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EM-9

**Select Committee
on Emergency Management
Oversight**

Emergency orders review

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

Étude sur les décrets d'urgence

1st Session
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Monday 8 March 2021

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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**

Monday 8 March 2021

Lundi 8 mars 2021

The committee met at 1231 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Vice-Chair (Mr. Tom Rakocevic): Seeing that the Solicitor General is here, I call this meeting of the Select Committee on Emergency Management Oversight to order. We have the following members in the room: MPP Bisson, MPP Hogarth and myself as Vice-Chair, MPP Rakocevic. We also have in attendance, via Zoom, MPP Bailey, MPP Kramp, MPP Martin, MPP Oosterhoff, MPP Park and MPP Triantafilopoulos. We are also joined by staff from legislative research, broadcast and recording, and House Publications and Language Services. As well, MPP Singh has joined us and is in the room now.

To make sure that everyone can understand what is going on, 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. Any questions?

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 designates on any extension 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 designate 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 Solicitor General's opening remarks, we will proceed in a question rotation as follows: 10 minutes to the official opposition, 10 minutes to the government, and five minutes to the independent member. That will be repeated, and in the final round it will be 10 minutes for the official opposition

and 10 minutes to the government. Are there any questions before we begin?

Seeing none, Solicitor General, please proceed with your introductory comments when ready.

Hon. Sylvia Jones: I am pleased to join you for the ninth monthly meeting of the select committee. Almost one year ago, on March 17, 2020, the province first declared an emergency due to the COVID-19 pandemic. We meet today on the heels of a week filled with encouraging news regarding the world's fight against COVID-19, including Health Canada's approval of two new vaccines and updated immunology guidance that will allow more Canadians to receive greater protection from COVID-19 sooner.

Here in Ontario, we are getting the vaccine into the arms of priority populations as quickly as we receive doses—including this month, with the start of vaccinating adults 80 years of age or older, and more Ontarians becoming eligible as a greater number of doses make their way to Ontario.

It is truly remarkable that even one vaccine has been developed and administered for a virus that didn't even have a name prior to February 11 of last year, let alone the four now approved by Health Canada. Every dose moves us one shot closer to a return to normal, but there is still a ways to go.

Despite improving COVID-19 trends in most regions of the province, Ontario's case rate per 100,000 is still high, including the spread of the new variant. It has the potential to account for 40% of new cases in March.

Along with the vaccine, orders under the reopening Ontario act remain important tools to limit the spread of COVID-19, ease the burden on our hospitals and health care workers, as well as protect our most vulnerable, all while allowing schools to reopen for in-class learning in regions where it is safe to do so, as well as slowly, reasonably and responsibly moving more regions towards the green zone.

As this committee is aware, on February 8, 2021, we announced a phased return to the framework at the conclusion of the declared emergency on February 9, 2021.

On February 10, 2021, Hastings Prince Edward Public Health, Kingston, Frontenac and Lennox and Addington Public Health, and Renfrew County and District Health Unit all returned to the framework and were assigned colour-coded zones.

On February 16, 2021, all remaining public health units, with the exception of Toronto, Peel, York and North Bay Parry Sound, returned to the framework.

On February 26, in response to concerning public health trends, the emergency brake was applied to the Simcoe Muskoka District Health Unit and the Thunder Bay District Health Unit. Both public health units were returned to the grey, or lockdown, effective March 1, to immediately interrupt transmission and control the spread.

As of this morning, and based on a general improvement in trends of key indicators, North Bay Parry Sound District Health Unit will be returning to the framework at the red control level.

Peel Public Health and the city of Toronto continue to make progress, but their case rate still remains high. They will return to the framework at the grey lockdown level.

Seven other public health regions have also moved to other levels in the framework. Peterborough Public Health, Public Health Sudbury and Districts, and Simcoe Muskoka District Health Unit have moved to the red control zone. Haldimand-Norfolk Health Unit and Timiskaming Health Unit have moved to the orange restrict zone. Haliburton, Kawartha, Pine Ridge District Health Unit and Renfrew County and District Health Unit have moved to the yellow protect zone.

