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(Hansard)**

EM-4

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des débats
(Hansard)**

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**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

2nd Session
42nd Parliament

Thursday 13 January 2022

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Jeudi 13 janvier 2022

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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**

Thursday 13 January 2022

Jeudi 13 janvier 2022

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

EMERGENCY ORDERS REVIEW

The Vice-Chair (Mr. Tom Rakocevic): I call this meeting of the Select Committee on Emergency Management Oversight to order. We have the following members in the room: myself, MPP Tom Rakocevic. We are joined today remotely by MPPs Bob Bailey, Gilles Bisson, Christine Hogarth, Robin Martin, Sam Oosterhoff, Effie Triantafilopoulos, Lorne Coe, Marit Stiles and Donna Skelly. Gilles Bisson has just temporarily reset his Internet and will be rejoining—oh, he's here. MPP Gilles Bisson is here again. Excellent.

We are also joined by staff from legislative research, broadcast and recording, and House Publications and Language Services.

To make sure that everyone can follow along, it is important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak. Please also remember to unmute yourself before you begin speaking. 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 October 7, 2021, this select committee has been appointed to receive oral reports from the Premier or his designates on any extensions of emergency orders by 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 designates 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 member to pose questions to the Premier or his designates, in two rounds of five minutes each.

Following the minister's opening remarks, we will proceed in a question rotation as follows: 10 minutes, official opposition; 10 minutes, government; five minutes, independent. Once again, 10 minutes, official opposition; 10 minutes, government; and five minutes, independent.

And a final third round of 10 minutes to the official opposition and 10 minutes to the government. Again, are there any questions? Okay.

Solicitor General, I hope you're having a good 2022. Welcome to the committee. Please begin.

Hon. Sylvia Jones: Well, thank you very much, Chair, and happy new year. I trust everyone can hear me clearly?

The Vice-Chair (Mr. Tom Rakocevic): Yes.

Hon. Sylvia Jones: Thank you.

New public health measures are not how anybody wanted to greet the new year. While less severe than the Delta variant, the high speed and easy transmission of Omicron and the growing case and hospitalization numbers made it necessary to apply time-limited measures to deal with the surge. The numbers speak for themselves.

The Omicron variant has the capacity to double the number of infections every three days, which Premier Ford has accurately described as a "tsunami" of new cases. Every 1,000 new cases result in upwards of 10 infected individuals going to the hospital. A hospital bed taken up, even for a less severe variant of COVID-19, is still a bed taken up out of inventory and is only sustainable to a point.

Also, the sheer number of people getting sick has the ability to deplete staffing levels across the board and across all sectors, as Omicron mixes with cold and flu season, causing greater absenteeism through illness and the need for self-isolation. Nowhere is this more concerning than on our front lines. The government has taken steps to help ease front-line fatigue among health care workers and maintain the flow of vaccines and boosters going into arms.

We've also accelerated the booster-dose rollout. All individuals aged 18 and over are eligible for a third shot and the booster-dose interval has been reduced from six months to three months to provide stronger protection against COVID-19 and its variants as quickly as possible. Thousands of volunteers, including firefighters and nursing students, have signed up for the Ministry of Health training to help get shots in arms, and corporations are opening up their workplaces to help make it easier for people to receive a booster shot. Seven organizations have already started running employer-led vaccine clinics focused on booster shots. Others have slated to begin operating in the coming weeks.

We have also maximized efficiency with our GO-VAXX buses by plugging the successful mobile clinic

program Ontario online vaccine appointment portal. To date, GO-VAXX mobile clinics have administered more than 31,000 vaccine doses across Ontario. And, of course, as members will know, in consultation with the Chief Medical Officer of Health, the province has moved to a modified version of step 2 of the Roadmap to Reopen until at least January 26, subject to trends in public health and health system indicators.

I'll now move on to amendments and changes to orders. O. Reg. 363/20, steps of reopening, has been amended to place all of Ontario's 34 public health units into step 2 effective January 5, 2022.

O. Reg. 263/20, rules for areas in stage 2, last amended on January 3, 2022, includes greater restrictions than those that applied under step 3 of O. Reg. 364/20, rules for areas at step 3, and the road map exit step. The move of all public health unit areas in Ontario to step 3 is intended to help blunt the rate of transmission of the Omicron variant and prevent hospitals from becoming overwhelmed.

The step 2 rules under O. Reg. 236/20, as amended, include that all publicly funded and private schools are not permitted to provide in-person learning, subject to limited exceptions, and that students move to remote learning until January 17. The Ministry of Education has been using this time to supply non-fit-tested N95 masks to schools and licensed child care settings and deploy an additional 3,000 stand-alone HEPA filters to school boards. School buildings are permitted to open for limited purposes, including for child care operations, and provide in-person learning for students with special educational needs who cannot be accommodated remotely. During this period, emergency child care is available for school-age children of health care and other eligible front-line workers.

Social gatherings are limited to five people indoors and 10 people outdoors. Capacity at outdoor weddings, funerals and religious services, rites and ceremonies is limited to 50% capacity of the room. Outdoor services are limited to the number of people who can maintain two metres of physical distance. Social gatherings associated with these services, such as a reception, must adhere to the social gathering limits.

Retail settings, including shopping malls, are permitted to operate at a maximum of 50% capacity and are subject to other requirements. For shopping malls, physical distancing is required in line-ups, and food courts must remain closed. Personal care services, such as barbershops and salons, are permitted to operate at 50% capacity and by appointment only, and must comply with other restrictions. Saunas, steam rooms and oxygen bars remain closed. Indoor dining at restaurants, bars, and other food and drink establishments is currently closed, subject to limited exceptions. Outdoor dining with restrictions, takeout and drive-through are permitted.

Public libraries are limited to 50% capacity. Indoor facilities for sports and recreational fitness activities, including gyms, are closed. There are exceptions, including for athletes training for the Olympics or Paralympics, and select professional and elite amateur sport leagues, without spectators. Outdoor facilities for sports and

recreational fitness activities are permitted to operate with the number of spectators not exceeding 50% occupancy, along with other requirements.

Indoor concert venues, theatres and cinemas are closed. Rehearsal and recorded performances are permitted with restrictions. Casinos, bingo halls and other gaming establishments, and indoor venues such as museums, galleries, zoos, landmarks, amusement parks and water parks are currently closed, as are indoor horse-racing tracks, car-racing tracks and other similar venues.

Outdoor establishments are permitted to open with restrictions, including spectators, limited to 50% capacity, where applicable. Boat tours are permitted to operate at 50% capacity, with physical distancing measures in place.

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Other changes since the committee last met include updated testing and isolation guidelines in response to Omicron. Ontario's testing strategy has evolved to meet Omicron-related demand to ensure timely testing is available for those living and working in the highest risk settings, protecting our most vulnerable and keeping critical services running. Individuals who are fully vaccinated against COVID-19 and children under 12 will be required to isolate for five days following the onset of COVID-19 symptoms. These individuals and others in the same household can end isolation after five days if symptoms are resolved for at least 24 hours and all public health and safety measures are followed. This reduction in the required isolation period is based on evidence that generally healthy people with COVID-19 are most infectious in the two days before and three days after symptoms develop. Individuals who are unvaccinated, partially vaccinated or immunocompromised must continue to isolate for 10 days.

As of January 28, 2022, the province is mandating third doses for all staff, students, volunteers, caregivers and support workers in these settings. Visitors will also be required to provide proof of booster dose once the temporary pause on visitation to residents of long-term-care homes is lifted.

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 February 14, 2022, and have not been amended since the committee's last meeting. These updates are being presented in numerical order.

O. Reg. 74/20 relates to authorizing specific health service providers, as prescribed in the Connecting Care Act, 2019, to take reasonably necessary measures with respect to work deployment and staffing to respond to, prevent and alleviate the outbreak of COVID-19, including re-deploying staff to other sites within the organization or to other health service providers, long-term-care homes or retirement homes.

O. Reg. 76/20 requires document service in legal matters against the crown, ministers of the crown and related entities to be done electronically instead of in-person. This order is needed to promote access to justice, while reducing unnecessary contact between individuals to reduce the spread of COVID-19.

O. Reg. 77/20 relates to long-term-care homes that have been impacted by the pandemic and continue to rely on this regulation to help stabilize staffing levels, which is crucial to prevent and manage outbreaks.

