

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

EM-13

**Select Committee  
on Emergency Management  
Oversight**

Emergency orders review

1<sup>st</sup> Session  
42<sup>nd</sup> Parliament  
Thursday 24 June 2021

**Journal  
des débats  
(Hansard)**

EM-13

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

Étude sur les décrets d'urgence

1<sup>re</sup> session  
42<sup>e</sup> législature  
Jeudi 24 juin 2021

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Chair: Daryl Kramp  
Clerk: Christopher Tyrell

Président : Daryl Kramp  
Greffier : Christopher Tyrell

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House Publications and Language Services  
Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
Telephone 416-325-7400; fax 416-325-7430  
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400; télécopieur, 416-325-7430  
Publié par l'Assemblée législative de l'Ontario

ISSN 2563-4402

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE  
ON EMERGENCY MANAGEMENT  
OVERSIGHT**

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

Thursday 24 June 2021

Jeudi 24 juin 2021

*The committee met at 1000 in room 151 and by video conference.*

**EMERGENCY ORDERS REVIEW**

**The Clerk of the Committee (Mr. Christopher Tyrell):** Good morning, honourable members. In the absence of the Chair and Vice-Chair, it is my duty to call upon you to elect an Acting Chair. Are there any nominations? Ms. Hogarth.

**Ms. Christine Hogarth:** I would like to nominate Mr. Sandhu.

**The Clerk of the Committee (Mr. Christopher Tyrell):** Does the member accept the nomination?

**Mr. Amarjot Sandhu:** Yes, I do.

**The Clerk of the Committee (Mr. Christopher Tyrell):** Are there any further nominations? There being no further nominations, I declare the nominations closed and MPP Sandhu elected Acting Chair of the committee.

**The Acting Chair (Mr. Amarjot Sandhu):** Good morning, everyone. I hope you're all well and that everyone is staying safe and healthy.

We'll first deal with an attendance check. So that everyone is aware, the following member is present in the room: MPP Hogarth. To confirm members' attendance on Zoom, I will ask the following questions: if they're present and to confirm that they're in fact the honourable member and to confirm they are in Ontario.

We'll begin with MPP Bailey. Can you please confirm your attendance?

**Mr. Robert Bailey:** I'm Bob Bailey, and I'm in the riding of Sarnia–Lambton.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you, MPP Martin.

**Mrs. Robin Martin:** It's MPP Martin. I'm here in Toronto.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you, MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** I'm Effie Triantafilopoulos, and I'm in Ontario.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you, MPP Oosterhoff.

**Mr. Sam Oosterhoff:** I'm in Niagara West.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you, MPP Park.

**Ms. Lindsey Park:** I'm in Bowmanville.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you, MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Bonjour. C'est France Gélinas. I'm in Sudbury, but I'm heading to Nickel Belt.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you. There's one person calling from the audio only. Can you please confirm your attendance?

**Mr. Gilles Bisson:** I'm MPP Bisson, with a computer that's not working. LIS is trying to get it going, so I'll have to join by phone.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you.

We're also joined by staff from legislative research, broadcast and recording, and House publications and language services.

For the Zoom participants, please be aware that broadcast and recording will be controlling your microphones. Depending on the version of Zoom you're using, you may have been asked to grant permission to be unmuted when you joined. If you accepted, the broadcast operator will be able to activate your microphone once they recognize you. Participants using older versions of Zoom may still get a request to unmute your microphone before you're able to speak. In order to ensure optimal sound quality, members participating by Zoom are encouraged to use headphones or microphones if possible. I would also like to ask members participating remotely to silence notifications on their phones and laptops for the sake of the interpretation team interpreting this meeting for us.

To make sure that everyone can understand what is going on, it is important that all parties speak slowly and clearly. Please wait until I recognize you before starting to speak. As always, all comments by members should be directed through the Chair. Are there any questions?

Seeing none, pursuant to the order of the House dated July 15, 2020, this select committee has been appointed to receive oral reports from the Premier or his designate on any extensions of emergency orders for the Lieutenant Governor in Council related to the COVID-19 pandemic and the rationale for those extensions. The Solicitor General, the Honourable Sylvia Jones, who has been designated by the Premier, is here with us today to provide this committee with that report.

Per the motion, this committee is empowered to meet as follows: up to 30 minutes for the Premier or his designate to make an opening statement; up to 60 minutes for

members of the recognized parties to pose questions to the Premier or his designates in three rounds of 10 minutes for each party; and up to 10 minutes for the independent members to pose questions to the Premier or his designate in two rounds of five minutes each.

Following the Solicitor General's opening remarks, we'll proceed in the question rotation as follows: 10 minutes to the official opposition, 10 minutes to the government, five minutes to the independent member; and again in the second round, 10 minutes to the official opposition, 10 minutes to the government, and five minutes to the independent member; and in the third round, 10 minutes to the official opposition and 10 minutes to the government.

Are there any questions before we begin?

Mr. Bisson, if you'd like to ask a question at any time, you have to press \*9 to unmute yourself.

I would now like to call upon the Solicitor General. Please proceed with your introductory comments when ready.

**Hon. Sylvia Jones:** Thank you, Chair. Good morning, everyone. I'm pleased to join you for the 13th meeting of this select committee.

Ontarians continue to roll up their sleeves, do their part and get vaccinated against COVID-19. Over the past several weeks, Ontario has seen a sharp increase in second shots, as well as a steady decline in COVID-19 weekly cases and a decrease in hospital capacity strain.

When we last met, the government had released the Roadmap to Reopen, a three-step road map to reopen the province safely and gradually lift public health measures. The road map methodically eased the emergency brake that was implemented in response to the third wave of the pandemic. The road map is guided by several indicators, including the number of Ontarians who have been vaccinated with first and second doses, new case counts, and the demands on our hospitals and intensive care units.

As part of the road map to reopening the province, O. Reg. 363/20 had to be amended to move all the public health unit regions into step 1, and it will be amended again to bring the province into step 2 next week. I will get to all other amendments made to the regulations in the last month shortly.

On June 11, Ontario entered step 1. This first step focuses on the resumption of more outdoor activities with smaller groups, where risk of transmission is known to be lower. It also permits more limited indoor settings to be open, with restrictions in place. But while the road map is unfolding, we must continue to move cautiously. The Delta variant is more transmissible, which is why we have accelerated second doses in Delta hot spots to ensure a strong level of protection against COVID-19 and all variants.

I will now review the amended orders or the amendments made to orders since this committee met last.

To support the road map and to set out public health and workplace safety measures for step 1, O. Reg. 82/20 has been amended to permit outdoor social gatherings and organized public events for up to 10 people, and it continues to permit essential retail and other specific retailers, such

as outdoor garden centres, to operate at 25% capacity. Big box and discount stores continue to be permitted to operate at 25% capacity but no longer have to limit in-store shopping to certain goods and items. All other retail is permitted to open at 15% capacity. Non-essential retail stores located in malls remain closed unless the store has a street-facing entrance.

Indoor weddings, funerals and religious services, rites and ceremonies can be held at up to 15% of the capacity of the room. These services were previously limited to a maximum of 10 people. Capacity at outdoor weddings, funerals and religious services, rites or ceremonies is limited to the number of individuals that can maintain at least a two-metre physical distancing.

Step 1 has signalled a return to patios. Outdoor dining is now permitted for up to four people per table. This four-person limit does not apply where all persons seated at the table are from the same household, with limited exceptions.

Certain restrictions on the use of campsites and campgrounds were lifted for step 1. Day camps can reopen, provided they operate in a manner consistent with the COVID-19 safety guidelines for day camps produced by the Office of the Chief Medical Officer of Health.