Therefore, Ontario looks like this:

In the green zone, or prevent: Grey Bruce Health Unit; Hastings and Prince Edward county's health unit; Kingston, Frontenac and Lennox and Addington Health Unit; Leeds, Grenville and Lanark District Health Unit.

In the yellow zone, or protect: district of Algoma; Haliburton, Kawartha, Pine Ridge District Health Unit; Huron Perth Public Health; Northwestern Health Unit; Renfrew County and District Health Unit.

In the orange zone, or restrict: Brant County Health Unit; Chatham-Kent health unit; city of Ottawa health unit; Eastern Ontario Health Unit; Haldimand-Norfolk Health Unit; Middlesex-London Health Unit; Oxford-Elgin-St. Thomas health unit; Porcupine Health Unit; Timiskaming Health Unit.

In the red zone, or control: city of Hamilton health unit; Durham regional health unit; Halton regional health unit; Lambton health unit; Niagara regional area health unit; North Bay Parry Sound District Health Unit; Peterborough county health unit; Simcoe Muskoka District Health Unit; Sudbury and districts health unit; Waterloo health unit; Wellington-Dufferin-Guelph health unit; Windsor-Essex County Health Unit; York regional health unit.

Finally, in the grey zone, or lockdown, we have the city of Toronto health unit, the Peel regional health unit, and the Thunder Bay District Health Unit. They're all in the grey or lockdown zone.

1240

Chair, let me be clear: A return to the framework is not a return to normal. Our government has taken a safe and cautious approach to returning to the framework.

Amended orders: All orders in effect under the reopening Ontario act are currently set to expire on March 21. In addition to the assignment and reassignment of

public health units under O. Reg. 363/20, stages of reopening, in accordance with the framework, a number of regulatory amendments have been made to orders under the reopening Ontario act since this committee last met.

O. Reg. 82/20 and O. Reg. 263/20, rules for areas in stage 2, have been amended to support licensing examinations for specific fields and occupations, such as critical service providers and disciplines needed to support the COVID-19 response. This would include amending restrictions relating to meeting and event spaces and post-secondary institutions to create an exemption for the 10-person capacity limits for the purpose of conducting in-person licensing examinations for the registration, licensing or accreditation of persons in specific fields to a maximum of 50 people.

O. Reg. 82/20 was amended to allow all construction activity in the shutdown zone that was previously not permitted to reopen immediately. While most types of construction businesses are already allowed to be open in these areas, some, including most commercial construction such as office buildings, interior finishing work in retail and construction supporting businesses such as warehousing, IT or the telecom sector, was not.

O. Reg. 82/20, O. Reg. 263/20 and O. Reg. 364/20, rules for areas in stage 3, were amended to enable the American Hockey League to return to play in Ontario. To comply with the amendments, teams must operate in accordance with Ontario's professional sports plan that is already governing NHL games played in Ontario. No spectators are permitted in the arena. While still on the subject of professional hockey, O. Reg. 263/20 has also been amended so that the conditions set out in paragraphs 1 to 5 of subsection 16(1) of schedule 2 do not apply to television productions relating to NHL and AHL games.

O. Reg. 82/20 as well as O. Reg. 263/20 and O. Reg. 364/20 have been amended so that specialty vape stores shall not permit an electronic cigarette to be used for the purpose of sampling a vapor product while in the store.

O. Reg. 82/20 has been amended to support active patron screening requirements for meeting or event spaces and indoor malls. The person responsible for a business or place that rents out meeting or event space must ensure that individuals are screened prior to entering, in accordance with the advice, recommendations and instructions of the Office of the Chief Medical Officer of Health, and indoor shopping malls must actively screen individuals before they enter the indoor premises of the mall.

O. Reg. 263/20 has also been amended for patron screening requirements for meeting or event spaces, indoor malls, restaurants and bars, facilities for indoor sports and recreational fitness activities, personal care services, casinos, bingo halls and other gaming establishments, cinemas and performing arts venues. There are limited exceptions, like the use of facilities for indoor sports and recreational fitness activities, such as those training for Team Canada, for example. Also, the regulation has been amended to clarify that soccer and other sports domes are a facility for indoor sports and recreational fitness activities and subject to the same conditions as other

facilities for indoor sports and recreational fitness activities.