The minister's directive on long-term-care home COVID-19 immunization has been updated to reflect the revised National Advisory Committee on Immunization recommendation regarding the optimal interval between first and second doses of the COVID-19 vaccine. The update gave staff, support workers, students and volunteers until December 13, 2021, to show proof of a second dose.

For broader staffing measures, this order provides long-term-care homes with greater flexibility to identify staffing priorities and develop, modify and implement redeployment plans. This is to alleviate the effects of COVID-19, deal with staff shortages and increase care required to address an outbreak. It allows homes to implement redeployment plans as required.

O. Reg. 95/20: This order provides long-term-care homes with increased flexibility through a temporary suspension of several requirements. It enables homes to better focus resources on providing high-quality resident care and the safety needs of residents while ensuring homes have flexibility to hire needed staff. The flexibility provided by these provisions continues to be required in long-term-care homes to recover from current and earlier waves.

O. Reg. 98/20 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.

O. Reg. 114/20 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 subsection 10(1) of the reopening Ontario act. Without disclosure of this identifying information, provincial officers would be unable to effectively issue tickets under the reopening Ontario act.

O. Reg. 116/20 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 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 allows developmental service agencies and intervenor service providers to continue to have the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Measures to alleviate staffing pressures continue to be needed as developmental services and intervenor service agencies respond to challenges posed by COVID-19.

O. Reg. 141/20 exempts the construction or conversion of a building from all requirements of the Building Code Act, 1992, the Planning Act and the City of Toronto Act, 2006, where the building will be used as a temporary health or residential facility for the purpose of responding to the effects of the COVID-19 pandemic 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 contingency planning, hospital overflows and shelter space needs caused by the pandemic.

O. Reg. 145/20 relates to work deployment measures for services agencies providing violence-against-women residential services and crisis line services. This order therefore enables residential violence-against-women and anti-human trafficking service providers, as well as crisis lines under the violence-against-women support services program, to continue to have the authority and flexibility they need to redeploy their staff to respond to challenges posed by COVID-19 and continue to support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 146/20: This single-site order currently limits working in more than one long-term-care home, retirement home or other health care setting to fully vaccinated staff. In light of the quickly evolving situation, with increasing community spread of COVID-19 throughout Ontario and the uncertainty regarding the Omicron variant of concern, this order must be maintained as a precautionary measure. Even with the long-term-care sector having a mandatory vaccine policy in place, there are still individuals who have a medical exemption that the order would be applicable to.

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, now operating as Home and Community Care Support Services, to identify, request and authorize a contracted service provider organization to provide health care and related social services. The need for the order is to address staffing issues in priority settings, including at long-term-care homes and retirement homes, in an expedited manner, leveraging existing relationships with service providers. An employee of the service provider organization is not required to agree to provide the requested services.

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O. Reg. 157/20 is in response to requests from municipalities. We issued this order to provide flexibility, to redeploy staff and to ensure front-line service continues to be delivered in critical areas of need. The continuity of service delivery at the municipal level is critical to the health and safety of Ontario's communities and efforts to 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 vaccinated employees to work in more than one location to safely increase staffing capacity. Limiting work to a single retirement home remains crucial for unvaccinated staff to help prevent and contain infection spread.

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

O. Reg. 177/20 has been extended so that staff movement across multiple employers in the 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. Staff members who are fully vaccinated against COVID-19 are exempt from the requirement to work for one employer in the same sector, except in the event of a COVID-19 outbreak.

O. Reg. 193/20 authorizes the board of a hospital to take any reasonably necessary measure 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 student needs and priorities; extending existing hospital credentials for board-approved professional staff; and expediting the appointment of the new professional staff.

O. Reg. 195/20 ensures that any temporary COVID-19-related payments received by employees in relation to work performed while the order is in effect are excluded from the maximum increases in compensation set out in the Protecting a Sustainable Public Sector for Future Generations Act during the moderation period. This includes the temporary wage enhancements for personal support workers and direct support workers.

O. Reg. 210/20 provides the director, under the act, with expanded authority to issue a mandatory management order to long-term-care homes. The director, under the Long-Term Care Homes Act, is able to place interim management to effectively protect residents from COVID-19.

O. Reg. 240/20 ensures measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in the case of an outbreak should an operator be unable or unwilling to manage operations at a home where there is a COVID-19-related risk of harm to residents. It remains crucial to ensure 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 as the province continues to reopen. With the emergence of the Omicron variant and restrictions on indoor dining, municipalities may need to urgently make use of the emergency order to extend or modify their temporary-use bylaw.

Twenty-two months ago, after the first case of the novel coronavirus was recorded in Ontario, Omicron is a cruel blow in a prolonged period where we have experienced too many. But the Omicron variant is part of a much different story than the original COVID-19 virus. Vaccines and millions of Ontarians who have rolled up their sleeves for a first, second and third dose get most of the credit. Over 88% of those aged 12 and over are fully vaccinated, and over five million people have received a booster dose. Nearly 50% of children aged five to 17 have received one dose. A child-size version of the Pfizer was a game-changer.

The evidence is clear. Vaccines work. To anyone not yet vaccinated or hesitant to receive a booster, I urge you to do so as soon as possible. In the meantime, our government, working with the Chief Medical Officer of Health, will continue to monitor trends in key public health and health care indicators. We will continue to take swift action to ensure the health and safety of Ontarians. Thank you, and I will turn it back over to you, Chair.

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much, Minister.

We will now begin with 10 minutes to the official opposition. Who will be beginning? Is it MPP Stiles? Are we frozen over here? Okay. MPP Stiles, you appear to be frozen. Can you hear us?

Ms. Marit Stiles: Yes, I can. Can you hear me?

The Vice-Chair (Mr. Tom Rakocevic): Yes, we can hear you now. Will you be beginning?

Ms. Marit Stiles: Yes. Am I still frozen or is that okay?

The Vice-Chair (Mr. Tom Rakocevic): It's okay for now. We'll begin your time. If there are any issues with lagging, we'll stop time, and then we'll go to MPP Bisson if there are any serious issues. Okay?

Ms. Marit Stiles: Well, thank you very much. I want to start, first of all, Mr. Chair, by thanking you for always doing such a great job chairing this committee.

I do have a number of questions, and so with the greatest respect to the minister and staff, I would really appreciate very concise answers. I know it's tempting to try to use up all the time, but [*inaudible*] and, frankly, it's been sorely lacking from the government, especially and most recently over the last couple of hours, really.

We saw yesterday Ontario setting a new pandemic high for COVID-19 hospitalizations; we've covered some of that already. Small businesses are shuttered. Schools have been closed and people are once again wondering how—

The Vice-Chair (Mr. Tom Rakocevic): MPP Stiles—

Ms. Marit Stiles: —we got here. We don't actually know how many people are infected in Ontario right now because the testing system has already collapsed, with new guidance significantly limiting who can get a test. I can tell you, for a lot of Ontarians—

The Vice-Chair (Mr. Tom Rakocevic): MPP Stiles, there's quite a delay.

Ms. Marit Stiles: Yes?

The Vice-Chair (Mr. Tom Rakocevic): Would you turn off your camera? If you turn off your camera, because—I've stopped your time—you appear frozen.

Exactly. Apparently, it might make the connection better. I apologize. Could you please proceed?

Ms. Marit Stiles: Okay. Can you hear me now? I'm going to try this. Is this better?

The Vice-Chair (Mr. Tom Rakocevic): Yes.

Ms. Marit Stiles: Okay. I'll start again. Is that okay?

The Vice-Chair (Mr. Tom Rakocevic): Yes, yes.

Ms. Marit Stiles: So as I was saying, thank you for this opportunity. We are in a situation right now in Ontario where I think most Ontarians feel like they've been told they're on their own with this wave, like the government has thrown up their hands.

I want to ask the minister: As the official opposition education critic, I have a few questions specifically related to education, and then hopefully later on I'll have a chance to ask some other questions. Minister, I want to ask, first of all, about ventilation and HEPA filters, because your government and you, even, in your presentation this morning have made quite a lot of claims about how you've worked so hard to get those out to schools. But I want to tell you that, as recently as this morning, I've heard the director of the Thames Valley District School Board is saying they will have HEPA filters only in about 25% to 30% of their classrooms by Monday. I want to make clear that that's coming from the director, and they're concerned. In fact, parents are starting to fundraise to get more, and that's going to lead to equity issues.

Your government has had 672 days as of today, since the first schools were closed back in March 2020, to get this right. Why don't they have what they need?