Outdoor fitness classes, sports training and personal training is permitted for up to 10 participants, plus an instructor.

#### 1010

Horse racing and motor speedways can reopen without spectators. Only persons who are essential to training, the race or operation of the venue are permitted to be on the premises.

Outdoor zoos, landmarks, historic sites, botanical gardens and similar attractions can reopen if they comply with several conditions, including limiting the number of people in any ticketed area to 15% capacity.

Outdoor rehearsals and recorded or broadcast concerts, artistic events and theatrical or other performances with up to 10 performers are now permitted at concert venues, theatres and cinemas. No spectators are permitted at these events.

In addition, O. Reg. 82/20 has been amended to exempt retirement homes from indoor and outdoor capacity limits for social gatherings and organized public events, provided the gathering is in compliance with the policies or guidance, if any, issued by the Retirement Homes Regulatory Authority. This amendment provides social interaction and physical stimulation for residents who benefit from organized activity, including residents with mobility issues or dementia.

O. Reg. 82/20 has also been amended to allow guided fishing trips on boats in step 1. This amendment aligns with similar sectors such as guided hunting trips that are already permitted to operate in step 1. Guided fishing trips are required to follow existing public health rules for outdoor tour and guided services and are limited to a maximum of 10 members of the public on the tour, subject to physical distancing requirements.

As committee members are aware, the decision was made on June 2 to keep elementary and secondary schools

closed for in-person learning for the duration of this school year. This decision was made in the best interests of our kids, especially with concerns over the more transmissible Delta variant.

Our government recognizes that students have worked incredibly hard through a difficult period and deserve a positive conclusion to their academic journey. An amendment was made to O. Reg. 82/20 for an exemption under step 1 to the restrictions on social gatherings and organized public events so school boards can invite graduating elementary and secondary school students to return for an outdoor end-of-year celebration ceremony. This is subject to specific requirements, including maintaining a physical distance of at least two metres.

Finally, a housekeeping clarification was made to O. Reg. 82/20 to exempt day camps from certain requirements related to masking, physical distancing and capacity limits for social gatherings and organized public events. This housekeeping item will provide clarity for day camp providers and attendees as to which public health and workplace safety measures apply to them.

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 that have not been amended since the last committee meeting. These updates are presented in numerical order.

O. Reg. 74/20, work redeployment of health service providers: This order authorizes specified health service providers within the meaning of the Connecting Care Act, 2019, to take reasonable, 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 another health service provider and to assist long-term-care homes and retirement homes.

O. Reg. 76/20, electronic service: This order allows document servicing in legal matters to be handled electronically instead of in person. The order is needed to continue access to justice while reducing unnecessary contact between individuals in order to stop the spread of COVID-19.

O. Reg. 77/20, work deployment measures in long-term-care homes: This order gives long-term-care homes greater flexibility to identify staffing priorities, deal with staffing 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, 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 their residents.

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 Consum-

er Services about price gouging with respect to the necessary goods set out in the order, some of which remain in short supply.

O. Reg. 114/20, enforcement of orders: 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, 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 measure 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 for helping to prevent and manage outbreaks to keep residents safe. Additionally, it ensures residents continue to receive stable services and care.

O. Reg. 121/20, 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 with 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 service agencies respond to challenges posed by COVID-19.

O. Reg. 132/20, use of force and firearms in policing services: This order allows chiefs of police to authorize certain members of the 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, temporary health or residential facilities: This order exempts the construction or conversion of a building from certain requirements of the Building Code Act, 1992; the Planning Act, 1990; 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 backlogs and residential space needs.

O. Reg. 145/20, staffing flexibility measures for service agencies in the violence against women, anti-human trafficking and crisis line service sectors: 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 re-deploy their staff to support critical services for survivors of violence against women and victims of human trafficking.

#### 1020

O. Reg. 146/20, limiting work to a single long-term-care home: This order 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, 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 to request that a contracted service provider organization provide health care and related social services in a setting identified by the LHIN. It also authorizes a LHIN, now known as home and community care support services, to fund the services. The need for the order is to address staffing issues at long-term-care homes and retirement homes in an expedient way, leveraging the existing LHIN relationships with service providers.

O. Reg. 157/20, work deployment measures for municipalities: 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 critical to the health and safety of Ontario 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 immunized employees to work in more than one location to safely increase staffing capacity. Limiting work to a single retirement home remains crucial for unimmunized staff, to help prevent and contain infection spread.

O. Reg. 163/20 relates to staffing flexibility for mental health and addictions agencies. This order authorizes mental health and addictions agencies to take any reasonable 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: The order has been extended so that staff movement across multiple employers in developmental services, intervenor services, violence against women and anti-human trafficking sectors will continue to be limited. This infection prevention measure protects staff and vulnerable clients.

O. Reg. 192/20, certain persons enabled to issue medical certificates of death: This order allows registered nurses appointed as coroner investigators to complete medical certificates of death instead of a physician or a nurse practitioner. This order continues to give physicians and nurse practitioners more time to focus on patient care during the pandemic.

O. Reg. 193/20, hospital credentialing processes: This order authorizes the board of a hospital to take any reasonably necessary measures with respect to any aspect of a 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 and to take action with respect to appointments and privileges, as permitted under the regulation.

O. Reg. 195/20, treatment of temporary COVID-19-related payments to employees: The order ensures that any temporary COVID-19-related payment received by employees in relation to work performed while the order is in effect are excluded from the maximum increases in compensation set out in the Protecting a Sustainable Public Sector for Future Generations Act during a moderation period.

O. Reg. 210/20, management of long-term-care homes in outbreak: This order enables the director, 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 action to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20, management of retirement homes in outbreak: This order ensures measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in case of outbreak, should an operator be unable or unwilling to manage operations at a home where there is a COVID-19-related risk of harm to residents. It remains crucial to ensure retirement homes are following appropriate COVID-19 measures to ensure resident and staff safety.

O. Reg. 345/20, patios: This order 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 when those patios are permitted by public health restrictions to be open.

O. Reg. 363/20, stages of reopening: Given the continued risk of COVID-19, the order remains necessary in order to retain the ability to assign public health unit regions to the appropriate steps of reopening, or to the shutdown zone, if necessary.

Chair, this past Sunday was the start of the summer season and the official kickoff of Ontario's two-dose summer. Vaccines are the key to unlocking more of the province and lifting most remaining restrictions. The uptake by Ontarians for a first and second shot has been nothing short of inspiring. The rush to book appointments

and the lineups at pop-up clinics speak to the eagerness of Ontarians to do their part to end this pandemic.

We cannot ignore that there is still a vein of vaccine hesitancy among some of us, although not as great as in other jurisdictions. As legislators, we have a responsibility to help overcome vaccine confidence issues. We must get the word out in conversations with our constituents, in our newsletters and on our websites.

We are so close to putting COVID-19 behind us. Vaccines and personal protective actions such as mask-wearing, physical distancing and compliance with orders under the Reopening Ontario (A Flexible Response to COVID-19) Act are essential to the final push. Thank you. Merci. Meegwetch.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you so much. We'll start with the questions now, and we'll start the first round with the official opposition. MPP Bisson.

**Mr. Gilles Bisson:** Thank you, Minister, for your time with us yet again today. I've got a couple of questions and not a lot of time to do it, and I'm just going to get at it.

I take it you're getting the same thing that I'm getting and every MPP is getting in Ontario, and that is that we have a lot of small businesses across our ridings that are really struggling to be able to keep themselves above water. A number of them have already failed.