O. Reg. 263/20 has been amended so that the general capacity limit provisions for event spaces, indoor malls, restaurants and bars, facilities for sports and recreational fitness activities, and personal care services open to the public in the red zone align with O. Reg. 364/20.

Subject to an additional restriction in O. Reg. 263/20, the person responsible for a place of business or a facility that is open to the public shall limit the number of persons so that every member of the public is able to maintain a physical distance of at least two metres from every other person.

O. Reg. 263/20 was amended to clarify that certain settings for public health unit regions in the red zone, including community centres, multi-purpose facilities, recreational facilities and facilities for indoor-outdoor sports, may be open to provide space for the provision of child care.

O. Reg. 364/20 has been amended for patron-screening requirements for meeting or event spaces, indoor malls, restaurants and bars, facilities for indoor sports and recreational fitness activities, personal care services, casinos, bingo halls, cinemas and performance art venues for the orange zone only.

As with O. Reg. 263/20, the regulation has been amended to clarify that soccer and other sports domes are a facility for indoor sports and recreational fitness activities and subject to the same conditions as other facilities for indoor sports and recreational fitness activities.

There are also some housekeeping amendments to the orders: O. Reg. 82/20 has been amended to remove the word “summer” in reference to safety guidelines for day camps and adding a fitting room provision to allow for use under certain conditions to support physical distancing. O. Reg. 82/20, O. Reg. 263/20 and O. Reg. 364/20 have been amended to streamline language between various stages related to safety plan requirements. Finally, O. Reg. 157/20, which is work deployment measures for municipalities, was amended to remove a reference to O. Reg. 75/20, drinking water systems and sewage works, an order which was previously revoked.

Extending orders: As usual at this point, and in line with the legislative mandate of this committee, I will now walk us through the remaining orders that are currently in effect until the first instance of March 21, 2021, and have not been amended since the last committee meeting. These updates are being presented in numerical order.

O. Reg. 74/20, work redeployment for certain health service providers: The hospital sector continues to experience increased demands and pressures as a result of COVID-19. This order authorizes hospitals to take measures with respect to work deployment and staffing and is necessary to address surgical backlogs, as well as alleviate health human resource shortages within hospitals and other health care service providers.

O. Reg. 76/20, electronic service: This order allows document service 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 slow the spread of COVID-19.

O. Reg. 77/20, which is work deployment measures in long-term-care homes: This order gives long-term-care homes greater flexibility to identify staffing priorities, deal with staff shortages and address outbreaks. It remains necessary because flexibility to recruit and reassign staff remains crucial for preventing and managing outbreaks and ensuring stability and quality of 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 residents. The order is extended to ensure long-term-care homes continue to provide care and safety for their residents.

1250

O. Reg. 98/20, prohibition on certain persons charging unconscionable prices for sales of necessary goods: This order is in place so that consumers can continue to file complaints with the Ministry of Government and Consumer Services about price gouging with respect to the necessary goods set out in the order, some of which remain in short supply.

O. Reg. 114/20, enforcement of orders: Effective enforcement is essential under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, to limit the spread and effects of COVID-19. This order ensures a person is required to identify themselves by providing their name, their date of birth and address to a police officer or other provincial offences officers if the officer has reasonable and probable grounds to believe the individual has committed an offence under section 10(1) of the ROA. Without disclosure of this identifying information, provincial offences officers would be unable to effectively enforce orders under the reopening Ontario act.

O. Reg. 116/20 relates to work deployment measures for boards of health. This order allows boards of health or public health units to take, with respect to work deployment and staffing, any reasonably necessary measures to respond, prevent and alleviate the COVID-19 pandemic.

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 and to ensure stability and quality in retirement care.

O. Reg. 121/20 is staffing flexibility measures for service agencies providing services and supports to adults with developmental disabilities and service providers providing intervenor services. This order allows deployment services 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.

O. Reg. 129/20 relates to witnessing of wills and powers of attorney. This order allows the witnessing of wills and powers of attorney to be facilitated virtually

through technology. Many are still relying on the order to ensure wills and powers of attorney can be safely executed, as there are no alternative processes available.