1030

Similarly, the Dufferin-Peel Catholic District School Board sent a letter to the minister just today saying they have grave concerns about the new protocols. They say there was no consultation, which I've been raising with this government for two years now. They are calling for medical-grade masks for students. They say most classes don't have any HEPA filters.

Minister, I'd like you to address this. Why have you fallen so far behind? Why have you been unable to get these filters out to our schools? And why are you not actually being straight with the people of this province?

Hon. Sylvia Jones: I will be as concise as possible for a very long-preambled question. The short answer is that, in September, when the students of Ontario were going back to school, in fact, there had already been a deployment of 70,000 HEPA filters to schools and school boards. Minister Lecce's announcement yesterday of 3,000 additional HEPA filters is an added layer of protection that frankly has shown to be very effective in our school system, so we'll continue to do that work.

We are, in fact, leaders across Canada in providing non-fitted N95 masks to educational workers working in schools, as well as, of course, offering the three-layer masks for students who don't have access through their family means. Those additional resources continue to happen.

I know that Minister Lecce speaks on a weekly basis with all of the boards of ed across Ontario. It is a standing

meeting that occurs with the minister and the boards of ed to inform and update. I think what we really need to appreciate is that the ability to work quickly is because we have partners on the front line through our 34 public health units, as well as our school boards, to effectively put the protections in place to do what, frankly, the vast majority of Ontario parents want, and that's to see their children back in the classroom.

Ms. Marit Stiles: Minister, I'm trying to be pretty clear here. The boards are not having those meetings. In fact, what I'm hearing from boards is that they're hearing about some of these announcements when everybody else is, in the media, which is no way to run an education system as complex and as important as ours. I think it explains a lot of the reason why things are so convoluted and not working out so well.

I wanted to go to a few other issues, because one of the other things that came out yesterday—it was an extraordinarily confusing announcement yesterday. This is a time when parents are looking for clarity, and what they're getting instead is confusion. It's like policy whack-a-mole. I've never seen parents, teachers, education workers and boards as angry as they are right now, and that's saying something.

One of the things that I think parents are the most confused about and unhappy about is why boards and schools are not being required to share information with families about absences—well, I'm going to say COVID infections, really—until 30% of students and staff in a school are already potentially infected. This makes, I think, no sense to anyone. We all want our kids back in school safely, but, Minister, this seems like a recipe for more school closures.

I would like the minister to explain why you're waiting and why it's going to be easier—and I used this example yesterday, but it's a real thing. Why is it going to be easier for parents to find out about a lice outbreak—one kid gets lice in a class, and the whole classroom has to be informed. Why do they have to wait until 30%, potentially nine or 10 kids in the class, have COVID before they will learn it?

Hon. Sylvia Jones: I appreciate the question. There are a couple of pieces that are really critical and were, frankly, covered by Dr. Kieran Moore and Minister Lecce in their announcement yesterday; so it's probably valuable for the committee to use that press conference, and the information that was given through the technical briefing prior to, as additional information for the committee's clarification.

The Vice-Chair (Mr. Tom Rakocevic): Two minutes.

Hon. Sylvia Jones: But to be clear, I think the difference in the comparison that you are making, in fact, speaks to the difference between what happens when we have young people who want to be in school, to be in front of their teacher, to interact with their peers—the ability to do that. That is why we've invested so much time. We've taken that additional two weeks in January to make sure that we were able to put additional precautions in. But at the end of the day, it's really important for us to be able to have schools safe and operating in-person. The Chief Medical Officer of Health has said it many times: Schools

should be the last to close and first to reopen, and we are doing that. We've taken those additional two weeks to ensure that we have the precautions in place.

Ms. Marit Stiles: If I can intervene for a moment, I just—

The Vice-Chair (Mr. Tom Rakocevic): MPP Stiles, go ahead.

Ms. Marit Stiles: Minister, I apologize. I'm not really sure I understand that, because if you're waiting until 30% of a school potentially has COVID, then we're in crisis mode. You're going to have a situation where schools will be closing. You're not really giving people the information they need to ensure that they can take the measures necessary, take the actions necessary to ensure that our schools can stay open. You're actually lining it up for failure. That's the part, I think, that Ontario families are really having a hard time understanding, in terms of this government's plan.

I have to say, once again, I don't know where you are getting your recommendations from. We all want our kids back in school, but this policy—which, by the way, the government seemed to be backtracking on again last night, so I don't really know where you're landing on this—is causing a lot of confusion. It seems to be lining things to up to, again, force schools to close. I don't know that anybody buys that the government actually is committed to schools being first to open, last to close anymore.

The Vice-Chair (Mr. Tom Rakocevic): We're at time.

Okay, we're now going to move to 10 minutes to the government side. Who will be beginning? MPP Hogarth, please proceed.

Ms. Christine Hogarth: Thank you, Minister, for being here again and for all your work you're doing on behalf of the people of Ontario to get us through this new stage of the Omicron variant safely.

This is a question that comes up quite a bit, and I just was hoping that you can clarify for the people who are watching this program today. It's talk about vaccines and the benefits of the vaccines with the Omicron variant. Personally, I encourage as many people as possible to get vaccinated, to find those pop-up clinics, get their vaccination as soon as they can. We held a clinic at the food terminal here, and I believe there were over 600 people vaccinated at that site, to make sure that our food is getting to our tables safely and on time.

But there is still some noise—and we hear that a lot on social media—about, “Well, you know what? Maybe I don't need to get my vaccine or my booster, because people who are vaccinated are getting Omicron anyway.” I'm wondering if you can share with us today: What is the benefit of the vaccination and what does it provide my constituents and the people across Ontario, with the Omicron variant?

Hon. Sylvia Jones: Chair, there's a bit of a delay for when I can answer, because I think someone else is controlling my mike. So can we decide if I'm unmuting myself or staff are, and then I'll try to answer faster?

The Vice-Chair (Mr. Tom Rakocevic): You're unmuted the whole time.

Hon. Sylvia Jones: No. But, anyway—

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): Oh, we're unmuting from this end exclusively.

Hon. Sylvia Jones: Okay.

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): Okay. Well, then that's what's happening. If you—

Hon. Sylvia Jones: All right, so I will wait to be unmuted, and then please accept my apologies, because sometimes, there's a bit of a delay.

Specifically to your question, PA Hogarth, we have seen that individuals who have first and second doses still, clearly, can contract Omicron in particular. But we have also seen their symptoms and their medical outcomes are much, much milder. So while we talk about that it's a much higher percentage of people who are getting Omicron, in fact the percentage of people who are ending up in hospital on ventilators and, unfortunately, in ICU is also lower.

1040

Now, if you couple that with that it's also a much bigger part of the population, so even if it is only 1%, 3%, 5% that need to be hospitalized, that still does have an impact on our hospital capacities, which we're watching very closely. So the way I explain it to people who ask me, “What is the value of the third-dose booster?” is, the likelihood of you having severe outcomes, severe symptoms, is much, much less with that booster. I hope that helps.

Ms. Christine Hogarth: It does, Minister. I just hope that message continues to resonate with people out across Ontario, to get the vaccine as soon as possible.

Just a comment, and I hope you can pass this along to your cabinet colleagues as well: If you're in Toronto, we've received over 23,000 HEPA filters in our schools. To me, that's really great to keep our kids safe. I know that my school board trustee was tweeting earlier this week that she had received a huge shipment at the Toronto Catholic school board of the N95 masks. Those were arriving earlier this week and they're in place. So I just want to pass along the good work that's done in advance to make sure our kids are going to be safe on Monday.

A little bit more on the health care side of things: We hear about absenteeism and we are a little concerned about people not getting supplies to shelves, but this is with regard to the health care capacity and staffing. Can you provide a little bit of detail of what work the government is doing to bolster our health care capacity, including staffing, to deal with some of these unique challenges? I just want to give people a comfort level that some work is being done.

Hon. Sylvia Jones: Absolutely. It's actually quite exciting how much we've been able to do as a result, frankly, of COVID-19. But right now, we have more than 1,200 internationally educated applicants who have expressed an interest in participating in our health care rollout. This is very exciting and a bit of a change in direction with the College of Nurses of Ontario's co-

operation, but since March of 2020, the government has launched emergency programs that have already added over 6,700 health care professionals to our health care system.

The Vice-Chair (Mr. Tom Rakocevic): Five minutes.