And so, what I want to know—I have some specific questions, after, on the existing programs that are in place, but is there any willingness on the part of the province in order to do a third wave on the business support programs? A lot of them are really with their backs up against the wall. Is there any idea where we're going with that?

1030

**Hon. Sylvia Jones:** Thank you for the question, MPP Bisson.

As you can imagine, the most information and requests that I get is from businesses, who say, "When we reopen, please do it so that we don't have this constant back and forth of opening and closing." It is one of the reasons, frankly, why we have been very measured in our approach.

The business supports that were originally offered in the fall, and then, of course, doubled in April, during the announcement of the provincial budget, have been well received, in terms of managing those costs that are unavoidable while businesses had to remain shuttered.

We are confident now, as we move through step 1, and as of June 30, going into step 2, that there are going to be many, many businesses that are now able to expand their operations and ultimately get back to what they want to be doing, which is serving the public.

**Mr. Gilles Bisson:** As you know, here in the Porcupine Health Unit district, we've been shut down, extended beyond what the opening was in the rest of the province. That was obviously done for health reasons, so we're not going to argue that the Chief Medical Officer of Health didn't have to do this, but it has really hurt a lot of these small businesses, because there's no in-person shopping whatsoever. Restaurants are closed. Bars are closed. Dance clubs are closed. Everything is shut down.

So I ask again, is there any willingness on the part of the province to have a third phase, in order to be able to assist businesses like this? A lot of them are telling me that even if they open at this point, it's very unlikely that they're going to survive much longer.

**Hon. Sylvia Jones:** As you accurately pointed out, Porcupine public health unit did issue their own section 22 to remain in complete lockdown, as they were dealing with, frankly, a very serious outbreak of the Delta variant. That has always been the right and the responsibility of individual public health units. Many have used section 22s for lots of different reasons. I think Porcupine did the right thing, making that decision for their own community.

In terms of what next steps are for business supports, I can assure you that those conversations are ongoing with the Ministry of Finance and other partners, who have successfully made sure that businesses that qualified received their money very quickly. When you compare how Ontario was able to flow money to business owners quickly, literally within days, as compared to what we were seeing at the federal level, I think we can be proud of the support that has been offered.

But as I said in my previous answer, at the end of the day, getting rid of and decreasing the outbreaks of COVID-19 and allowing businesses to safely reopen will ultimately be what's going to ensure business survival and thriving in Ontario.

**Mr. Gilles Bisson:** Did I understand you correctly that the province is looking at a third wave?

**Hon. Sylvia Jones:** A third wave of COVID-19?

**Mr. Gilles Bisson:** No, a third wave of your business support program.

**Hon. Sylvia Jones:** As I said, we have offered it through the original in the fall and then a second in the budget. We're reopening Ontario right now. I will leave it to finance and others to make determinations as to whether additional supports are needed going forward. But right now we are opening businesses; we are not keeping them shut.

**Mr. Gilles Bisson:** Well, unfortunately, even those that are reopening are having a heck of a time, because they've been without revenue for over a year and the bills have piled up. So even if they were fortunate enough to apply and be approved for the money from the first and second rollout of the business support program, their backs are still against the wall.

Is there any inclination to put in place any types of supports for these types of businesses to be able to get them to come to a positive on their balance sheet—extending the energy savings program, extending the deferral of taxes or anything like that, or some sort of loan guarantee program?

**Hon. Sylvia Jones:** Keep in mind that in the second phase of the business supports, individuals did not have to apply. We made it very seamless. If you qualified in the first round, then you automatically received a second—

**Mr. Gilles Bisson:** That's not my question. I understand that. Can you answer my question?

**Hon. Sylvia Jones:** I believe I have already answered your question.

We are opening up businesses as we deal with the vaccine increases, and we're seeing very positive numbers, so we do not anticipate at this point to have to close down and shut down further. Therefore, businesses will have the opportunity to try to recoup some of the lost revenue from when they were shuttered.

**Mr. Gilles Bisson:** I think all of us want to get to that point, but the issue is that some of them are not going to survive. They've been without revenue for a year. Even if they got phase 1 and phase 2 of the business support program, they're still left with a fair amount of debt that they're holding.

So my specific question was, is there any want to put in place some sort of a loan or a grant program in addition to what you've done already or to extend the deferral on hydro and the deferral on taxes?

**Hon. Sylvia Jones:** I think it's important to give credit to business owners. Many of them have been able to modify their business model so that they're doing more curbside. We have never said that you cannot operate your business; we have said, through public health measures, "This is the way that you can operate your business safely," and we'll continue to do that.

The Ministry of Labour has worked very closely with businesses to show how they can pivot and provide that curbside delivery. OMAFRA has in fact been providing support financially for businesses to do more of their activity online. We have, through MEDJCT, offered rapid testing kits so that businesses, as they begin to re-open—

**The Acting Chair (Mr. Amarjot Sandhu):** Two minutes left.

**Hon. Sylvia Jones:** —can make sure that their employees are safe within their business location. So there's lots of pieces across all of government that have ensured that we're providing needed and necessary support.

**Mr. Gilles Bisson:** I understand that, and we've assisted a number of local businesses with some of those initiatives.

But what I'm telling you is what you're hearing from your own business community: There are some that have been harmed fairly seriously when it comes to the ability for them to stay open over the longer term. They're going to do their best when it comes to reopening, whenever that happens here in Porcupine and, I'm sure, across the province. But there is a huge difficulty for a lot of them to be able to stay afloat. So I'd just say to you that there needs to be a second look at what we do to support businesses so that, on a go-forward basis, they are going to be able to have the amount of capital they need to be able to keep the bill collectors off the door as they start to ramp up.

As far as businesses here in the riding that I represent, in Timmins, there are a number of them that have not been able to reopen at all. Our restaurants, our bars, the brew-your-owns and all that kind of stuff have been shut down for a long time, and some of them, quite frankly, are in danger of closing, even if they were able to open on the Monday or Friday of next week.

So I'd just yet again plead that there needs to be something put in place in order to assist those businesses, because a lot of them are not going to survive.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you, MPP Bisson.

We'll now move to the government side for their first turn. MPP Hogarth.

**Ms. Christine Hogarth:** Thank you very much, Minister, for being here today.

I want to congratulate you. What a milestone: 13 million doses in arms. That is an incredible milestone, and I understand that over the last five days, we've actually administered over one million doses of the vaccine, which is just amazing. The more vaccines we get in arms, the sooner we can see opening up the province and having a wonderful summer.

Also, 25% are fully vaccinated, and this is an incredible number. That's the number that we have of second doses. I'm going to be one of those this afternoon. I'm going to have my second dose this afternoon at 3 o'clock. My first dose was Pfizer, and my second dose will be Moderna, so I'm going to have the mixed doses, but I'm very pleased to be able to have that opportunity to get my second dose today.

My question is a question that comes from one of my constituents from the Mimico area. He was wondering about the province tracking every Ontarian who wants to be vaccinated and has been vaccinated. So one question is, do we track all those people who want to be vaccinated or the appointments that are coming forward, and do we have a percentage of the population vaccinated that we would consider Ontario fully vaccinated?

1040

**Hon. Sylvia Jones:** I think the question really relates back to when individuals talk about herd immunity.

As you can imagine, COVID-19 is relatively new. We continue to learn from other jurisdictions and listen to guidance from the National Advisory Committee on Immunization, as well as WHO, and watch other jurisdictions like the UK and Europe in particular. What I can say is, there is not a consistent scientific "here is what herd immunity is going to look like," from a percentage standpoint.

