is the purview of the federal government, and our land borders for international, so we continue to call on the federal government to limit the incoming travel, because we know that's how the variants are coming into Ontario and unfortunately increasing our positivity rates.

The Chair (Mr. Daryl Kramp): Thirty seconds left.

Hon. Sylvia Jones: I'll just finish off by saying that I've mentioned a number of times that we—the Minister of Health and I, along with Premier Ford—have written four different letters to the federal government asking for very specific limitations and restrictions, and so far they have chosen not to do anything about it. I think it's really unfortunate. We see how quickly the variants of concern end up transmitting. It impacts all of us, and it certainly impacts our hospital and ICU capacity and ability.

The Chair (Mr. Daryl Kramp): We will now go to the independent member, Mr. Fraser.

Mr. John Fraser: Thank you very much, Chair. It's nice to see you. It has been awhile since we've been in person, at least on my end.

Thank you very much for being here, Minister.

I do want to make a comment with regard to the vaccine rollout and the booking of second doses. I asked a question about this this morning in the Legislature. In Ottawa, they've paused vaccinations because as of 9 o'clock this morning, there were no appointments. At 8:15, there were no phone appointments. The experience across the province has consistently been uneven, and there are a lot of really frustrated people out there, so I just want you to know that—especially in my community, and I know they are in other communities. So it's not entirely clear to people. And if we're talking about people who got vaccinations in February and January, their appointments were

already booked 28 days later. So I don't think that analogy was particularly good. I would hope that the vaccine task force will figure out and the folks will figure out what the problem is with the online booking system in Ottawa, because people are really angry and frustrated and their families are angry and frustrated.

I want to ask a question that's more related to your portfolio. I know there's an outbreak at the Ottawa-Carleton Detention Centre. I don't know what the numbers are, but I think they're in the double digits. I know this is important to you because of the work that you do in the ministry. The vaccination rates are probably below 40%—I think you know this already—about 150 out of the 400 inmates at OCDC. They've got an outbreak right now. My question is, what is the ministry—I know Ottawa Public Health has helped, but what other steps is the ministry going to take to ensure that the vaccine hesitancy that we see in inmates is addressed, like we address it in the communities? There are issues around language, and there are issues around trust; you would know that. I don't know if the ministry has a plan, but if you do have one, it would be great to hear, to add what we're going to do now to get those vaccination rates up where we're not going to have a really bad situation on our hands.

Hon. Sylvia Jones: Yes, it's a really important issue, and I'm glad you've raised it.

There are a number of things that we have done in our correctional facilities. At the very beginning, pre-vaccinations, we were able to put in place a lot of safety measures that assisted within the institutions. As you know, congregate care has always been a concern for the ability for COVID-19 to transmit.

Specifically related to vaccine confidence issues, we have literally hundreds of different languages, both in terms of brochures, in terms of videos, talking to medical experts—to show people what the vaccine does and how it protects you. We've actually got a really nice partnership right now with the Criminal Lawyers' Association, where they are going into our institutions and talking to their clients about vaccine confidence and trying to share as much information as we possibly can for people to make an informed decision.

As you know, receiving the COVID-19 vaccine is and continues to be voluntary.

We will continue to offer as many supports and answer as many questions as we can. I can tell you that once we started offering the education pieces, whether it was through the medical staff in our corrections facilities or through partnerships with the Criminal Lawyers' Association, it has been a very successful model.

We've also, on the staff side, sent out a very short survey to ask, "Do you intend to get the vaccine, and if not, why not?" so that we start to understand where the confidence issues are and can—

The Chair (Mr. Daryl Kramp): One minute.

Mr. John Fraser: Okay, thank you very much for your answer.

The situation is particularly acute and serious in Ottawa, with an outbreak in Ottawa. I appreciate the things

that the ministry has done, but it's clear that there needs to be more done because if it doesn't get fixed soon, we could have, I think the minister would agree, a really catastrophic thing happen because of how full that institution is.

1350

There are other community leaders who I think should be engaged. I know that in OCDC, there are people from faith communities, Muslims and other faith communities, who go in there on a regular basis, and that we need to—I just would simply ask, and you don't need to answer, that you redouble every possible effort—

The Chair (Mr. Daryl Kramp): Thank you, Mr. Fraser. Your time is up now, but we certainly can hold your response on that, hopefully, for your next round of questioning. Thank you very kindly.