O. Reg. 132/20 relates to use of force and firearms in policing services. This order allows chiefs of police to authorize certain members of a police service to perform duties involving use of force and to carry a firearm if the member successfully completed the required training within the previous 24 months of this authorization, instead of the annual training required under the Police Services Act. This order allows police personnel to continue to be deployed to keep our communities safe, despite delays in annual training due to COVID-19.

O. Reg. 141/20 relates to temporary health or residential facilities. This order requires the continued suspension of Ontario building code requirements to expedite the set-up of temporary services in existing health care facilities, temporary health and residential facilities in new structures and to convert existing other buildings for these purposes.

O. Reg. 145/20 relates to staffing flexibility measures for service agencies in the violence against women, anti-human trafficking and crisis line service sector. 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 have the authority and flexibility they need to redeploy their staff to support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 146/20 relates to limiting work to a single long-term-care home. This order reduces the movement of employees between long-term-care homes to minimize the risk of COVID-19 transmission to other homes or health care settings. The order is still necessary because limiting the number of staff moving across multiple settings is an important component of infection prevention.

O. Reg. 154/20 relates to 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 relates to deployment of employees of service provider organizations. This order allows the voluntary deployment of existing home care staff at service provider organizations to provide services such as nursing, personal support services and therapy to other congregate care settings. The need for the order is based on ongoing staffing issues at long-term-care homes and retirement homes.

O. Reg. 157/20 relates to 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's communities and efforts to curb the spread of COVID-19.

O. Reg. 158/20, limiting work to a single retirement home: Like the order for long-term-care homes, this order remains necessary because limiting retirement home staff from working in other retirement homes, long-term-care homes and health care settings is an important component of infection prevention and control practices in retirement homes.

O. Reg. 163/20 relates to staffing flexibility for mental health and addictions agencies. This order is necessary to give service providers the required authority to maintain health human resource flexibility, especially as mental health and addictions providers work to maintain in-person services during the second and any future wave.

O. Reg. 177/20 relates to congregate care settings. The order has been extended so that staff movement across multiple employers in developmental sectors, 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 relates to 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 relates to hospital credentialing processes. Maintaining flexible health human resources is critical for hospitals during the pandemic. This order allows hospitals to quickly appoint, reappoint and grant privileges to physicians and other professional staff, where necessary, to prevent and alleviate COVID-19 outbreaks.

O. Reg. 195/20 relates to the treatment of temporary COVID-19-related payments to employees. The order ensures that any temporary COVID-19-related payments, including temporary wage enhancements for personal support workers and direct support workers, 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.

1300

O. Reg. 210/20 relates to 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 actions to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20 relates to 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 of the home.

O. Reg. 241/20 relates to special rules re temporary pandemic pay. The order is designed to help facilitate the implementation of temporary pandemic pay and to provide

clarity to employers and employees regarding eligibility for pandemic pay.

O. Reg. 345/20 relates to patios.

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

Hon. Sylvia Jones: This order helps municipalities quickly pass or make changes to their patios to facilitate appropriate distancing and maintain public health measures. The order needs to remain in place to help restaurants and bars get ready for the spring patio season, support small businesses across the province, and help maintain and create new jobs to overcome the economic impacts of COVID-19.

In conclusion, Chair, we are seeing progress in our fight against COVID-19, especially with the rollout of vaccines, and now is not the time to let our guard down. As the pandemic has evolved, so too has our government's response, including a second declaration of emergency and temporary stay-at-home order. As we have seen since the beginning of this crisis, we will continue to move forward in a way that is responsible, transparent and accountable to the people of Ontario.

Thank you. I will turn it back over to the Chair for questions.

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much, Solicitor General, for that very detailed and interesting presentation.

We will now be moving on to 10 minutes with the official opposition, beginning with MPP Singh.

Ms. Sara Singh: Good afternoon to everyone in the committee today, and thank you to the Solicitor General for always being present here and helping to provide some clarity on the emergency management orders. I think we are all excited that there is potentially a light at the end of the tunnel as we prepare to—not reopen, I guess, but transition, as you and the government continue to say. But in preparation for that, I do have a few questions. They may be a little all over the place, so just bear with me here, Solicitor General.