I will say that Ontario is now leading all Canadian provinces, with the highest per 100,000 people vaccinated, and we continue to see first-dose vaccination interest in Ontario. So we haven't had a plateau yet—very, very positive in terms of how we look at the various age groups. Of course, our whole goal from the beginning was to prevent mortality, to prevent serious illness and to prevent transmission. The way that we did the rollout, by ensuring and offering to individuals, seniors in long-term care and congregate living residents, has ensured that that equity piece is there.

Finally, in terms of, is the government tracking who has received their vaccine—through the COVax system, everyone who receives their vaccine in the province of Ontario is entered into COVax. That's how we can see the percentages and we can break it down to public health

units; we can break it down to “did you receive it through a public health unit, a primary care practitioner, a pharmacy?” All of the different pathways that we are offering people to keep that convenience and flexibility are all listed in COVax. It’s really just a way to make sure that we’re not leaving anyone behind. The public health units and the hospitals, in particular, that have been doing a lot of the heavy lifting on the mass vaccination clinics have really assisted in that, and we can very easily see, right down to neighbourhoods, if we are needing to put more resources. It is, frankly, why we have offered additional support to the Porcupine public health unit and, most recently, to the Waterloo public health unit.

I hope that answers your question.

**Ms. Christine Hogarth:** It does. Thank you very much, Minister.

I also have a second question. This one comes from one of my families in the Kingsway area but also from a couple of other emails I’ve received. A lot of my constituents have cottages or camps in northern Ontario, and they’d like to go visit. Are there still restrictions on visiting secondary homes? And is there any advice that you may provide those who want to take a break from the city and head up to their summer cottage?

**Hon. Sylvia Jones:** It’s a great question, particularly as we start into the formal summer season.

Visiting and attending to a secondary residence, a cottage or a camp is perfectly fine. I would recommend and hope that people take the public health recommendations, which are, if you are visiting another part of the province that perhaps has a higher rate of positivity of COVID-19, that you take a cautionary approach and continue to respect physical distancing of two metres, wear a mask when you’re inside, perhaps pick up your groceries or necessary items before you visit that cottage or camp. But absolutely, go and enjoy the beautiful Ontario northern opportunities.

**Ms. Christine Hogarth:** I’m going to pass it to MPP Bailey, please.

**The Acting Chair (Mr. Amarjot Sandhu):** MPP Bailey.

**Mr. Robert Bailey:** Thank you, Minister Jones, for being here today again and for answering all our questions and laying out some of the outcome.

MPP Hogarth reminded me, in her comments about the second dose—I just realized I got mine two weeks ago today, so I’m very appreciative of that and all the work that the health care workers across the province and you and Minister Elliott have done.

A question that I have had through my office—when we last met, there were a number of emergency orders still in place, and then we extended the reopening Ontario act authority. There’s a perception, I think, by some out there—and maybe you can clarify it now: What are the differences between the two pieces of legislation that we passed and the former legislation?

**Hon. Sylvia Jones:** That’s a great question, MPP Bailey.

I think it’s really important for people to understand that all of the regulations that I listed in my opening remarks are able to be put in place but not—so we can amend those regulations, but we cannot add to them. We can remove those regulations when they are not necessary but cannot add to them. So it puts some very strict restrictions around what we, as parliamentarians, do, and it means that you can very quickly track to see that we are moving in the right direction. We are actually decreasing the number of regulations that we need as we reopen and as we continue to loosen restrictions and allow more return to normal, I will call it.

The legislation, as drafted, does some very specific things. One, of course, is for the Premier or his delegate, myself in this case today, to appear before this select committee and answer direct questions—

**The Acting Chair (Mr. Amarjot Sandhu):** Two minutes.

**Hon. Sylvia Jones:** —related to the vaccine rollout and the COVID-19 response in general, but it also means that we cannot add additional regulatory burdens. We can only amend existing or remove what is already in place, and we are slowly and gradually doing that. Each ministry responsible for a regulation must justify why they need to have that regulation still in place, and then we either extend it or let it expire.

I hope that helps.

**Mr. Robert Bailey:** Thank you. I’ve probably just got time to ask a question, and you’ll have some time to answer it.

As we embrace the opening of the province, which everybody is glad to see, there’s some concern—I hate even bringing it up—that there could be a fourth wave. What are some of the benchmarks that medical experts and you and the Premier are looking for to see where we’re at and to deal with that?

**Hon. Sylvia Jones:** It’s actually a really important consideration, because we don’t want to be in a situation, frankly, similar to the UK, where they started to open up and, particularly in Scotland, they found that they had to ramp back a bit because of the Delta variant.

We are monitoring positivity rates very closely. When we see outbreaks, as we have in Waterloo and Porcupine, we very quickly offer additional assistance, sometimes through health human resources. Operation Remote Immunity is currently in Porcupine assisting the local public health unit. We’ve offered additional health human resources to Waterloo region as well as, of course, additional doses of the COVID-19 vaccine now that we finally have sufficient supply coming in.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you, Minister, for the response.

We will now go to the independent members.

Before we do that, MPP Fraser, can you please confirm your attendance?

**Mr. John Fraser:** I’m John Fraser, MPP for Ottawa South, and I am in Ottawa South.

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you. You may go ahead, please.

**Mr. John Fraser:** Good morning, Minister. It's nice to see you again.

We're going to try something different this month. I'm going to try to keep my questions short and not editorialize, because I only have five minutes. If you could help me with that wit your answers, that would be great.

My first question is with regard to the ministerial hat that you wear and corrections and Ontario's jails. I know that Vera Etches recently wrote you a letter giving their experiences in assisting Ottawa-Carleton Detention Centre, and she made three recommendations with regard to what needed to happen in jails to help to prevent the spread of COVID-19. There are three things. One is to implement rapid testing. Right now, I know when there's a transfer between institutions—number 1. Number 2 is isolation. I know that's a particular challenge because often—I know in the case of Ottawa-Carleton Detention Centre, there's not a lot of space. The third thing is to establish a practice to monitor vaccination rates inside institutions.

1050

So recommendations 1 and 3—are you prepared to implement those things? I know number 2 is really hard, but for 1 and 3, are there plans to implement those?

**Hon. Sylvia Jones:** In terms of rapid testing, of course, just like in business and the general public, it is voluntary. So when an individual is not willing to have a test to prove that they are negative—which leads to your second question—we do keep them away from the general population until the seven-day quarantine has happened. We need to do that in order to limit the spread because, as you know only too well, congregate living is one of the higher-risk communities, and it's why we offered vaccines to that community first—through long-term-care, retirement homes, as well as corrections.

In terms of monitoring the percentage of individuals within our institutions who have been vaccinated, again, it's a little more challenging because it is by self-disclosure. We are not, in the province of Ontario, compelling anyone, regardless of where they live or are housed, that they must get a COVID-19 vaccine.

Having said that, we have now worked with our partners at the Ministry of Health, and we have 11 opportunities where, when individuals come into our institutions, they are offered the COVID-19 vaccine dose. So we're moving forward knowing that unfortunately, at this point, COVID-19 is going to be with us for a period of time and, in corrections, in particular, we are moving to a steady state of—as you come into our institution, we will be offering you—

**The Acting Chair (Mr. Amarjot Sandhu):** Two minutes.

**Hon. Sylvia Jones:** —whether you want to receive that COVID-19 [*inaudible*].

**Mr. John Fraser:** My second question relates to camps, physical education sports camps, that a lot of organizations that own gyms and other things are trying to put on this summer. I've received a couple of emails from organizations that are trying to do this. They're having a challenge in communicating with the ministry of tourism,

culture and sport in terms of the guidelines. There is not a lot of clarity. Some operators who are operating are anxious; they're nervous. Other people just won't put on camps. Is there going to be some more clarity, some more direction, from that ministry? These things are really important because our kids have been out of school for a long time. To do things in a congregate setting outdoors is critical, so the more that we can do of this, the better. Is there anything that you're aware of, or can you bring this message to the minister of tourism? It is a real concern that I'm hearing frequently.