Hon. Sylvia Jones: Those can be in hospitals, in long-term care, retirement homes, community care. All of these together ensure that we are continuing to not only add beds, which are obviously important. But you also have to have the specialized health human resources to do this.

The other piece that I'm particularly excited about is the ability to ask and have volunteers participating in our vaccine rollout. Earlier this week, we had over—I think the number is around 1,500 people with health care experience who have volunteered to be volunteer vaccinators. And all that does is continue to add to our capacity. As members of committee, you have often heard me say that many of these problems go away when we have sufficient vaccines. Well, we have sufficient vaccines. We actually have vaccinators, and now what we need are additional vaccinators. To be able to see Ontario residents step up and say, "I want to help. I want to be part of the solution," has been a very, very positive piece of the vaccine rollout for me in particular.

Ms. Christine Hogarth: Thank you, Minister. Once again, I appreciate this.

I'm going to pass this over to my colleague MPP Bailey.

The Vice-Chair (Mr. Tom Rakocevic): MPP Bailey?

Mr. Robert Bailey: Thank you, Solicitor General. My question this morning is—I've got a couple of other questions, but one I want to put to rest. Both the media and the opposition, as late as again this morning, have kept this narrative alive that Minister Lecce—and the government, but Minister Lecce—makes these decisions in a vacuum of how he's going to operate with the schools, in conjunction with the boards and teachers. Could you elaborate again on the contacts—as I understand it, but I'd like to hear it from you—on a weekly basis, that the minister has with the directors of education etc. in the province?

Hon. Sylvia Jones: It's a really good point, and I'm glad you raised this, because frankly, as a colleague of Minister Lecce, I find it disingenuous at best and other words at worst how it has been suggested that the consultation is not happening. In fact, that is unequivocally not true. As I mentioned in a previous answer, he meets weekly with the boards of ed. He has, obviously, a deputy minister who is in constant engagement with the boards of ed across Ontario, as well as emerging issues that come up that must be raised.

The Vice-Chair (Mr. Tom Rakocevic): Two minutes.

Hon. Sylvia Jones: I don't think it is a fair depiction to suggest that the COVID-19 pandemic has been consistent. There have been changes as a result of the variants. There have been changes as a result of absenteeism that we have had to deal with. His ability to take that additional two weeks in January to put in added measures above and beyond what had already been put in place in the fall just

speaks to his passion and commitment to making sure that schools are open and can continue to operate safely.

I use that word "continue" very precisely, because it has proven to be the case, and SickKids Hospital, CHEO and other children's hospitals across Ontario are applauding the government and saying, "Yes, we want schools to reopen. We want the children to be able to safely be in front of their teachers with their peers in their classrooms."

Mr. Robert Bailey: If I have a have some time left—I'm not sure. I know it's not much, but, Chair, for guidance—

Interjection.

Mr. Robert Bailey: Oh, how much?

The Vice-Chair (Mr. Tom Rakocevic): Forty-five seconds.

Mr. Robert Bailey: Okay, good. Maybe the minister could tell us how we are doing against other provinces with the expansion of the booster shots. Thank you.

Hon. Sylvia Jones: We are leading Canada. That speaks a lot, frankly, to not using just one pathway to offer booster shots and vaccinations. We have the participation of the private sector with on-site, in-business locations, as MPP Hogarth mentioned with the Ontario Food Terminal. We have participation with hundreds of pharmacies across Ontario. The ability for an individual who doesn't work traditional hours to be able to go into a pharmacy—or work with their primary care practitioners. We found with the pediatric—

The Vice-Chair (Mr. Tom Rakocevic): Sorry, Minister, we're at time.

We're now going to be moving on to our independent member, who I'd like to quickly acknowledge and if you are indeed and in fact in Ontario.

Mr. John Fraser: Yes. I am indeed John Fraser and I am indeed in Ontario.

The Vice-Chair (Mr. Tom Rakocevic): Excellent. Okay, let's begin. You have five minutes.

Mr. John Fraser: That's great. Thank you very much, Chair.

Minister, thanks again for being here. I really do appreciate the fact that you're here every meeting to answer our questions. We don't get the answers we want, but you're here, and I know that you make your best effort to present what the government is doing.

I have to say I concur with my colleague MPP Stiles in her depiction of what's happening in schools. We should have been more ready around things that people have been calling for for months, like ventilation, masking and vaccinations.

I'd like to talk particularly about vaccinations, because unfortunately, yesterday, some comments were made with regard to the government adding COVID vaccines to the Immunization of School Pupils Act—which the Chief Medical Officer of Health later corrected to some extent. But what I'm trying to understand is, since 1982, from a Conservative government, we've had the Immunization of School Pupils Act, which makes sure that children are vaccinated against things like measles, mumps, polio, rubella, tetanus—all those diseases.

We've had approvals for vaccines for 16-year-olds for two years and for 12-to-17-year-olds for about 10 months. For the life of me, I cannot understand the government's reticence to use this tool that makes vaccines universal in schools.

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What the tool does is it protects children. It prevents spread of disease. Because if you actually have an outbreak in a school, one of those for measles, mumps or rubella, children who aren't vaccinated can be pulled out. It also gives parents the opportunity to be educated and to learn and to make an informed decision about vaccinations. It doesn't force a needle into anybody's arm, but it's a tool, for four decades, that has protected Ontario students and protected all of us, probably, in this room, if we grew up in Ontario. It's something we should all be very proud of.

What I'm trying to understand is, what's the difference with a COVID vaccine, given its relative risk that it poses to students and their families here in Ontario? What I'd like to know is, why are we not talking about doing that? It doesn't make any sense to me.

Hon. Sylvia Jones: This may be a question better directed to the Ministry of Health, but I will do my best to attempt to answer it for the committee's benefit.

As I understand it, there are currently nine vaccines that, in our public school system, children must take unless they have an exemption. As we as MPPs know, there are a number of exemptions that are available to the parents and the guardians who choose not to get their children vaccinated for those nine.

In terms of—and you actually raised it in your preamble. Our ability to offer and to get vaccines into young people's, into students' arms, has been bolstered by the fact that we have had a longer period of time, particularly for the high-school-aged students, to get vaccinated, and our percentages are very, very positive; I believe they are in the 80% range. The pediatric doses, the five-to-11, is closer to the 50% range—which truly, considering we've only had it for approximately two months, and keeping in mind there is only one current approved vaccine for the pediatric five to 11, speaks to, frankly, success on behalf of the government.

Right now, we're dealing with a pandemic. When we get to the stage where our health experts and our Chief Medical Officer of Health say we're at an endemic stage, then absolutely, I believe that there is an opportunity for further study and review to see whether the COVID vaccine is appropriate to be added to that list of nine that are currently in place. But I want to reinforce here: We have one pediatric-approved vaccine in Canada.

The Vice-Chair (Mr. Tom Rakocevic): MPP Fraser, you had your hand up.

Mr. John Fraser: Yes.

The Vice-Chair (Mr. Tom Rakocevic): We literally have seconds left.

Mr. John Fraser: We've had vaccines approved—there's more than one, number one; and number two is, we've had them approved for two years. You can start at a certain age group.

It really doesn't make any sense to me why the government is not talking about doing this. I'm not saying you have to do it all right now, but you're essentially saying, "We don't know if we're going to do this"—

The Vice-Chair (Mr. Tom Rakocevic): MPP Fraser, we're at time. We're out of time. My apologies.

Okay. We're moving on to the official opposition. MPP Bisson?

Mr. Gilles Bisson: Welcome, Minister, to our committee yet again. I don't share the same view as my friend Mr. Fraser when it comes to you answering questions. I think we ask the questions and you do the best you can to do what you have to do, and I get it.

I just want to say to the follow-up to MPP Fraser's question, your analogy of, "We're going to do it in time once this all happens": It's like the fire department saying, "Well, you've got a fire right now. Wait until the fire burns down, and once it's burnt down, then call us. We'll go and check it out." To me, that adds to the confusion that you're creating.

You look at the press conference yesterday that the Minister of Education and the Chief Medical Officer of Health had. It raised more questions than it answered when they did it. It was so much so that they had to go back and try to restate what they thought they were saying at the press conference. That's just one example.

Just after Christmas, the Premier said, "We're not shutting down schools," which left restaurants and gyms and everybody else believing that nothing was going to get shut down. All of a sudden, two days later, the government comes back and says, "Oh, we're shutting down schools and we're shutting down restaurants."