We will now go to 10 minutes for the official opposition again. Ms. Singh, please.

Ms. Sara Singh: Good morning, everyone. Thank you so much to the Solicitor General for being here again today to provide us updates. I think that I'm just going to pick up on a similar theme of questions that all of my colleagues have, as well, with respect to vaccinations in hot spot communities. Minister, as you highlight, we've reached a number of milestones with the increased allocations to hot spot communities like ours in the region of Peel, but I think that there are some concerns when we think of maintaining and sustaining that momentum with the increased vaccinations. I know I had a chance to visit a few of the pop-up clinics that have been arranged by community organizations and our region of Peel health partners, but there were several concerns with respect to why the increased allocations only happened for two weeks, even though the science table recommended that perhaps we do that for four. Can you help us understand, first, why that decision was made to not continue the increased allocations to hot spot communities?

Hon. Sylvia Jones: The plan was always to have the additional allocation for two weeks. As I highlighted with the percentages in the three main public health units that received the largest allocations, it has worked very successfully. All three of those regions—Peel, Toronto and York—are now above the provincial average. I would say that in Peel region in particular, the ability for the province of Ontario to support employee-based—direct to the employer and the employees—vaccination clinics has been a huge benefit to the region of Peel.

The ability for faith-based organizations who stepped forward and said, “We want to help you. We want to encourage our members and our neighbourhoods”—it has been a huge benefit. They happened because the province of Ontario made a conscious decision to ensure that hot spot areas that had these opportunities, whether they were community-based, faith-based or employer-based, could have sufficient supply.

We've continued to do that in Peel region, in particular. Of course, you would know that Amazon was one of the first. We've had many of them based in Peel, and we've been able to do that because we've offered vaccinations

and vaccines from the province—including, I must say, Bruce Power. They came into Peel region and offered a vaccination clinic even though they don't have a presence, per se, in Peel region. They just saw it as being a good neighbour and offering that.

Ms. Sara Singh: Thank you so much, Minister. I agree with you wholeheartedly that many of our community partners stepped up. Folks in the business community stepped up to fill in some of the gaps that, unfortunately, were maybe created by the government's lack of a strategy. But, again, it's wonderful that those groups were able to help resource and ensure that people in our community had access: opening up their spaces, using their own resources and time to deliver those vaccines to our community.

But I think the concern still remains that the science table recommended a minimum of four weeks for those increased allocations so that those community partners could continue the great work that they had started. I think the concern for a lot of us is that that work is going to be limited now because those increased allocations are not continuing. That was really the crux of my question, to understand what the decision-making process was. When the science table recommended four weeks, why is the government only doing this for two weeks? We're sort of stalling the momentum that's been gained. Can you perhaps elaborate a little bit about that?

Hon. Sylvia Jones: I appreciate that the member is very keen on advocating for Peel region, but I must remind you that there are currently three public health units in Ontario that are still in the 50% range. Having Peel region achieve the 72% is excellent news, but we also have to understand and appreciate that there are other public health units that have yet to achieve the provincial average of 65%.

The good news in this pathway is that we've seen an increase in supply in Pfizer and a very consistent supply arriving once a week. We now have, as of Saturday, heard some wonderful news about Moderna and how much we're going to be receiving in the month of June. The supplies that are happening across the province, the ability to expand those various pathways has allowed us to do things like—as an example, 27,000 pharmacies all across Ontario will now have the ability to offer vaccines in their neighbourhoods and communities. We will continue to do that as the supplies continue. As I said, when businesses, when community groups, when organizations come forward with a proposal or a plan that shows they can vaccinate people sooner and have that competency issue removed, we will continue to support them at a provincial level.

Ms. Sara Singh: Thank you very much, Minister. I think it is important to note that as a member in Brampton, living and working in a hot spot community, one with some of the highest positivity rates in Canada, I think it is my job to advocate for my community to receive its fair share. I think that there are still concerns. And that's what I'm doing here, is raising those concerns with you as the Solicitor General, to gain an understanding, because those community partners are worried that our community is not going to be prioritized. We've seen a pretty slow and

sloppy rollout from the start of this pandemic with respect to the vaccines, and they're very concerned that that may be the case when we now consider getting folks in our community their second dose.