The first question is with respect to the temporary pandemic pay for PSWs. As you note, that is a temporary measure that is in place. Does your government have any commitment to move that forward and make this permanent for PSWs in the health care sector?

Hon. Sylvia Jones: As Premier Ford has said many times, I think historically we have undervalued how important and critical the work of our PSWs is, both within our long-term-care and retirement homes, but also in home-based care. He has made it quite clear—and as you know, one of the first acts was that we made sure through the premium pandemic pay that PSWs were included.

I think he has signalled many times that we need to do much more to appreciate and value their critical work in this sector, which is why I was so pleased to see Minister Fullerton and Minister Romano come forward with an announcement last week that is actually going to train more PSWs, personal support workers, but equally important, giving them an opportunity to get some on-the-job training even during their education, because it's really

important for them to understand what their work will involve when they are ultimately trained and ready to get the jobs that are literally waiting for them once they finish their education piece.

Ms. Sara Singh: Thank you for that, Minister. I think we heard the health minister this morning say that, for whatever reasons, these workers are just simply not prepared for what they're going to face in the field, as if to say that they don't know what the reality of the sector looks like. I think many people would actually take a great deal of offence to that. I think that doesn't address the underlying issue, what contributes to their mass exodus from the sector, which is that there simply isn't fair remuneration in place for these workers.

This is why members of the opposition have called on this government not only to not make this an empty platitude during the pandemic, but to make this a permanent pay increase so that we can attain and attract high-quality PSWs to the sector and actually address the underlying problem.

I guess that leads to one of the questions: With respect to staffing shortages, which we saw throughout this pandemic, they really disproportionately impact our long-term-care sector. But a year later we are now learning of the government's plan to potentially hire and recruit more PSWs, when other provinces did that well into the summer. They were hiring, in Quebec, for example, 7,000 PSWs. This province is waiting now, as we celebrate our one-year anniversary, to recruit and train those folks. Can you help us understand what your government has done, really, to help address those staffing shortages in long-term care to make sure that that's not going to happen as we potentially navigate a third wave of COVID-19 here in the province of Ontario?

Hon. Sylvia Jones: I will try to wade through the statements to get to the question. As I mentioned, Minister Fullerton and Minister Romano made a very important announcement last week that is going to train additional personal support workers. I, frankly, think it is really an important piece that they are, as part of their education, going to be going into long-term-care and retirement homes to understand and experience what it's like to be a PSW worker in the province of Ontario. We historically have been undervaluing these very important professionals, and it was a step forward—a very important step, and an acknowledgement—that we are going to not only provide the education piece for a number of additional PSWs but also enhance what that experience looks like.

Ms. Sara Singh: Thank you, Minister. Just out of curiosity, has the government put any plans in place to help ensure that those workers are receiving their vaccines so if they do become ill, there is some sort of immunity in place for them? I'm just wondering, because I know we've spoken to folks in the sector who are very concerned, as an impending third wave comes to this province, that many of those health care workers haven't received their vaccines and that that's going to contribute to, potentially, staffing shortages. What has your government done to proactively prepare for that?

Hon. Sylvia Jones: As you know, in the first phase of the vaccine rollout, long-term-care workers working in long-term care and high-risk retirement homes were offered the vaccine. Of course, when the supplies dried up and we were no longer receiving consistent supplies, we did have to pivot and say, “Unfortunately, because of the limited supply, we’re going to have to offer it only to residents in long-term care and high-risk retirement homes.”

I am thrilled to report that that very targeted approach has led to fewer high-risk vulnerable citizens contracting COVID-19 and, probably more importantly, having serious repercussions and ultimately death.

The targeted approach that we took when we had limited numbers of vaccines has proven to be a very successful rollout. Obviously, I’m thrilled now that we are starting to see additional supplies and more vaccines being approved, but when we did the targeted approach, because we had to, because there was not the inventory—it has borne fruit and we are seeing the success of that.

Specifically related to front-facing health care workers, they are all being offered the vaccine. I hope that through your advocacy and their discussions with their family physicians, they will adopt and accept the vaccine, because it will ultimately protect them and the individuals that they serve.