You've got to admit, Minister, that you're creating confusion out there. You've got to pick a lane. Either you're going to do this or you're going to do that. I recognize we're in a pandemic and it's an ever-shifting ground. I get it; it's hard for any government of any stripe to be able to work their way through this. But won't you admit, at least, that you're creating confusion out there, which is leading to anger amongst a lot of groups?

Hon. Sylvia Jones: I appreciate that you acknowledge that the pandemic has not been straight-line consistent. It is important for us as government and as leaders to react and respond to the new data that we are being asked to review. We've often talked about the Chief Medical Officer of Health, the input from the science table, the input from 34 public health units that Minister Elliott and I receive feedback from twice a week, the input from our hospital sector, who are talking about the increased stress that they are under as a result of absenteeism from their health resources, from their staff. All of these pieces together must be considered and factored in.

Frankly, we as government must respond and react when we see those changing metrics and dynamics, and that's what you're seeing when we put a pause on reopening schools for two weeks to give the Minister of Health additional time to put in additional measures, but more importantly, to ensure that when the schools open, we don't have high percentages of absenteeism for workers.

The other piece that the Minister of Education has done—

The Vice-Chair (Mr. Tom Rakocevic): I'm sorry, Minister. I think MPP Bisson has his hand up.

Mr. Gilles Bisson: Yes, we only have 10 minutes, and I appreciate that you're trying to give a full answer, but I've only got 10 minutes. I don't mean to cut you off, but we've got to move on.

Listen, the confusion is really something out there. On the Monday that you guys made the announcement, all of our phones—not just mine, but every MPP's office, I'm sure got a ton of emails and phone calls from constituents saying, "What now?" For example, the government, when you made the announcement that you were going to shut down bars, restaurants and gyms and others—I've talked to plenty of restaurants out there, and I'm sure that you all have done the same. Some people understood why the decision was being made. Some people were unhappy. I get it.

But what really angered people is that you didn't come to the table and say, "Okay, we're doing this. Here is the website where you can go apply for grant money in order to get you through this hump. This is where you apply." It took almost two weeks for you to come to that point, because you had to design, I guess, the program that wasn't quite finished, and people can't apply until mid-January. Tell me how that doesn't lead to confusion and anger.

Hon. Sylvia Jones: Well, I think you will recall that when Premier Ford made that announcement, in fact, Minister Bethlenfalvy was with him at the podium and did assure businesses, and small business owners in particular, that there would be additional relief coming through. Coupled with working with our federal government on making sure that they also came to the table with additional supports, those are all things that are happening in the background to make sure that we can offer the most appropriate supports that are going to make a difference, because we understand. We want people to be able to survive through this Omicron wave, and make sure that at the end of the day, they are open and there for us in our community.

The Vice-Chair (Mr. Tom Rakocevic): Five minutes.

Mr. Gilles Bisson: I'm sure, being a local MPP and as a minister, you've spoken to gyms and restaurants and bars and others that were shut down. It is pretty clear that a lot of them have been left to, "My God, here we go again." The argument that I got from those that I spoke to was, "All right, if they're going to do this, you have to make this available right away. You can't say, 'Later we're going to have something, and maybe in January etc.'" So that was my point. Done.

The next point is that we were successful here in Timmins with the local chamber of commerce, as a number of my colleagues around the table and through the Legislature were, in getting them to be a distributor of masks for the local business community, because they needed to make sure there was a supply of masks for everything from grocery stores to you name it, so that you

can protect workers and you can protect clients. All of a sudden, in December, the portal by which they're able to order their masks said, "You can't get them anymore," and the argument that you're going to make is, "Oh, yes, but we had a shortage of masks, and that therefore is the problem."

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There are two things. One is, there has never a comment made by the government that says, "Yes, you will be back in the supply chain at one point." So the first part of my question is, when can chambers of commerce expect to be back in the supply chain?

And I guess my second question is—you had an opportunity. We've known for two years that we're in the middle of a pandemic. Why didn't you order enough masks and PCR tests and increase capacity for PCR tests and rapid tests when we knew we were going to be in this situation? It's almost as if you were hoping that you wouldn't have to, and now we're trying to scramble to get what we got at the end. So why were you less prepared than you should have been, which adds to what I think is the confusion that you're creating with all of this?

Hon. Sylvia Jones: So boards of trade and chambers of commerce have been an incredible partner to us in the rollout and distribution of rapid antigen tests. As you know, in December, the federal government had promised us 4.5 million additional rapid antigen tests, and in fact, they did not arrive. We have been actively, as a government, through procurement—Minister Romano and his team have been sourcing other opportunities for rapid antigen tests.

There are pieces of this that I think I really want the committee to understand. First of all, the federal government, through Health Canada, approves which rapid antigen tests are available in Ontario and Canada. There are rapid antigen tests being used in other countries that have yet to be approved through the federal government.

The Chair (Mr. Tom Rakocevic): Two minutes.

Hon. Sylvia Jones: We would love to be able to have more opportunities through multiple suppliers to use different rapid antigen tests. We can't do that until Health Canada has given us that approval. In terms of—

The Vice-Chair (Mr. Tom Rakocevic): MPP Bisson has his hand up. I apologize for—

Mr. Gilles Bisson: No, she can—

Hon. Sylvia Jones: I'm sorry, Chair—

Mr. Gilles Bisson: Second question—

Hon. Sylvia Jones: Respectfully, Chair, why do people get to interrupt me but I don't get to interrupt the questioners? I'm a little confused.

The Vice-Chair (Mr. Tom Rakocevic): Well, you haven't raised your hand during any of the questioners, and the questioners have listed that if the questions last long enough, all the time will be run down, and if they have additional questions.

Hon. Sylvia Jones: Good to know. I'll raise my hand.

The Vice-Chair (Mr. Tom Rakocevic): Okay. MPP Bisson, continue. If you're saying you're needing it or not—MPP Bisson?

Mr. Gilles Bisson: Well, no, there was a second part to the question, which she'll get to answer now.

The Vice-Chair (Mr. Tom Rakocevic): We have a minute left.

Mr. Gilles Bisson: I'm only going to take 10 seconds. I just come back to, it seems to me that the government knew, as we all did, that we were in the middle of this for the last two and a half years. We could have put ourselves in the position of being able to order the stock that we need to be able to be where we are. If you can answer that and the second part of the question, that would be great.

Hon. Sylvia Jones: I'm sorry, can you repeat it?

Mr. Gilles Bisson: The Internet connection in northern Ontario—

The Vice-Chair (Mr. Tom Rakocevic): No, no.

Mr. Gilles Bisson: I think I've just run out of time, Chair.

The Vice-Chair (Mr. Tom Rakocevic): No, no, continue. We heard you. Go ahead.

Mr. Gilles Bisson: Okay. So I don't know if it's your connection, Minister, but what I was saying is, if you want to answer the second part of my first question, that would be great. But my point was, the government, for the last two and a half years, has had the time to order the stock that they need in order to get us in the position that we should have been in at this time, and you did not. That was my point.

Hon. Sylvia Jones: I see, okay. So in terms of the rapid antigen tests, I believe I have covered that sufficiently. As well as continuing to receive a limited amount from the federal government, we are procuring, through our purchasing, additional rapid antigen tests. And, frankly, those are being used very strategically. We've already heard Minister Lecce on how every student in Ontario will be receiving two, starting next week, to be used when a student is symptomatic, showing symptoms. We're also using them in what I call our essential sectors, whether that's paramedics—

The Vice-Chair (Mr. Tom Rakocevic): Thank you. We're at time.

Just a clarification, before we move on to the government side: In conferring with the Clerk, essentially, this is the time for members to ask questions of the minister. If members feel that the question is not being answered or they have an addendum to the question or whatnot, it is their right to be able to correct the record or ask or feel that their question is not being answered. This is something that all members, whether government, official opposition or independents, have that right to do, and this is in conferring with the Clerk.

Before we proceed, Minister, you had a comment?

Hon. Sylvia Jones: If that's the case, if, during the questioning, there is inaccurate information, is it appropriate for me to hold up my hand and correct the record of the question?

The Vice-Chair (Mr. Tom Rakocevic): You can address it in your answer, but according to the Clerk, that's not appropriate.

Furthermore, we have had the mikes unmuted in the past, but we've moved to muting mikes. That way, there is less talking over each other, which is problematic for Hansard, when they're doing the transcribing, when there are multiple people speaking over one another. So we've moved to that format.