I think at the heart of this is maintaining that increased allocation. While not trying to pit one region against another, I think it's important to understand the data that very clearly indicates that Peel is a hot spot community. We have some of the highest positivity rates; therefore, we should have, in tandem, a higher allocation of vaccines coming into our community to ensure that people are protected.

Perhaps you can chat a little bit about some of the folks who weren't able to receive their vaccine as of yet. I think it also highlights that perhaps there is a bit of a lack of planning on behalf of the government as well, because there are many homebound seniors not connected to a long-term-care facility, not able to leave their homes, frankly, to get out and get a vaccine. Many public health units across the province are really struggling with ensuring that that vulnerable population is protected. Can you help us understand what resources and supports have been provided to local health units to help them reach out to these communities? And what is the government doing as well to reach out to vulnerable people who may not even have access to the technology needed to book an appointment or get a second dose?

Hon. Sylvia Jones: In our twice-weekly calls with the public health units and the hospitals that are offering the vaccines, we talk about those issues and share best practices. Again, I will highlight what the city of Toronto did: going to a specific apartment that they knew was in a high-risk neighbourhood and informing people so that they knew that all they had to do was basically put a chair outside their apartment and the vaccine, through an airport model, would come through to them. We've shared those best practices. We've worked a lot, very closely with Dr. Loh, to make sure that—the region of Peel has seen how public health units need to offer different pathways.

While it's very fast to do and offer mass vaccination clinics, to your point, homebound individuals do not find that convenient. Individuals who have a developmental disability or a disability may not be comfortable going to a mass vaccination clinic. So we have to be flexible in how we approach these issues, and that is exactly why we have worked with primary care practitioners, with pharmacies in neighbourhoods, with the region of Peel and Peel Public Health, to make sure that they don't just offer one type of vaccination program.

1400

The Chair (Mr. Daryl Kramp): One minute.

Hon. Sylvia Jones: It's really important because, as you've highlighted, not everyone is comfortable with the same model, and we're going to continue to do that. We will continue to work with Dr. Loh and the region of Peel because we know how important it is to reach all vulnerable citizens and all people who want to get the vaccine.

Ms. Sara Singh: If I can just pick up on that with the one minute that's left, I'm curious, Solicitor General, what

additional resources were provided to Peel Public Health to help deliver this? I mean, sharing best practices is one thing, but actually helping them with the additional resources they need to get to those seniors is also a big part of this equation. Could you help us understand what additional resources were provided to help them reach these vulnerable populations?

Hon. Sylvia Jones: Absolutely. Every time we expanded the age group or the qualifications of who could receive a vaccine, we also asked public health units, "If you need some additional assistance through the province of Ontario, please let us know." We have done that regularly and often—

The Chair (Mr. Daryl Kramp): Thank you, Minister. We're all out of time again.

We will now go to the government side for 10 minutes. Yes, Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Thank you again, Solicitor General, for being with us today. Here's a question that I have and I'd really appreciate your response. In other countries around the world, including the United Kingdom, there has been some resurgence of the B1617 variant of COVID-19. We've also learned from the federal COVID-19 Testing and Screening Expert Advisory Panel that previous border measures were insufficient to prevent the importation of the B117 variant of concern, which we now know is the dominant strain in Ontario and British Columbia.

Could you tell us, Minister, and outline what kind of work is being done to address this issue proactively, and perhaps you could speak to what impact it could have on our own reopening plans in the province?

Hon. Sylvia Jones: Thank you. I'm actually very concerned about having new variants come into Ontario and how that will impact our reopening plan. I just read an article this morning out of the UK that talked about their concern that they, in fact, might have to delay their June 21 opening because of the increasing amount of variants that are spreading. It speaks to exactly and precisely why Minister Elliott and I have worked so aggressively and spoken so many times with Premier Ford, urging, begging, imploring the federal government to do more.

One of the things that the federal task force discovered was the inconsistency in approach that was happening, whether you arrived in Canada and Ontario through a land border, a water border or through air flight. We need to acknowledge that instead of just stopping everything and allowing all visitors to come in to better protect Ontario citizens and communities to tighten it up, even if it's only for a short period of time. We really do need to get a handle on the variants to allow us to go through the gradual reopening plan that we have laid out.