Ms. Sara Singh: Thank you, Minister. I think one of the concerns that we continue to hear is that these health care workers are going to have to take time off work, they’re going to have to leave their place of work to actually get those vaccines.

1310

I’m wondering if your government has put in place any measures to provide mobile vaccines at these long-term-care homes where those clinics are not set up.

Hon. Sylvia Jones: There are lots of different pathways for people to receive their vaccine.

Specifically related to individuals working in the long-term-care sector and retirement homes sector, most of the vaccines being provided are provided on-site, so there’s a very easy way for individuals because they literally are going to their place of business. If they choose, for whatever reason, not to receive the vaccine at that point—down the road, you will see rollouts of vaccines available at pharmacies, which of course are not 9-to-5 operations, within their targeted family health teams, as well as other mass vaccination sites located throughout our communities. There are going to be lots of opportunities.

Ms. Sara Singh: I really hope we do consider that. I know that there are quite a number of barriers for many staff to actually get inoculated, and exploring alternatives might be helpful.

I just want to switch gears and discuss the authority that was provided to police officers to collect data when they engage with folks. I’m wondering if your government has received any of that data and if you’ll be looking into a race-based analysis on who was asked to provide their contact information and all the other details that you listed.

Hon. Sylvia Jones: The only time that provincial offences officers and police are requesting data—their

date of birth, their name and their home—is when they are laying a charge. And those, of course, are all public information, when charges are laid.

Ms. Sara Singh: Will your government be collecting data in terms of the number of folks who were stopped versus the number who were actually charged?

Hon. Sylvia Jones: When an individual is stopped, if a charge is not laid, if a ticket is not written up, then they are not asking for name, date of birth or place of residence.

Ms. Sara Singh: What measures are in place to ensure that that is not happening?

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

Hon. Sylvia Jones: The order is written very clearly that it is only when a charge or a ticket is going to be laid that at that point name, date of birth and address are asked for.

The Vice-Chair (Mr. Tom Rakocevic): Ten minutes to the government side.

Ms. Christine Hogarth: Thank you, Minister, for being here once again. I know your schedule is very busy. I just want to thank you for all the work that you have done.

I represent a Toronto riding, and today we are very pleased to move into the grey lockdown territory. We’re certainly hoping to transition to the red territory within the framework. I know our businesses and our places of worship are anxious to move.

My question is around the emergency brake. I understand that we’ve used that a couple of times over the past month. Has that worked? And what role did the local medical officer of health play in that decision?

Hon. Sylvia Jones: It’s a really important role that the local medical officers of health play, because, frankly, they see the data literally hourly, daily.

The use of the emergency brake is really an acknowledgement that, in particular, some of the variants of concern, we are discovering, are able to move very quickly. They are more transmissible, which is why we wanted to put in place the emergency brake.

To your point specifically, yes, in Thunder Bay we were able to use that, working with the local medical officer of health. She saw that the prevalence was increasing in a dramatic way, and she wanted to not move gradually through the framework, but be able to do a hard stop, a hard brake, to prevent as much of the transmission as possible.

We are seeing that it has an ability to help. It’s not an immediate on/off switch, unfortunately. The most important thing that we can do is, again, adhere to the guidelines—staying beyond the two metres, wearing your mask when you’re out in public, making sure that you’re doing all of the health-specific related things really makes a difference in the transmission piece.

Ms. Christine Hogarth: Thank you very much. My second question is around vaccines. For my residents in Etobicoke–Lakeshore, we’ve been hearing on the news that in other jurisdictions, such as Peel, people over the age of 80 are already registered and getting their vaccines, but

here in Toronto, they're not. I was wondering if you can talk to us a little bit about the inconsistencies between public health units as they roll out their vaccine processes. Does the province allow them to vary between regions, or are they taking our guidance?

Hon. Sylvia Jones: They're very much using our guidance in terms of priority populations. Age is absolutely number one, most important, but age is not the only thing. We are finding that there are neighbourhoods, historically—hot spots that have had a higher prevalence, a higher percentage of outbreaks. The public health units and the local units know that. They are able to build mass vaccination sites that would be appropriate, to put them closer to or in a neighbourhood that has had historic outbreaks rather than one that perhaps has a lower percentage of transmissions.