I would like to now pass it on to the government side. We have 10 minutes. Okay. I see MPP Coe's hand up. Please proceed.

Mr. Lorne Coe: Welcome, Minister. Thank you very much for your presentation.

Minister, the case count early in the new year was on an upward trajectory. Lately, though, the test positivity rate appears to be levelling off. Is there reason to be optimistic about those recent numbers? Thank you, Minister.

Hon. Sylvia Jones: I believe there is reason to be optimistic. I am not a prognosticator, I am not a science table expert, but from what we have been seeing, the indication suggests that, because of the rapid incline in Omicron, we will see a similar and rapid decrease.

Now, as with everything, that is only one indicator. We will continue to monitor absenteeism rates in our health care sector, paramedic, fire, police and other essential services, like our sewage and water treatment plants, because all of those are also factored in. But it is absolutely, I believe, an opportunity for us to say we're moving in the right direction, and we can absolutely take some optimism and hope in the fact that that very steep increase should lead to a very steep decrease.

Mr. Lorne Coe: Thank you, Minister, for that response.

Chair, through you, to the parliamentary assistant to the Minister of Health, MPP Robin Martin.

Mrs. Robin Martin: Thank you very much, everyone. I just wanted to make a couple of comments at the beginning. I have been getting tons of calls and emails from constituents saying that they're thrilled that the schools are opening. They feel that the kids will be safe. They're happy with what we've done, so that's very exciting.

I also wanted to comment, as the parliamentary assistant to the Minister of Health, that the reason we haven't added mandatory immunizations to the school pupils act for COVID-19 is, as the minister said, because it was not recommended by the Chief Medical Officer of Health, who is in charge of recommending public health measures and probably knows better than any of the members of this committee when we should do that. So I think we take his advice; that's what he's paid for.

I want to get to a couple of questions, Minister. You really answered one in answer to MPP Bisson about rapid tests. I know that parts of our COVID-19 response are reliant on federal government procurement, approvals etc. One of the things would be some of the rapid tests; as you mentioned, they've only approved two kinds of rapid tests, which limits supply.

I'm going to ask you these two questions at once, just in the interests of time, so make a note here. One thing I'd like to know is if you know how many federal tests, out of

the federal government's rapid tests that have been promised to us, Ontario actually has received, even since the beginning of Omicron, when we were trying to get them. I know Omicron was only designated by the WHO as a variant of concern, I think, in early December, December 1 or so; so it's a brand-new thing coming in here. I know part of the issue is that there was a real supply crunch with rapid tests around the world, but also, we didn't get what we were promised for December, and I don't know if we've got the rest.

Also, I wanted to ask you about the capacity challenges, capacity limits and closures we now have, which I think are being driven by hospital capacity—again, challenges. At a press conference recently, the CEO of Ontario Health, Matt Anderson, indicated that eight or nine out of 10 people entering hospital right now would not be going into hospital if they had the antiviral medications that have not been approved yet by Health Canada, but are approved in the US and the UK for use. I think the CEO of UHN said something similar in an interview.

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It seems clear that if we had these antiviral meds, we'd be in a much better place. We probably wouldn't have to have these public health limitations and restrictions if our hospitals were not being overwhelmed and our health care providers were not being overwhelmed. Do you have any information about when we're going to get these antiviral pills? They're such a vital tool.

Hon. Sylvia Jones: Yes, those are all excellent questions. I'm not going to be able to give you specifics on all of the numbers that the federal government has promised for rapid antigen tests. I can tell you, as I previously mentioned, that in December we were expecting 4.5 million. In fact, we received a very small percentage of that, which is why we have had to be very strategic about where they can be of the most use. That is, of course, why Minister Lecce—before the children went home for the Christmas break, they actually received five free rapid antigen tests and were asked to use them very strategically over the holiday break to monitor their symptoms, if they had any.

We've continued to do that, as I mentioned. Even with the limited supply, having two provided to every school student starting Monday means that when and if they show symptoms, they can take some comfort in administering that rapid antigen test and seeing whether they are positive. And, as I mentioned previously, Minister Romano is doing his own procurement.

It is frankly more challenging when there are only basically two—well, there are only two—producers that Health Canada has approved. We would love to see an expansion on other manufacturers of rapid antigen tests, which are being used around the globe, that have yet to be approved.

In terms of the antiviral drugs, MPP Skelly may be able to speak more to this. I believe there is one pilot that has been showing some really positive results out of the Hamilton hospital. But again, we need those federal government approvals before we can start to roll it out in a more active way. Lots of planning, as you would know

as PA to health, is occurring in the hope that we will get additional approvals, whether it's for antivirals or whether it's for additional rapid antigen-type tests. The planning is taking place, but we cannot act without Health Canada approval. I hope that helps.

Mrs. Robin Martin: Thank you.

MPP Triantafilopoulos is next. Effie?

The Vice-Chair (Mr. Tom Rakocevic): MPP Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Thank you, Minister, for joining us again today—a very informative and factual presentation, which I certainly appreciate.

I'd like to speak a little bit about our teachers. Not only are teachers on the front line of education, but we also want to ensure they remain safe, as they're going to be returning to school on the 17th of the month. Part of the concern is that teachers do not accidentally pass on COVID to their students, or even take it home to their families. What steps can we take to ensure that our front-line teachers are getting access to vaccines? And can you also speak about the vaccine campaign within schools for students?

The Vice-Chair (Mr. Tom Rakocevic): Just over two minutes.

Hon. Sylvia Jones: If I may, I have some additional information for MPP Martin's question. In January, the federal government signalled to us that we would be receiving 54 million. In fact, we are now expected to receive only three million, which again speaks to being very strategic, and it ties into MPP Triantafilopoulos's question of strategically offering them where we need them and where they will be of the most value. That, of course, is that two will be given to every Ontario student when they return to class on January 17.

We're also leading Canada in terms of offering non-fitted N95 masks for our educators. That includes all staff who are working inside our schools. Whether that is administrative or cleaning, everyone will be offered the non-fitted N95 masks, and the triple-layer masks for students who need that additional protection.

All of those pieces together speak, frankly, to what we are hearing from our children's hospitals across Ontario, including CHEO and SickKids, saying, "Please, have the children return to class and make sure that you put all protections in place."

All of those pieces together, I think, speak to the work that the Ministry of Education has been doing—right since the summer, when the decision was made to distribute 70,000 HEPA filters in the fall. As I said, an additional 3,000 have gone out now. The masks have arrived. I've heard from multiple educators and staff that they have received their masks in the schools. So we're getting ready. That work has been done. I think there are a lot of excited students and parents looking forward to January 17.

The Vice-Chair (Mr. Tom Rakocevic): Okay. We're out of time.

Now we move on to the final round for our independent member. MPP Fraser, please begin.

Mr. John Fraser: Again, Minister, thank you for being here. I don't believe you're just here to answer questions; I do think you listen, and I hope that you bring it back to the table.

I do want to respond to something that MPP Martin said. I do find the government tries to hide and couch its decisions behind the Chief Medical Officer of Health. It's kind of interesting that before Christmas, their operatives were sent out to say that they were getting bad advice. I would like to point out that in the summer, Dr. Moore said, "We don't need vaccine passports," which was the same position as the Premier, and then, about six to eight weeks later, we got them.

The challenge is, you can provide people advice, but if they're unwilling to do it, it's not going to happen. I would expect that the Chief Medical Officer would not want to be in conflict with the government, to challenge it, because he works for the government. I'd just like to point that out.

I would like to talk about rapid antigen tests. It's interesting; I listened to my colleague MPP Bisson with regard to rapid antigen tests. Here's a brief history of rapid antigen tests in Ontario: They're "game-changers." Eight months later, "You can't give them away." That's the Premier of Ontario. There's no reason we could not have procured more of these tests last summer, when people were saying we needed them, when students wanted them, when classrooms wanted them, so we could have been more ready. I think that's frustrating for people, to hear that they're a game-changer, and then the Premier says, "We couldn't give them away." Somebody took their eye off the ball. It's that simple.

But the concern that I have—and the minister mentioned this in her remarks—is with regards to price gouging. That's a big concern, and I think the government is genuinely concerned about that. What I am trying to understand is—we have restricted PCR tests, for a good reason: We don't have enough supply. And what is happening here in Ontario right now is that people are selling PCR tests for \$200, \$300 or \$400—which is incredible, because we're still in an emergency. I know the government doesn't like to think we're in an emergency, but this still is an emergency.