Ms. Effie J. Triantafilopoulos: Thank you, Minister, and you're quite right. The issue of Canada's borders has been in the public consciousness for some time now. The COVID virus did not originate in Canada, nor have any of the variants of concern. They came here from across our borders, yet the federal Liberal government continues to maintain the issue is community spread and not international travel.

The federal COVID-19 Testing and Screening Expert Advisory Panel pointed out that there is not enough information to understand how many chains of transmission were initiated by these travellers and what contribution travel makes to the overall burden of disease in Canada at this time. With this Ottawa panel recently considering whether to loosen the existing restrictions on the border, could you share your thoughts about the potential setback this could have on the reopening plan?

Hon. Sylvia Jones: Thank you for that. At the beginning of this select committee meeting, I reinforced what our plan was from the very beginning, and that was prevent mortality, prevent serious illness and prevent transmission. We know so much more about how COVID-19 spreads in our communities. We now understand that some of these variants of concern that have been discovered in other countries, including the UK, the Brazilian and the Indian, have come, actually, at a higher transmission rate than the original COVID, if you will. We do need to have a federal partner willing to acknowledge that the only way we can safely reopen and get out of the lockdowns as a result of the COVID-19 pandemic is to make sure we limit the transmission, and the strongest way we can do that right now is to ensure that our borders are secure. We've done that. We've made the commitment as a province and we have limited mobility—of non-essential travel from Quebec and from Manitoba. It's very challenging. These are our neighbours. These are our friends. We want them to come in. But we have to wait until it is safe and make sure that we're protecting our communities and our hospitalization and our ICU beds, because it wasn't that many weeks ago that they were literally in double digits and we were really putting ourselves at risk, particularly in our hospital capacity.

The Chair (Mr. Daryl Kramp): Mr. Bouma, please. Oh, before Mr. Bouma—just one second—we will welcome Mr. Vanthof.

Mr. Vanthof, I'm assuming you are here in the province of Ontario, sir?

Mr. John Vanthof: Yes, sir. I am at Queen's Park.

The Chair (Mr. Daryl Kramp): Thank you very kindly.

Go ahead now, Mr. Bouma.

Mr. Will Bouma: Thank you, Chair. How much time do we have?

The Chair (Mr. Daryl Kramp): You have four minutes and 47 seconds.

Mr. Will Bouma: That's a perfect amount of time. Thank you very much, sir.

Minister, thank you so much for joining us today. If I could just take a second to express the gratitude of the police services, the fire services and the paramedic services of Ontario for the incredible job that your ministry has helped coordinate with the rollout of vaccines—I know you know some of the hiccups we've experienced through that. But the ability for your ministry to turn on a dime and get some of these things taken care of really means a lot to me personally, as a volunteer firefighter, and to my colleagues. I wanted to express the gratitude that

I've heard from police officers on the ground, too, on the great work we've been doing on that.

I wanted to turn for a second, because of the stress that we've placed on immunizing our most vulnerable populations, to the success of Operation Remote Immunity, a mission to ensure that those in remote and fly-in communities receive the vaccine. That was an important milestone in the early vaccine campaign in Ontario.

In a recent government release, Operation Remote Immunity 2.0 was mentioned. I was wondering if you would be able to provide more details to the committee of what that will look like and what it's trying to accomplish.

Hon. Sylvia Jones: Very early on in January, the decision was made that we wanted to protect communities that were most at risk, and those were remote and fly-in. As you would know only too well, these are often communities that are at risk because of flooding in the spring, so if that were to happen, we wanted to make sure that they had the vaccine as soon as possible. We made a very conscious decision to set aside a small amount of vaccine, and through the excellent work of Dr. Homer Tien and the Ornge teams, we were able to do that.

Operation Remote Immunity 2.0 is basically to redo that successful model and offer the Pfizer vaccine to 12-to-17-year-old adolescents as well as to any individuals in those communities who, for any number of reasons—perhaps because of vaccine hesitancy or perhaps because they were elsewhere at the time of the first offering—to do that again.

It really was a shining, gold-star example at a time in our vaccine rollout when we had a very, very limited supply and we were very consciously offering it, again, to our seniors living in congregate care and our health care providers—a real success. Again, I can't say enough for the paramedics and all of the Ornge air ambulance staff who really led that, going in with community leaders, making sure that people had as much information as possible.