**Hon. Sylvia Jones:** With today's announcement of moving into step 2, that starts to capture a lot of the individuals, organizations and businesses you're referencing. It is my understanding from a conversation yesterday with Minister MacLeod that she is meeting with all of those stakeholders today, after the announcement, to walk through all of the return-to-play opportunities that there are, including day camps. So all of that work has happened, and we just needed to get to a place where we were moving into step 2. That announcement has been made earlier this morning, and as I understand it, that information is being passed on this afternoon.

**The Acting Chair (Mr. Amarjot Sandhu):** We'll now start the second round, again, with the official opposition. MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Thank you, Solicitor General, for your comments this morning.

My first question has to do with reopening. We're all very much looking forward to stage 2 etc., but we still want to do it carefully. Is there any way that you could table with us the advice that you have received from the science table regarding the reopening? Do they have any flags? What are they looking at? Do they have any cautions? Can you share that with us?

**Hon. Sylvia Jones:** My understanding is that the Ontario science table, which has been an ongoing and regular partner that we consult with, has a website where all of their reports are posted and up for public view, so I would encourage you to go to the Ontario science table for that.

In terms of the other pieces, we take advice and input, as a cabinet, from a lot of different organizations. As you know, the Ontario Hospital Association earlier today said that they are in agreement that we should be moving forward on step 2 on June 30—but it's also the Chief Medical Officer of Health, it's also organizations representing SickKids, and the Ontario health table. So there are a lot of different inputs that we look at, including, of course, always tracking the numbers, including hospitalization, ICU bed capacity—because those are the downside effects. If we have a pressure point in ICU, as an example, then that limits our ability to safely restart surgeries, which we have done as well.

I hope that helps.

**M<sup>me</sup> France Gélinas:** Yes. Aside from the percentage of Ontarians vaccinated with one or two doses, the occupancy levels in our hospitals, including ICUs, including ventilators, are there any other metrics that you are looking

at, and any other advice that comes from the different groups you're listening to that caution about reopening on June 30?

**Hon. Sylvia Jones:** To be fair, the announcement of the June 30 opening just occurred at 9:30, so it's early hours and days. But as I said, the Ontario Hospital Association is in alignment and the Chief Medical Officers of Health, both outgoing Dr. David Williams and incoming Dr. Kieran Moore, are supportive of step 2 on June 30.

We track a lot of different data, including public-health-unit-specific data, because we want to see if and when there are spikes and ultimately find out what the cause is, because there could be a spike in a particular public health unit that is not indicative of a problem, per se, in the community. All of that information is factored in, absolutely.

**M<sup>me</sup> France Gélinas:** Are you getting a lot of different advisers talking to you about what our schools need? What are you hearing on that front? What needs to be done through the summer so that we can make sure that the kids who want to go back to in-school go back to in-school learning?

**Hon. Sylvia Jones:** That's probably a question best left to Minister Lecce. But I can tell you that there is consensus both on the public health side and certainly in the Ministry of Education that we are very seized with having in-school learning happening in Ontario come September, or in some cases, in northern Ontario, even into August. We're doing that work now. That is, frankly, why we have focused and offered vaccine clinics specifically for the adolescents, aged 12 to 17. There doesn't seem to be anyone who is opposed or suggesting in any way that we should not be having in-class learning come September.

**M<sup>me</sup> France Gélinas:** That's good to hear.

I want to pivot a bit to paid sick days. I've heard from employers, but I want to hear from you. There seems to be a very low uptake of the paid sick days that your government has put forward. Some people come and say it's designed not to work. Where could we get the data as to how many employers have put in claims? How many of them have been accepted?

**Hon. Sylvia Jones:** I don't have the raw numbers with me here, MPP Gélinas. What I can say is, from at least the initial reporting, the paid sick leaves are doing exactly what we had hoped they were, which was—as individuals, for example, went and got their first and second dose, they were taking a day or two to recover or just relax. So it is being used very appropriately. In terms of specifically what the uptake is, it's probably early days for that just because the program—we don't even have six months yet in it. As I say, what I have read initially is that it is absolutely being used appropriately, and Minister McNaughton and others will work with those businesses and employees to make sure that they are first aware of the program and the ease with which you can apply.

1100

**M<sup>me</sup> France Gélinas:** Where does the money come from? Which ministry has the lead for deciding if an employer gets their claim accepted or not and forwarding payment?

**Hon. Sylvia Jones:** I'm not going to speculate on that. I think I know the answer, but I don't want to say something and then find out that I misspoke, so I will leave that, and we'll make sure that the committee gets that information.

**M<sup>me</sup> France Gélinas:** Do you know how many workplace outbreaks there are in Ontario right now?

**Hon. Sylvia Jones:** No. They are tracked by public health units—so it would be individual public health units. As you know, some public health units have determined that they are making that information public and some have not because they, for any number of reasons, don't want to stigmatize the employee or the employer. It is done PHU by PHU.

**M<sup>me</sup> France Gélinas:** And the government is not interested in asking the 35 public health units, in looking at this data as a group? There's no value, from a government perspective, to know how many workplaces have outbreaks?

**The Acting Chair (Mr. Amarjot Sandhu):** Two minutes.

**Hon. Sylvia Jones:** If there is an outbreak where the public health unit believes or wishes to have additional support from the vaccine task force, whether that be the opportunity to host an on-site vaccine clinic—all of that information is provided to us, but it is really at the discretion of the public health units when and where they need assistance.

**M<sup>me</sup> France Gélinas:** I probably won't have time, but I'll plant the seed for my next questions for the next round. They have to do with hairdressers. Hairdressers are tradespeople. They belong to the Ontario College of Trades. They are a Red Seal trade. They're trained in IPAC, yet when we look at when they could reopen and all this, we link them in with nail salons and beauty parlors and a whole bunch of other businesses that are not trades, that are not trained in IPAC, that do not have oversight of their practices. Why is it that we did that to the hairdressers?

**Hon. Sylvia Jones:** There was a determination that the health professionals, the health providers, would be dealt with in a different way than personal care services, because they have regulated oversight and association oversight. The determination was made there specifically related to barbers and hair salons. Of course, starting on June 30, they will be able to open with the 25% capacity limit.

**M<sup>me</sup> France Gélinas:** I get it. The colleges of physicians and nurses have oversight, but so does the College of Trades. They have oversight of hair salons, of hairdressers. They register. They have to be trained in IPAC. They have to share their infection prevention and control, yet they were still lumped in—

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you. I'm sorry to cut you off, MPP Gélinas. That is the time we have for the official opposition.

We have to move to the government side now for their second round. MPP Martin.

**Mrs. Robin Martin:** Thank you, Minister. It's always interesting to get the full report from you at these briefings.

I'm getting a lot of questions from constituents about the borders. A lot of people are anxious now to have an opportunity to go on a vacation, and they're getting stars in their eyes, thinking about where they might be able to go, as I'm sure a lot of our colleagues are as well, and would love to be able to travel. We had heard recently that the federal government is thinking of loosening some border restrictions which are in place. As I said, we're all looking to the possibility of travel in the future, but we're also hearing every day about new variants.

I want to ask you what safeguards our government is looking at for the province of Ontario before we agree to open the borders. I know there are ongoing changes, and I want to hear where we're at with that.