Rapid antigen tests are for sale at drugstores in Ontario for \$40. I bought some of those tests. They're \$5 apiece from a wholesaler. What I'm trying to understand is, is the government not concerned about the fact that these tests are not available to people, that stores are charging so much for this, and that you've got private businesses selling PCR tests at what some people may consider to be gouging?

The Vice-Chair (Mr. Tom Rakocevic): Two-minute warning.

Mr. John Fraser: And people may think that about what's happening in pharmacies. So why aren't we actually selling rapid tests in pharmacies that cost what it costs to buy them if you order them online? Can somebody explain that to me, why that's not something that's concerning the government?

Hon. Sylvia Jones: I'm going to start with a bit of a public service, and that's for price gouging. I hope that you

are referring all of your constituents or people that you're hearing that this is occurring from to the 1-800-889-9768 number. That is where you report price-gouging, to ensure that the Ministry of Government and Consumer Services can do an initial follow-up and, if needed, have the referral to the local police authority. That's the first piece.

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What's frustrating for me is to see other jurisdictions, like the UK, like the US, having additional access above and beyond the two rapid antigen tests that are approved in Canada—being used in other jurisdictions around the world and precluded and not available to Canadian and Ontario citizens. I know that there are pathways that people can get a PCR test done using the pharmacy model if they must travel or if they need a negative test in order to go back to work. Those are pathways that have always been available to Ontario residents. Again, five free to every Ontario student were given prior to the Christmas break. The pieces where we have to be strategic are when we don't get the supply that we have been promised from the federal government, being able to pivot and go to, "Okay, where are they going to do the most?"—

The Vice-Chair (Mr. Tom Rakocevic): Minister, sorry; we're past time.

We are now moving to the final round of questions. We begin with MPP Bisson for the official opposition.

Mr. Gilles Bisson: Not that I want to promote Amazon, because you should always shop locally, but, Minister, I'm just looking at Amazon; I can buy all the rapid tests I want right there. The point that I think we're trying to make here this morning is it's not as if this pandemic was not a known thing. We've been in it for almost two and a half years. The government had to know, as I knew—I'm only a member of the official opposition, and other members of the House have much more information than me if they're on the government side, because you get the full briefings. Why is it that the government did not put itself in the position of making sure that we were properly supplied with everything we needed, from the PCR tests that are done by the health units and others, and the antigen tests, the strips, and the masks? You had an ability to do it. Why did you just put it off? That's the question we're asking.

Hon. Sylvia Jones: I think the obvious answer is because the commitment and the promise that we were getting from the federal government did not come through. Again, I will say it: 54 million were promised in January; we have three million from the federal government. So how did we pivot? How did we show leadership? We started procuring from the only two manufacturers that are approved in Canada and Ontario, to buy direct. That has historically not been the case. We have had [*inaudible*] with the federal government, and they committed to getting those rapid antigen tests. They have not come through. Therefore, we've pivoted and started to purchase direct.

Mr. Gilles Bisson: But why—I can go to Amazon, and I can order all the antigen tests I want. Again, I don't want to promote Amazon; you should always shop locally. But the point is the government had an ability to order, and

they didn't. And I commend the government for going outside of the supply chain, bypassing the federal government, if that was the right thing to do. That's what I would have done. But that was my point.

The other thing I want to say is that the—

Interjection.

Mr. Gilles Bisson: Yes, go ahead, please.

Hon. Sylvia Jones: Just very quickly, the rapid antigen tests do have an expiry of six months, so there is a need to monitor how much is being used at any given time. Thank you.

Mr. Gilles Bisson: Yes, but we know that there's an increase in demand. Anyway, we're not going to belabour this point. I think I've made my point, and I think the government has made its point by way of its actions or inactions.

I just have one last question, and I want to leave the rest of the time for my colleague Marit Stiles, and that is: The government, when you look at what happened yesterday, I think has just led to confusion when it comes to everybody understanding exactly what the government's position is when it comes to what's going to happen in schools or not happen in schools in preparation for Monday. And I just say again, the confusion that is being created by the government going this way then going that way and then saying something and having to retract it that night after a press conference is not instilling confidence in the people of Ontario. I recognize it's a hard thing to manage through a pandemic. I get it. It's not an easy thing. I've been a member of government before. But I've got to say, you guys have got to pick a lane, stick with it and try to get it right from the beginning.

With that, I'll hand it over to my colleague Madame Stiles.

Ms. Marit Stiles: Thank you, MPP Bisson.

I want to follow up a bit more on this. As I'm sitting here, I'm hearing from parents who are saying, "Please, we don't understand what the government is doing around reporting in classrooms, and kids are going back to school on Monday." What I'm hearing—and I want to also just correct something, if I may, that the Solicitor General said in response to my earlier questions when I was asking about why we're going into this 30% reporting and why the government seems to be flip-flopping on that already. She said to go back and look at what the minister said. Well, the minister did, and the reporters' media is confirming this, change their plan, and—

The Vice-Chair (Mr. Tom Rakocevic): Sorry—just freeze the time.

Ms. Marit Stiles: I have a right to ask questions. She can't interrupt me.

The Vice-Chair (Mr. Tom Rakocevic): Yes, I'm trying to say to the minister that I understand she has her hand up, but as mentioned—and I've frozen time—you have the right if you want to correct the record during your own time, unless the questioner allows that. Please proceed, MPP Stiles. I apologize.

Ms. Marit Stiles: Thanks. That's okay. Thank you, Mr. Chair. I appreciate your help here.

So I guess what I'm trying to understand is we're hearing lots of different things, and I would like to understand from the Solicitor General why it is that the rule around this 30% reporting seemed to change last night. There's some talk now that there's going to be an absentee website that parents can check, but that families and schools won't be informed until there are 30% of absences at school. I want to say, in an average school, that's like 300 people. I'm wondering if the minister can explain why the government changed direction again within 24 hours on that point, and if she can explain what is actually required and what parents can expect on Monday.

Hon. Sylvia Jones: Chair, I've been a member of provincial Parliament for a number of years, and I cannot tell you how many times I have heard Speakers—from various political backgrounds—repeat often and regularly that another member cannot correct another member's record. So, respectfully, I would suggest that when MPP Stiles is correcting my record, that is not appropriate. You only have to look at the precedents of every Speaker in the Ontario Parliament.

The Vice-Chair (Mr. Tom Rakocevic): One second to confer.

My understanding from the Clerk is that if a person is speaking or asking a question and they use the phrase that they're "correcting the record," they are not in fact correcting the record; it's just simply a phrase. Now, someone can use a point of order to correct a record. But no record is being corrected; they have just said something that doesn't actually correct the record. This is what the interpretation is of the Clerk. No record is being corrected. It's just a phrase that's being used where no record is being corrected. We'll resume time and proceed.

Before we do, MPP Bisson, do you have a point of order?

Mr. Gilles Bisson: Just on a point of order, the process that we're undertaking where you get three 10-minute rounds to be able to ask the questions and try to get some answers is part of the problem here. If the government wants to give us more time, maybe then we can do this a little bit better. But we have only got 10 minutes.

The Vice-Chair (Mr. Tom Rakocevic): Okay. Please proceed, MPP Stiles.

Ms. Marit Stiles: Thank you. I'm sort of shocked by the Solicitor General. At this moment, when people are so concerned and confused, to try to shift us away from the topic at hand that way—I'm really kind of shocked by it, but I'm going to continue anyway.

As I said, my question is: The government yesterday, the Minister of Education, definitely changed tack yesterday by the end of the day, absolutely. I see a lot of shaking heads here, but I've talked to the media, who were the only people who were invited to the technical briefing—we in opposition were not, to be provided with that information—and they definitely changed tack. I'm hearing from boards across the province that they're seeing that parents are more confused and angry and apprehensive about returning to school than ever before, which is a terrible place for us to be in right now.

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I just want to ask the Solicitor General again if she can explain to me what is happening. First of all, why are you waiting until like 300 students in a school are off sick before parents get to find that out, and why is the government providing such confusing information within 24 hours? I think Ontarians have a right and deserve to know what is happening and whether this is going to change again by the end of today.

The Vice-Chair (Mr. Tom Rakocevic): Solicitor General?

Hon. Sylvia Jones: I will try to correct the record to ensure that you can share appropriate information and alleviate the concerns. We have heard clearly from parents that they want their children to be in class. To be clear, there will be reported absences publicly released by school boards. That is going to happen, and that is all absences, whether it is related to COVID or colds or other illnesses.