And I have to tell you that there are communities that were part of Operation Remote Immunity that had almost 100% uptake in receiving the vaccine.

So it truly was an excellent partnership between community leadership and Ornge ambulance staff.

Mr. Will Bouma: That confirms some of the information that I've had from consultations I've been doing with some areas in the north about the incredible working relationship between, like you said, the front-line medical response there and the communities up there, and the trust that they have for each other. I really appreciate that.

1410

Shifting gears just a tiny little bit, though, if we have a little bit of time left: The northwest region of the province has been one of the lowest positive case counts in the entire province. I was wondering if you could just talk a little bit more in the few minutes that we have here left over about why it's so important to have border restrictions in place while Manitoba is struggling with increased cases.

The Chair (Mr. Daryl Kramp): One minute.

Hon. Sylvia Jones: It's a really good point, and it is an example of—in smaller, more northern communities, when there is an outbreak, it impacts them very quickly. That is one of the reasons, frankly, Minister Rickford and others have been advocating to shutter the border for a short period of time. And now, as we see the rising rates that are happening in Manitoba, it has really reinforced how important it is to ensure that our borders are protected.

Having said that, I also have to highlight that because we have some intensive care capacity, we are actually assisting 24 Manitoba citizens right now, who are using ICU beds in Ontario hospitals, so we're able to help our neighbours when they need help, too.

The Chair (Mr. Daryl Kramp): Thank you, Minister. Thank you, as well, Mr. Bouma.

We will now go back to the independent member for five minutes. Please, Mr. Fraser, continue.

Mr. John Fraser: Thanks again for being here, Minister. I was listening to your response on variants of concern, and I have to say, I respectfully disagree with you. I think the most important thing that could have happened in this situation was that the Premier took the advice of Dr. Steini Brown in February, which was: It's not if, but when. If you want to prevent transmission, then what you have to do is take these public health measures. The Premier didn't take that advice from the science table—very sound, clear advice—and we find ourselves where we are now.

But what I really want to talk to you about is the task force. We passed a motion in this Legislature in December that talked about openness and transparency in the vaccine rollout and regular reporting. It was passed unanimously. That hasn't happened. We've had one briefing from the ministry from Dr. Huyer, which was a good briefing, but that was two months ago—actually, about three and a half months ago. And April 12, the Minister of Health committed to another briefing from the vaccine task force, which hasn't happened. We're getting close to June 12, so that's two months. So I would ask respectfully, to the minister, that the opposition get that briefing. I think it's important. I outlined some of the concerns that we had just today. But we've got a command table, so I just ask that the minister make that briefing happen, to talk to her colleagues.

But we have a task force for vaccines. We have a command table. But for our schools, we don't have that. It's really hard to understand that the most important thing that we can do for kids and their families and the most important thing we can do for families didn't have a body that was providing advice, composed of public health experts, doctors, pediatricians, educators, families. It all culminates in the last couple of weeks, where the Premier doesn't actually mention about schools in the reopening plan, and then the next Thursday asks for consensus by delivering an ultimatum to respond by 5 o'clock on Friday afternoon, which is incongruous with consensus. Ultimatums and consensus don't go together.

Right now, families are really trying to figure out what's going on. The last few times, they've got a couple of days' notice—sometimes one day's notice—and sometimes things have changed within a day: “We're going to

be open. We're going to be closed. No, we're going to be open.” It's really unfair to families.

Can the minister tell us whether we're actually going to create a task force for schools, one that includes all the relevant people so that we can actually build a consensus and get some advice? I'm really baffled and confused as to how the Premier could not be talking to educators for the last year and a half. It presents itself in what we've seen happen: short notice, different communications and flip-flops.

I'll just put that out to the minister. Sorry for the long entry into that, but I only have five minutes; I've got a lot to get in.

The Chair (Mr. Daryl Kramp): You have a minute left.

Mr. John Fraser: There you go.

Hon. Sylvia Jones: Understood. I'll try to answer the question in a shorter time than you placed the question.

Mr. John Fraser: That's fair.

Hon. Sylvia Jones: The Minister of Education has been in ongoing conversations with boards of ed, with teachers' federations, with parents, with public health docs, with children, with pediatricians and with individuals who work in the field of mental health. I don't think there is any question that we have a very strong and actively engaged Minister of Ed to get all of this information together.