**Hon. Sylvia Jones:** It's a really good question and, frankly, one that our government, Premier Ford, Minister Elliott and I are very seized on, because, as we've often said, the variants did not start in Ontario; they came here from elsewhere.

We have been working with and urging the federal government that as they loosen the restrictions related to travel—international, in particular—we keep in place the controls, to try to limit as much as possible additional variants coming in.

As you are no doubt aware, on July 5, I believe it is—the federal government has announced that there are different rules if you are fully vaccinated, in terms of travelling back and forth from the States. I hope that as they do that, they actually follow through and monitor, because one of the things that we have found previously is that while the rules may have been in place, they were not always followed and they were not always followed up. We've often talked about how air travel was treated differently than land or water—passing particularly through our southern neighbours. We continue to be concerned about it, to the point that in this past couple of days, Minister Elliott and I have again written our federal counterparts asking that they ensure that as the border restrictions are loosened for those who are not fully vaccinated, we ensure that the monitoring and testing continues in place and is actually done.

**Mrs. Robin Martin:** A follow-up to that: Other concern that keeps coming up with constituents is that—there was a recent news story about a venue, I think in the States, where Bruce Springsteen was playing and they were not accepting people who had had the AstraZeneca vaccine to go to that venue. So a question comes up about consistency internationally regarding proof of vaccination which would be recognized by Health Canada but also other international allies and places people would like to go, so immunized travellers eventually can be able to travel.

I'm wondering what our government is doing to fight for Ontarians to make sure that when it comes to those who did the right thing, as they were all told—we got the AstraZeneca vaccine. I'm one of those, as are the Premier and the Minister of Health and our mayor, and perhaps yourself. The question is, really, what are we doing to make sure that the vaccines that are recognized by the WHO are recognized when we travel internationally?

**Hon. Sylvia Jones:** That's a really good point and question.

First of all, for the Bruce Springsteen fans: The concert promoter has actually backed down and said that in fact, if you have a WHO-approved vaccine, then you are welcome to purchase a ticket and enjoy some Springsteen music.

Having said that, the other piece that Minister Elliott and I have been working on and have written to the federal government about is to say that if an Ontario or a Canadian citizen has received a WHO-approved vaccine—and of course, in Canada, that's AstraZeneca, that's Moderna, and that's Pfizer. Janssen has not been used but is approved for Health Canada. Those vaccines all need to be on the approved list, to ensure that people will be able to be welcomed into visiting countries, so we have reinforced that.

I think you will see that those minor glitches, like a concert promoter who arbitrarily decides on only vaccines that were used in the US, won't happen moving forward, because you saw, of course, the public backlash when it did occur.

**Mrs. Robin Martin:** My colleague MPP Triantafilopoulos has a question.

**The Acting Chair (Mr. Amarjot Sandhu):** MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Thank you, Minister, for joining us again today.

With step 1 of the Roadmap to Reopen taking effect earlier this month, many people have been excited to have a step in the return to normalcy.

With more social interactions in the weeks since we last met, as people enjoy some outdoor activities and in-person shopping at our local stores, have we seen an increase in cases of COVID-19?

1110

**Hon. Sylvia Jones:** It's a great question and, frankly, one that I and others were concerned about.

What we have found historically is that when there was a holiday or a three-day weekend, we often saw a spike 10 to 14 days post; we have not this time. So that tells me two things: The vaccination rate is assisting us, and people's ability and willingness to continue to follow and respect the guidance has been in place. And I think we can all say that the beautiful weather has played a factor, because we know that activities that we partake in outdoors are safer than activities that are happening indoors. All of those pieces together make a difference, but I can tell you, the feedback and the science and the clinicians say that anything that you can do outdoors is safer than activities that you partake in indoors.

I hope that helps.

**Ms. Effie J. Triantafilopoulos:** Thank you. The second and third stages of the reopening plans have targets with regard to the percentage of the population receiving their first and second dose of a vaccine which are either achieved or very close at this point. Given that this is so close to happening, I know some people are quite confused as to why we haven't already moved to this third stage.

Could you further elaborate and explain why that is the case?

**Hon. Sylvia Jones:** Without being flippant—slow and steady does win this race. When jurisdictions jump forward too quickly, they do see a resurgence; they do see outbreaks.

I spoke previously about the experience in the UK, where they had a very measured and structured approach on how they were going to reopen, and frankly, the Delta variant really threw them for a loop and they had to roll back some of those reopening plans.

**The Acting Chair (Mr. Amarjot Sandhu):** Two minutes.

**Hon. Sylvia Jones:** I get it; there are many, many activities we would all dearly love to start and restart doing more. I've heard from more young people and individuals who are desperate to have that wedding happen quickly. But I really do think that this is a time for caution and a time for—let's make sure that as we safely move into step 2, we have sufficient time to monitor the numbers, and continue to monitor to make sure that we're not seeing upticks and increases.

I hope that helps.

**Ms. Effie J. Triantafilopoulos:** Thank you, Minister. It does.

Chair, I'd like to pass on to MPP Lindsey Park, my colleague, if there's still some time.

**The Acting Chair (Mr. Amarjot Sandhu):** MPP Park, we have 55 seconds.

**Ms. Lindsey Park:** Okay.

Minister, we're watching the indicators closely, and I know that's what determines when we're moving from step 1 to step 2.

Can you share what we've seen as far as the public health indicators since we moved into step 1?

**Hon. Sylvia Jones:** They're very positive. As I mentioned previously, we have not seen an uptick in the positivity rate, even moving from lockdown into step 1. That's good news. We have not seen any indication that we have vaccine hesitancy yet, which is also a very positive sign. Frankly, that cannot be said for some southern jurisdictions and neighbours around the world. So we're in a really good place.

**The Acting Chair (Mr. Amarjot Sandhu):** We'll now go to the independent members for their second round. MPP Fraser.

**Mr. John Fraser:** Thank you very much again, Minister, for being here today.

My next questions are with regard to the vaccine rollout.

I believe in our April meeting I raised the issue of a technical briefing for the opposition parties from the vaccine task force. I was just wondering if you would commit to doing that, in consultation with Minister Elliott—a briefing for the opposition parties so we would be able to ask a few questions with regard to the rollout here in Ontario.

**Hon. Sylvia Jones:** I'm happy to take that back to Minister Elliott and have a discussion. As you can imagine,

these are decisions that are made at a cabinet level and not by just one individual. I'm happy to take that back to the cabinet.

**Mr. John Fraser:** A briefing would be great. It would be very helpful to us, because there are some questions that all opposition members have, to have a better understanding of what's happening here. Things are moving very quickly.

One recommendation I can make that maybe you've already heard is—to cancel an appointment is not intuitive on the COVax site. It's kind of buried in the website. It would be really handy if that was something that could be highlighted to make it easier for people, just in terms of the government's response to that. I know that a few health units started their own wait-lists because we're having some challenges around vaccine-shopping and appointments not being cancelled. That's as a result of having, as I guess you would say, multiple points of entry.

Thank you very much for bringing that back. If you can get back to us, that would be great.

My next question is with regard to a plan for schools. Schools are really critical not just to families and kids to learn and develop but to the economy. I think what families are looking for—and what businesses are looking for, because they need families to be able to work—is some clarity around the plan for September. A couple of months ago, the minister said the plan is out there, and about a week ago, he said, "Well, you will have the plan in the middle of July." I'm just concerned that we don't get into the same situation that we got into last summer, which was, a plan came very late in the game, and there was a lot of confusion. I'm concerned that we may not be ready again in September. Can you shed any light on what's going to happen there?