The second is, there is work being done at the board level for a website, individually, by board, to ensure that parents have that knowledge and that information to, as Dr. Kieran Moore said, empower families, parents and caregivers to make the appropriate decisions for their children. I think we, as parents, understand that there are different levels of risk depending on the age of the child, depending on whether that child has other health illnesses, and that only a parent working with their primary health care physician and doctor can make the determination of what is appropriate for that individual student. That will continue to work, and that work is ongoing. But empowering parents and caregivers with the knowledge, the data and the information to make informed decisions is what we are doing and what we will continue to do.

The Vice-Chair (Mr. Tom Rakocevic): MPP Stiles? Forty-five seconds.

Ms. Marit Stiles: Thank you. I just want to say that this isn't empowering; this is keeping parents in the dark. And deciding you're going to put in place websites now, some kind of application in every board across the province with literally like—there's only today and tomorrow—two business days before kids come back to school on Monday. That is not good planning. That is causing confusion. That is not good government. That does not bring confidence or empower parents at all. That causes confusion and apprehension.

With that, I'll end there. Thank you.

The Vice-Chair (Mr. Tom Rakocevic): Okay, we are at time. We are now moving to the government side. I see MPP Donna Skelly. Please proceed.

Ms. Donna Skelly: Thank you, and good morning, Chair. I'd like to begin by saying to the Solicitor General I appreciate everything that you've done, along with the Minister of Health and the Minister of Education, who I know have worked tirelessly every day since the beginning of this pandemic. You have been working to do what you can, everything humanly possible to keep Ontarians safe and to make our schools safer for children. I know that you recognize parents and students want to be in the classroom, and that is why our Minister of Education was

so proactive in procuring HEPA filters to have installed in our schools prior to the beginning of the September school year. I know that there are huge challenges, and quite frankly I'm appalled by some members of the official opposition who have politicized a pandemic and are not working with the government in helping us get the message out to get vaccines in arms, which we know is the key to getting through this pandemic, and not helping us procure certain very difficult PPE.

Minister, I recall back when the pandemic first arrived in Ontario and we were struggling, like the rest of the planet, to find authentic PPE. I recall our government searching for N95 masks. Many that came into Canada were actually counterfeit, and at one point the Premier actually made the point, "I will never, ever allow Ontarians to be put in this position again," and immediately, along with the Minister of Economic Development, engaged in a process to recruit manufacturers back to Ontario, because under the previous Liberal government, we lost manufacturing jobs and the capability of being independent and not reliant on other countries around the world to provide this. Today, I'm so pleased that the majority of our PPE is actually being manufactured here in Ontario, in eastern Ontario, and I want to applaud you and of course the ministers that I mentioned for making that happen.

On Monday, as we all know, students will be returning to school. One of the big issues is getting vaccinations in our youth, five-to-11-year-olds. That is critical. Unfortunately, we are lagging behind some of the provinces. Newfoundland, for example, is the leader in the country. Minister, can you share with us the positive messaging, how we are moving forward to encourage more jobs in the arms of our younger people?

Hon. Sylvia Jones: Yes, absolutely. Your preamble really speaks to how we have taken a whole-of-government approach to the entire pandemic. The ability to be able to procure locally, to produce locally, I will say, should be a point of pride for Ontario. Because of the due diligence that we did as a cabinet ensuring that there were no shipments of N95 masks that came into Ontario that were subpar or faulty—we should take pride in that, because we did the due diligence to make sure that we were not being taken for a ride, basically, in the province.

In terms of the next steps and how do we increase that percentage of the pediatric doses, the five-to-11, we've done a number of things. We've had really good engagement on the primary-care-practitioner model, because a lot of parents and caregivers are wanting to have a more detailed conversation about the value of vaccinations with their nurse or their family doctor. That piece has been working very well and is moving along.

In terms of educators, we have added additional opportunities for them to get vaccinated. As recently as yesterday, the Toronto Zoo is a host site where we have vaccination slots available for the general public, but we also have set aside a large percentage after school for educators to come in and get their shots so that they're ready for Monday.

We have also been working with the 34 public health units and we are going to expand the opportunity for young people to get vaccinated in schools. It is, frankly, what we believe Newfoundland has done successfully and is now leading Canada as a result. As I understand it, Minister Lecce has already prepared the letter that will go home to parents and caregivers explaining that the opportunity for their young people to get vaccinated in school will be available, and asking for their informed consent on that.

The Vice-Chair (Mr. Tom Rakocevic): Five minutes.

Hon. Sylvia Jones: There are so many pieces. We've seen, of course, the mass immunization clinics, but we've also seen a lot of students, parents and caregivers going through the pharmacy model. All of those together have given a lot of different pathways, and we really believe expanding it to in-school, during the school day, is also going to give us that additional bump so that we continue to increase beyond the 50% that we currently are sitting at with the five-to-11.

Ms. Donna Skelly: I agree, Minister, and I do hope that our parents do take advantage of these clinics that are being offered in communities and schools.

But I'm going to now hand it over to MPP Oosterhoff.

Mr. Sam Oosterhoff: Thank you very much, Minister, for appearing today before the committee, and I appreciate all the answers that you've provided.

I know we've spoken about education; it's clearly incredibly important to so many across this province and just one of those vital services that we all want to see return to some level of normalcy—safely, of course. I know that I've heard from many parents who are very excited to see that kids are able to return to class. We've heard from educators who are excited to be back in the classroom, and students, of course.

We've seen a lot of investments made into the education system over the past years, but especially over the past months leading up to the return to class: 73,000 HEPA filters; millions of rapid tests administered over the holidays; now, of course, heading into the return to school, high-quality masks purchased for staff and students alike; agreements made to bring additional teachers in through agreements with the Ontario Teachers' Federation.

We've seen so much emphasis on the importance of in-person learning. I just want to ask you if you could perhaps dig into the report from the Ontario science table, if you've had a chance to see it, about the key social, educational and mental health benefits of students being back in class and how these were considered when weighing community transmission of Omicron and additional needs and when the decision was made to send kids back to class.

Hon. Sylvia Jones: It's a great question. We've taken a lot of input and advice from the children's mental health hospitals across Ontario as well, because, frankly, they are the experts in children's health. There is no doubt that

children succeed and have better outcomes when they are in front of a teacher in a physical classroom, interacting with their peers and their educators. The fact that we have children's health experts like CHEO, like SickKids, like the London Health Sciences Centre saying it is a better outcome for children to be in the classroom really drove some of the motivation that I'm sure you know only too well as PA to education in making initial investments in the summer to make sure that we could safely reopen.

The Vice-Chair (Mr. Tom Rakocevic): Two minutes.

Hon. Sylvia Jones: And I must say, and you would have heard it, there were a number of naysayers who, when we decided to open up schools in September said, "Oh, they're not going to last. They're going to close within weeks." Frankly, because of the work that had happened through the Ministry of Education, through the partnerships with the school boards, that ended up being a very, very successful outcome. We've had students in class until the Christmas break.

Taking the additional two weeks in January as we saw that very dramatic spike as a result of Omicron, again, gave the Ministry of Health and your colleagues the opportunity to do some additional measures: so, beyond the 70,000 HEPA filters, an increase of 3,000 and a decision to offer and make sure that non-fitted N95 masks were available for all school personnel, in addition to offering the three-ply masks to students who didn't already have access to them. All of those pieces really have been leading the country to protect our school population and ensure that the best outcome is ultimately what we have been seeing from September to December, and I am confident it's what we'll see starting January 17.

Mr. Sam Oosterhoff: We're almost out of time, but very quickly, I know you've spoken about the impacts of lockdown measures and knowing that we didn't want to start the new year with the measures that we've had to put in place, and I agree with you. But you really emphasize that these are time-limited measures. Could you speak about the importance of ensuring that these measures are time-limited and how confident our constituents can be that they're not going to see extension upon extension of the ROA?

The Vice-Chair (Mr. Tom Rakocevic): You have 10 seconds.

Hon. Sylvia Jones: It's a great point. We continue to monitor the data.

The Vice-Chair (Mr. Tom Rakocevic): Thank you. That concludes this meeting.

Thank you very much for appearing before the committee today, Minister. You are now excused. Stay healthy and safe.

We'll pause for a moment as we move into closed session for report-writing.

The committee continued in closed session at 1144.

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