In terms of the Premier asking for feedback and looking for information, I can tell you, on the long weekend, when we met with the 34 public health units, docs and the hospital CEOs who are administering the vaccines, there was an active and important engagement about where they felt the school reopening piece should be. There is—

The Chair (Mr. Daryl Kramp): Thank you very much, Minister. We will now go to the official opposition for 10 minutes. Mr. Vanthof, please.

Mr. John Vanthof: Good afternoon, Minister, and thank you for taking the time to field our questions.

Just as a bit of a background—so I'm going to go locally. In my part of the world, in my riding, I have four different health units. Some of them have very low numbers—the Timiskaming Health Unit, very low numbers. Right next door at the Porcupine Health Unit, it's not quite the same. They are both right next to the border and a lot of their conditions are the same, so I'm not sure I 100% buy the border argument.

I would like to give a shout-out to all four of the health units that I have dealt with. They've all identified regions and specific areas. For one, the Timiskaming Health Unit identified—near and dear to my heart—agriculture as a vector and made sure that agriculture workers were vaccinated as quickly as possible. They identified that because they are in an agriculture region, and there was an outbreak at a dealership and at a large farm and they quashed it. I would like to commend them. I think all health units here, as you are—we're all trying to do what we can to stop COVID.

I've been approached by a few people. In your dual role as Solicitor General, one of the areas that is of concern in the Porcupine Health Unit is the Monteith correctional

centre and the number of cases in the Monteith correctional centre, and whether or not those cases are impacting the overall community, because it seems they are very high. Hopefully, you have the numbers; I don't have them. I would first like your comments on the numbers there and then I'll have another question.

Hon. Sylvia Jones: Specifically related to the corrections facilities, we do not ask that staff disclose whether they have received the vaccination. We have offered, in all of our institutions, the ability to receive the vaccine, both for staff and individuals in the institution. That work is ongoing.

I'm actually really excited that we now have a pathway forward so that our corrections health staff will be able to offer incoming inmates the ability to receive a vaccine if they haven't.

If I may, Chair, I'd like to particularly call out the Porcupine Health Unit. On May 25, they had already vaccinated 27% of their 12-to-17-year-olds. It speaks to how local leaders and local public health units can focus on the areas that they believe are at greatest risk, and they've done that exceptionally well. As I said, Porcupine, along with the city of Toronto, was leading the province on May 25, so kudos to one of your public health units on that.

We're going to be able to continue to do that, to make sure that local public health units have the ability to find the hot spots, find the outbreaks quickly, and be able to offer the vaccine as soon as reasonably possible. I don't need to tell you that in some public health units where the communities are more spread out and often in smaller amounts, it is very challenging. But they have done an exceptional job. Both of the public health units you referenced are above the provincial average of over 65% of their population receiving the vaccine.

1420

Mr. John Vanthof: Regarding correctional facilities, at one point, I believe, you announced that there was going to be a pilot program of rapid tests in correctional facilities. Is that pilot project in operation now? And do all correctional facilities have access to rapid tests, or what percentage? Could you elaborate on that, please?

Hon. Sylvia Jones: Off the top of my head, I could not answer whether all 25 have, but I'm happy to follow up specifically related to Monteith or any other facility that you are interested in. But I'm sorry; I don't have the numbers right off the top of my head. I know that we were one of the first ministries to say we would like to offer—again, voluntary—this to our staff, because we understand that transmission continues to be a problem in our communities.

Mr. John Vanthof: I would appreciate that very much, the answer. And I fully understand that you can't have everything at the tip of your fingertips. I fully understand that. But it is a concern in the area that clients of the institution, once there is transmission within the client population—when they are released, there is a potential that that goes into the community. How is the quarantine? How do we know that these people do self-isolate? I know

the health unit is working very hard on this, but do they have help with this from the ministry? Because this is an issue.

Hon. Sylvia Jones: There are a couple of pieces to unpack there. I just want to reinforce that both testing and wanting or asking to receive the vaccine both continue to be voluntary.

In terms of individuals who have been released from the institutions, there does have to be a safety plan per se, but again, these individuals who are leaving the institutions are now free, and they have the ability to choose where they go. We often provide, and regularly, the transportation to perhaps their home community or a different community where they have a safe place to live, but at the end of the day, they are individuals who are free and may go where they want in the province of Ontario.