**Hon. Sylvia Jones:** Absolutely.

**The Acting Chair (Mr. Amarjot Sandhu):** Two minutes.

**Hon. Sylvia Jones:** If I may, Chair, first, I want to answer part of MPP Fraser's question from the last month: There have been 10,000 tests in eastern region corrections thus far.

We have made modifications to the online booking system. It is very easy to cancel an appointment—and please do so. We do have a fail-safe so that we will remove booked appointments that are not necessary.

Specifically related to plans for reopening schools: Yes, Minister Lecce and the district school boards are working actively, engaged in how to make sure, as we get additional students and staff vaccinated—and we're focusing on that very much at the vaccine task force level and public health unit level—to also ensure that whatever schools need, whatever school staff need to ensure that we can reopen, is happening now.

**Mr. John Fraser:** Thank you very much for that update on my first question.

My point on the first question is, there is an easy way of doing it; it's just not easy to find. It's kind of buried in questions. I think it's something that's happening with such frequency right now because of people getting a shot

at a pharmacy or booking an earlier dose somewhere else, and the pharmacies are not connected in with the COVax system to cancel appointments. So it needs to be right in front of people. They need to actually trip over it somewhere on the Web, as opposed to having to search for it—not trip, but—

**Hon. Sylvia Jones:** What I can tell you is, we are now, on a regular basis, matching individuals who have booked against individuals who have received their first and second shots. If you have received both your first and second shots and you still are showing up in the booking system, then we email or text you and say, “Congratulations. It looks like you’ve got both shots,” and we will—

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you. I apologize to cut you off, Minister. The time has come up for the independent members.

We’ll now go to our final round. We’ll go to the official opposition for their third round. MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Do I have five or 10 minutes?

**The Acting Chair (Mr. Amarjot Sandhu):** You have 10 minutes.

**M<sup>me</sup> France Gélinas:** Okay.

Continuing with the hairdressers: Lots of them, including mine, are not going to make it. She has already told me that she won’t be able to reopen on June 30. They haven’t been able to pay the rent, their landlord did not apply for the rent subsidy, and they’re done.

1120

I know that my colleague MPP Bisson talked about this. For businesses that are in a mall, without a door to the outside, for businesses that were not allowed to be open—those businesses did nothing wrong. Your government closed them down for good reason. Still, they are the ones going bankrupt.

Why wouldn’t you consider a third round of subsidies specifically for businesses that happen to be either in a public health unit where you’re not allowed to open, like Porcupine, in a mall without an outside door, or hairdressers, beauty etc. You’re not open to helping those small businesses at all?

**Hon. Sylvia Jones:** I want the committee and MPP Gélinas to be clear that we have been assisting small businesses. There are multiple avenues: through energy, on rent relief; through municipal affairs and housing, on municipal taxes; through finance, for step 1 and step 2 of business supports. There has been a multitude of opportunities for businesses to receive support, not only from—

**M<sup>me</sup> France Gélinas:** I can guarantee you that I know all of them and that I’ve helped my small businesses gain access to all of them. What I want is a new pot of money to support them, what I would call a third wave of government support, targeted to businesses that are not allowed to open at all—if you’re in a mall and you don’t have an outside door; if you are a beauty salon. I realize the 30th is soon, but still, give them a third round. You’re not open to that?

**Hon. Sylvia Jones:** Again, I think it’s really important to understand that it is not just the provincial government

that has been offering and providing supports. There have been other pathways, both federally and municipally.

I appreciate, MPP Gélinas, that you are assisting your individual community businesses, because it’s important that we make sure every pathway and opportunity for people is being taken up. We are—

**M<sup>me</sup> France Gélinas:** I will take that as a no.

I’m moving on to my next question.

When you went through all of the regulations, you made it clear that the rules for fully vaccinated residents of long-term-care homes are different than the rules for not fully vaccinated long-term-care-home residents. More specifically, if you’re a long-term-care-home resident who’s not fully vaccinated, you are not allowed 24 hours with your family outside of the home; if you are fully vaccinated, you’re allowed 24 hours outside of the home.

Do you foresee continuing to treat people—fully vaccinated versus not fully vaccinated—differently?

**Hon. Sylvia Jones:** I am going to focus, in fact, on our vaccination rates within long-term care and retirement homes.

**M<sup>me</sup> France Gélinas:** No. I know all of those, and I could recite them. I check them every day. What I’m interested in—

**Hon. Sylvia Jones:** I think it’s really important to understand that the vast—

**M<sup>me</sup> France Gélinas:** —treat people who are vaccinated versus not vaccinated.

**Hon. Sylvia Jones:** Fair enough, but I think it’s really important to understand that we are well above 95% of over-80s vaccinated. The ability for us to have taken those vaccines directly to long-term-care and retirement homes meant that our percentage of uptake was incredible—more than jurisdictions have seen around the world.

So when we say that as you are fully vaccinated there are things you are able to do safely—because we all have to remember that mortality was, by far, focused on our elderly and our most at risk. We’ll continue heeding the advice of the Chief Medical Officer of Health, the health table, the clinicians, to know what the activities are that people can safely do. I think we all understand there are individuals who, for any number of reasons, want to reconnect with their families. We’re trying to do that, but we also have to balance that on the safety side.

**M<sup>me</sup> France Gélinas:** I’m fully aware that there are people in our long-term-care homes who have very complex medical needs, which means they cannot get the vaccine. It’s not that they don’t want it; it’s that, because of the complexity of their medical needs, they cannot get it. But because of this, then they are limited. They want to see their families as much as the people who are able to get the shot, but they are not allowed. Now the families are starting to come and say, “Does that mean that if there are other people who are not vaccinated, either because medically they can’t or other reasons, that there will be restrictions against them that don’t apply to people who are vaccinated?”

**Hon. Sylvia Jones:** The more that we learn about COVID-19, the more that we learn from the National

Advisory Committee on Immunization—I'm sure some of those things will be tweaked moving forward. But we are going to continue to do what we have done since the very beginning of this pandemic, which is to respect and listen to the experts. Those experts include clinicians, the health table and the Chief Medical Officer of Health. I get it; I know that a lot of people want to reconnect with their families. But first and foremost, we need to listen, react and respect the advice that we are given by experts in the field. We'll continue to do that.

**M<sup>me</sup> France Gélinas:** Is there a trigger that would come, if they are at 99% vaccinated in long-term care, where everybody would be treated the same?

**Hon. Sylvia Jones:** Again, we will work with the clinicians and the medical experts and fine-tune the advice as we are given it. But at this point, our primary goal is to make sure that as we loosen restrictions, we can do it safely for the patients, for the staff and, of course, for the visitors and the families.

**M<sup>me</sup> France Gélinas:** My next question has to do with O. Reg. 74/20. The reason I know it by heart is because it's the regulation that allows employers to redeploy health care providers to somewhere other than their job. I cannot tell you how detrimental it is to our health care system to still have this regulation on the books. You know that the nurses are not happy with Bill 124, which limits their pay increase to a maximum of 1%.

**The Acting Chair (Mr. Amarjot Sandhu):** Two minutes.

**M<sup>me</sup> France Gélinas:** Then to add to this that their employer is allowed to redeploy them—they are nurses, most of them. If you asked them for help, they would help. You don't need to have this hammer over their heads to say, "If we need you, you will do this because it's a regulation and you don't have a say." Show a little bit of trust in our health care providers. If we need them, they will rise up to the question and they will help.

Would you consider taking that regulation away?