Mr. John Vanthof: I appreciate that. Before COVID—I think this is still happening—we had cases where people were released and, quite frankly, especially people from the coast, had no place to go. That is a travesty in itself, but now, with COVID, it's an even bigger travesty, because you are free to go, but when you are miles and miles and miles from home, where do you go? For the greater community, that's an issue.

Hon. Sylvia Jones: We work with the municipalities, as well as the host communities, to make sure that there is a safe place for that individual to be living. We do have exit plans, safety plans, but again, they are voluntary. We have to appreciate and understand that some individuals, for any number of reasons, may not wish to disclose where they want to be living or where they are going.

Mr. John Vanthof: Thank you for that answer.

It has been expressed to us, specifically to Monteith, that further actions could be taken to limit spread between the inmate population and the staff there. Do you believe that further action could be taken, for instance more Plexiglas guards and, perhaps, better ventilation?

Hon. Sylvia Jones: As you know, each institution is unique because they were not all made the same and they, frankly, have very different lifespans. We have some that are over 100 years old.

We have done an awful lot of modifications with, frankly, a lot of consultation with corrections officers and staff working in the institutions, because they understand what is doable and what is practical. We've done the same thing with our probation and parole offices—the ability to, for example, in probation and parole, provide laptops and cell-phones so that people could check in remotely, so that they were not having to be forced onto public transit or challenged when they had to check in with a probation or parole officer. We've been able to do a lot of that. We have offered, obviously, PPE, temperature checks. All of that happened very quickly last year.

The more we learn and the more we know about how COVID-19 spreads—that's now where our focus is, on additional testing, offering it, and of course the regular and ongoing ability to inform people so that they can make an informed decision on whether, in fact, they want to receive the vaccine.

We'll continue to do that work. I just finished, actually, two weeks of round-table feedback from both corrections officers, probation and parole, and individuals working in the community. We want to continue to—

The Chair (Mr. Daryl Kramp): Thank you, Minister. We'll now go to the government for 10 minutes, please. Mr. Oosterhoff.

Mr. Sam Oosterhoff: My thanks to the minister for being here.

Many constituents that I have are reaching out and asking about some of the United States—that we see things opening up a bit more. They point to Alberta or BC—the plans that are calling for a faster return to normalcy than our reopening road map—and ask why this isn't the case here in Ontario.

Could you talk a little bit about why our plan is slower to open up, given the speed of the vaccine rollout, and explain some of the reasoning behind that?

Hon. Sylvia Jones: It really is a careful approach to make sure that the variants can stay under control. As you know, it isn't just about the positivity rates; it's about the hospitalization rates, the use of the ICU capacity. You will recall that in April we had to stop regularly scheduled surgeries because our intensive care unit beds were basically going to be overwhelmed. So there are a number of factors that have been embedded and incorporated into our safe reopening act.

I think it is prudent that we monitor and continue to monitor how other jurisdictions are doing it and how well they're doing it. As I mentioned, I just read an article this morning—in the UK, because of the variants, they are now concerned that they will not be able to expand into their next stage of reopening on June 21.

If there is one thing that I have heard consistently from business leaders and from political leaders, it's "Please stop the opening and closing, opening and closing." So let's do it right. Let's do it slowly and measured and make sure that we're at a place where we have sufficient hospital capacity to resume surgeries, which we have now—that the non-emergent surgeries has now been able to be lifted and hospitals are now resuming those critically important surgeries. We want to make sure that we do it in a measured way. We'll continue to carefully monitor the numbers.

I have to say, today's numbers were very positive, but we need to see a trend to make sure that that is not just a blip and we're actually on the other side of continuing to see decreased numbers of positivities and hospitalizations.

I hope that helps.

Mr. Sam Oosterhoff: Thank you. This morning, the Legislature approved an extension to the ROA, the reopening Ontario act, until December of this year, and I know some people are confused about what that actually means in practice. I know some people I had reach out to thought that that meant all the orders were for sure staying in place all the way till December.

Could you explain a little bit about what the authority under that act does and what that extension is via the difference between orders and the act under which the orders are made?

1430

Hon. Sylvia Jones: It's a really good point, and I'm glad you've given me an opportunity to try to explain it as best I can. The reopening Ontario act allows us to put some protections in place and amend them, so as we see the numbers go down, we can loosen some of those restrictions.