**Hon. Sylvia Jones:** I couldn't agree with you more that the vast majority of hospitals have been able to work directly with their staff to make sure that—when, as an example, they opened up the testing centres, which, of course, is not historically a core hospital responsibility. During the pandemic, many, many hospitals across our communities were able to set up those testing sites and continue to provide that service. That would be an example of a redeployment that was necessary and needed during the pandemic.

I can assure you that there are ongoing discussions with each ministry that has these regulations in place to say, "Is it still needed? Is it still necessary? If it is not, then let's remove it as soon as reasonable." But there are still testing centres in place. We have hospitals that have been doing incredible jobs on vaccine immunization clinics, which, again, is not historically a core responsibility of our hospital partners, but they've stepped up to do that. During a pandemic, that's what people do, and that's what we've had to do as a government and organization.

**M<sup>me</sup> France Gélinas:** I would say, really listen to the workers; listen to the primary caregivers and the people on the front lines—

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you. I'm sorry to cut you off. The time has come up.

We'll go to the government side now for their final round. MPP Park.

**1130**

**Ms. Lindsey Park:** I'll continue on the line of questioning I was on, speaking a little bit about the public health indicators and what we've seen since we've entered step 1.

Something I hear in speaking often with my constituents on the phone—as you can imagine, they're complex discussions, because obviously, the pandemic that we are dealing with is not black and white; there are lots of different ways of measuring success, including the severity of the cases that we're experiencing across the province. It's not as simple as just looking at case numbers, because that doesn't necessarily tell us the severity of infection that people who get it are experiencing.

I want to give you a chance, Minister, to speak about some of those other metrics we have been looking at—things like hospitalizations and deaths and hospital capacity.

**Hon. Sylvia Jones:** That's a really good point. Thank you for raising it.

When I'm talking to constituents, I often give examples of unvaccinated individuals compared to vaccinated individuals who then contract COVID-19. It is dramatic and obvious that even with one dose you often do not end up hospitalized, as opposed to fully unvaccinated individuals. Those tend to be people who have not received either a first or a second dose for any number of reasons—it could be because they weren't in the age group that had that offered to them yet or, for personal reasons, they decided not to get a vaccine. The stats have shown that even with one dose we are seeing much less use of hospital beds and, of course, ICUs.

It wasn't that long ago—less than six weeks, frankly—that we were accepting and very thankful for additional health human resources from Newfoundland and Labrador. We are now able in the province of Ontario to assist our partner province Manitoba, and we have Manitobans in ICU beds in Ontario, because they need help right now. So it can change very quickly.

All of those metrics that we're looking at, to your point, are exactly right. We're not just looking at positivity rates, because we want to see whether contracting COVID-19 when you have at least one dose leads to other health risks or hospitalizations. It's a really good example of what you've raised.

**Ms. Lindsey Park:** I think it's a helpful discussion, as we look at coming out of this. I don't think anyone is under an illusion that the virus is going to totally disappear in the province of Ontario, and so I think this is an important discussion about what metrics we'll be looking at going forward and how we can go on and live our lives while the

virus is endemic—or at least that’s what many are predicting we’re going to see.

On that train of thought, I want to speak a little bit about the Delta variant that we’re seeing. For many, because of the uncertainty around variants and how they will spread, I think a question that’s coming up is, what does this mean in Ontario? Is it going to continue to spread? Some believe it could send us back into more restrictions. I think everyone on this committee hopes that’s not the case, but I want to get a sense of what you’re seeing in regard to the spread of the Delta variant and the severity of those cases.

**Hon. Sylvia Jones:** Again, it’s early days, but what we have seen thus far or what is being reported to us by the clinicians and science table is that the Delta variant is more transmissible, so it is easier to spread within the community, which is problematic, of course. Again, it’s early days, but what we have so far seen, and we’ll continue to monitor it pretty closely, is that, regardless of the type of vaccine that you received—AstraZeneca, Moderna or Pfizer—you still have protection against the Delta variant, which is, obviously, very positive news. Having both doses does increase your protection. It is positive that we have not had a variant in Ontario to date that our current vaccines that are approved by Health Canada are not protecting us from. That is very good news.

All this, like much in our science and health world, is evolving as we learn more and monitor very closely what is happening in other jurisdictions like India, like Israel, like the UK.

**Ms. Lindsey Park:** I don’t want to take too much time. I think my colleague MPP Oosterhoff wants to jump in—maybe a time check, Chair, of where we’re at?

**The Acting Chair (Mr. Amarjot Sandhu):** Four minutes.

**Ms. Lindsey Park:** I’d better turn it over, then, to MPP Oosterhoff to proceed.

**The Acting Chair (Mr. Amarjot Sandhu):** MPP Oosterhoff.

**Mr. Sam Oosterhoff:** Minister, it’s very good to see you again. Thank you for providing a bit of an update.

It’s good to see some more of the restrictions starting to lift—I know it’s something anticipated across the province—and positive trends in public health. Obviously, we want to see that continue as we move forward.

I’ve been getting some questions, and I’m sure you’ve heard them as well. People are looking cross-jurisdictionally, and they’re seeing what’s happening in other provinces—notably, Alberta, lifting all restrictions very soon; Saskatchewan coming a few weeks afterward; BC with plans to remove most restrictions by September, I understand. There are questions about why we’re doing things differently, so I’m wondering if you could address those questions. Why aren’t we following the same path as Alberta, Saskatchewan and BC, with a clear timeline for normalcy?

**Hon. Sylvia Jones:** Well, I think the short answer, MPP Oosterhoff, is that we are tracking very closely through each step. It would be, frankly, easier to say, “On such and such a date we’re going here, and on such and such a date we’re going here.” The problem with that is that it doesn’t take into consideration outbreaks, variants that may or may not be present in the province, health capacity restrictions or limitations. It’s all used together for the science table modelling and the Chief Medical Officer of Health’s constant daily conversations with the 34 local health units. Minister Elliott and I have twice-a-week meetings with those public health units and hospitals that are providing vaccines.

**The Acting Chair (Mr. Amarjot Sandhu):** Two minutes.

**Hon. Sylvia Jones:** All of that feedback, along with the clinicians, along with the national advisory council, is driving the decisions that we’re making.

While I appreciate that other people look at other jurisdictions, whether that is our neighbours to the south or in Canada—it’s not the same. Saskatchewan has a minor portion of the population compared to Ontario. There are different factors at play. We saw Alberta and British Columbia really struggling with the initial variants that were coming into Canada.

Ontario, with the public health advice that we adhere to, was able to protect Ontario residents to a great degree because of it.

I get it; it’s easy to look at the Atlantic bubble and say, “Why can’t we do that in Ontario?” It’s a very different makeup. We have literally hundreds of points of entry—from the States, from provinces—so we do have to be leaders in terms of monitoring and looking specifically at how it impacts Ontario residents.

**Mr. Sam Oosterhoff:** Details of stage 3 are quite vague currently. I’m wondering when we’ll be able to see some more information about that and then the potential of a stage 4, given that even stage 3, I’m assuming, is not normalcy.

**Hon. Sylvia Jones:** That’s a great question.

Each ministry that is responsible for the sectors that are impacted or included in step 3 is working directly now with their stakeholders to make sure that the parameters and public health advice are made clear and shared publicly. That conversation is ongoing now with the Chief Medical Officer of Health—

**The Acting Chair (Mr. Amarjot Sandhu):** Thank you. I apologize to cut you off, Minister. The time has come up. Thank you so much for appearing before the committee today. You are now excused.

We’ll pause for a moment as we move into closed session for report-writing and we’ll be back in a minute or two.

*The committee continued in closed session at 1140.*



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