But I think it's really important for people to understand—and I highlighted this in my opening comments—that the orders that we have existing in the reopening Ontario act are really at the request of municipalities, of long-term-care homes, of hospitals, who say, "We need to make sure that when we see staffing challenges, when we see outbreaks, we can act quickly." That's what the remaining orders are.

I fully anticipate that we will be able to continue to decrease the number of orders that we have in place, and ultimately, then, of course, we will not need the reopening Ontario act.

Mr. Sam Oosterhoff: Thank you. I'm not sure if MPP Park had a question.

The Chair (Mr. Daryl Kramp): Yes, I believe MPP Park has a question.

Ms. Lindsey Park: I'll build on what MPP Oosterhoff was asking about with just some of the technicalities around emergency powers and how they work. I think that's what's been confusing when you see a sudden headline about the vote in the Legislature that's happening today. I know I've had constituents who have been reaching out and asking what this vote today means: "Does this mean the state of emergency is continuing all the way to December?" I've had to say, "No, that's not what this is," and explain the reason why we put the reopening Ontario act in place.

Maybe you can just clarify, Minister, as of today's plan—we all know things can change, but as of today, June 2, the stay-at-home order is scheduled to expire, and then there would be a gap in time to June 14, when the next stage of our reopening plan, that three-step reopening plan, would commence. Can you explain what day the state of emergency would expire, and what the restrictions would be in that in-between period? I know you explained it earlier, but I just wanted further clarification.

Hon. Sylvia Jones: I'm happy to. As I mentioned, at the start of day on June 2, the stay-at-home order will be lifted. It will expire, and we will not be extending it.

You mentioned June 14 as the first step in our reopening plan. I would actually encourage people to monitor the number of individuals who have been vaccinated, the percentages, monitor the hospitalization rate, the positivity rate and what they call the R factor, which is how quickly COVID can spread in our community. Those are a number of the triggers that we and the medical experts are regularly monitoring to see whether we are at a stage in capacity to allow us to slowly and gradually reopen. From my feedback, people appreciate the fact that they can now see, in a very clear document, what is allowed and what isn't and when.

I would focus less on the dates and more on: What do we have to see in terms of vaccination percentages? What do we have to see in terms of ICU and R, or transmission rates? Because those will be the trigger that ends up being whether we can move to more safely open and gradually reopen. We'll continue to monitor that because, as you know, it changes very quickly, and we really have to be able to be nimble and allow us to monitor very closely before we make decisions on what should be reopened next.

Ms. Lindsey Park: You kind of led into my next question. I believe 60% of Ontarians receiving their first dose was the threshold for entering that step 1, if I can call it that, of the reopening plan. Just before that decision is announced—and I expect the Premier will announce it when it's official—in that in-between phase, the stay-at-home order will no longer apply. Can you maybe just refresh the committee on what the rules were or what the main crux of the stay-at-home order was that would no longer apply?

Hon. Sylvia Jones: The stay-at-home order was very specifically to ensure that people were only going out if they needed to do essential business. That included things like, of course, individuals who could not work from home; individuals with a medical appointment; individuals who had essential errands to run, like grocery, pharmacy etc.

The stay-at-home order was very much about limiting transmission.

Again, I'll go back to the three tenets of what we have done from the beginning: prevent mortality, prevent serious illness and prevent transmission.

The Chair (Mr. Daryl Kramp): One minute left.

Hon. Sylvia Jones: The stay-at-home order was very specifically about preventing transmission. We wanted people to do as much as they could as close to their home as they could so that we eliminated that transmission that happens between communities and ultimately drives up our positivity rates and numbers. I hope that helps.

The Chair (Mr. Daryl Kramp): Twenty seconds.

Ms. Lindsey Park: Twenty seconds? Your best prediction on when we're going to hit 60% of Ontarians vaccinated with a first dose?

Hon. Sylvia Jones: I think I'd rather predict on who's going to win: the Maple Leafs.

The Chair (Mr. Daryl Kramp): Well, Minister, that's a brave statement. But thank you very kindly, Minister, for appearing before the committee today. You can certainly be excused now.

We will pause just for one moment, and then we will get to report-writing.

The committee recessed at 1436 and later continued in closed session.

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