In terms of the city of Toronto specifically, they are and they have been vaccinating their over-80s, as the province has requested. But we are also allowing them the flexibility that they need to make sure that they continue with vaccinating their health care workers, with vaccinating high-risk neighbourhoods, as they announced last week, with their homeless populations. The framework and the priority piece are laid out by the province, but the local nuances of where the additional challenges are—we empower and we allow the public health units to do it, because historically, they have that data. They have been collecting social determinants of health data from when they began as public health units. So we're letting them use that work and use the data they've had from last March in testing to see where the additional challenges are.

But I can assure you that in the city of Toronto, the over-80 rollout has happened. It never happens fast enough, but it has begun, and I have to give them credit for doing that.

Ms. Christine Hogarth: Thank you. Over to my colleague Bob Bailey.

The Vice-Chair (Mr. Tom Rakocevic): Okay. MPP Bailey? You're muted, or we can't hear you.

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): If you remove your earphones, the Clerk is suggesting—

Mr. Robert Bailey: Is that better?

The Vice-Chair (Mr. Tom Rakocevic): Okay, we've got you. Great.

Mr. Robert Bailey: Thank you. I've got to find my spot here now. Thank you, Minister, for being here—I'll take these earphones out. Thank you for being here.

One of the questions I wanted to get was—we've heard recently from municipalities and some of the First Nations communities that have enacted their own declarations of emergency in response to the rising trends in their communities. Can you give some examples of how the province supports those communities that are facing acute local struggles due to COVID-19?

Hon. Sylvia Jones: Thank you for the question, MPP Bailey. Absolutely, there is and there has always been what they call a "section 22," which allows local public health officers to either declare a declaration of emergency

in their own local public health unit and also, again through the use of section 22, more specific and targeted measures.

A very specific example: In my own community, one of my public health units saw some very serious outbreaks in a number of private schools. As a result, she issued a section 22 that closed temporarily those private schools in a particular part of the public health unit. It didn't impact the entire public health unit and it wasn't a case where they were suggesting it should happen province-wide, but it was very targeted to a community because she saw there were high transmission rates and a concern that it would spread wider than beyond the small area. So we have done that historically.

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Of course, in southwestern Ontario—you would be familiar—last year, there were some large farming operations that had a couple of outbreaks. Again, the local public health unit worked very specifically with that farming organization to make sure that they had additional assistance to ensure that the outbreak didn't spread beyond a limited area.

Mr. Robert Bailey: I'd like to talk about the public health measures, where they're implemented, about restrictive opening orders, about non-compliance in wearing masks.

I'm wondering if you could provide an update: Are we still having issues with non-compliance across the province?

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

Hon. Sylvia Jones: I'm not sure if the non-compliance question is related to the workplaces, but I'll start there.

As many members would know, Minister McNaughton has hired some additional labour inspectors and has done targeted inspections of businesses that have been open to make sure they understand what the new rules are, and has provided many, many different guidelines, very focused on which type of business they're in, so that they know exactly what they need to do in order to keep their customers and their employees safe. Those workplace enforcement officers—labour inspectors—have been fanning out across Ontario. I know there was a very targeted blitz in Peel region a couple of weeks ago. They go in, they work with the employers, and when they see non-compliance, they talk about corrective measures. Ultimately, if that is not working, of course they have the ability to lay fines, as well.

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

Hon. Sylvia Jones: The other piece of mask compliance, just in the general public—there continue to be some pockets where it is a challenge. That's very unfortunate because, as we all know, the mask does less about protecting me and more about protecting others I come into contact with. So anything that we can do as parliamentarians to encourage people to wear those masks just makes the rest of the Ontario population safer.

The Vice-Chair (Mr. Tom Rakocevic): We're now moving on to our independent member.

Mr. John Fraser: Thank you very much, Minister, for your very thorough presentation.

I would like to talk to you about the vaccine rollout. I want to, at this point, reiterate what we all agreed to before Christmas and the motion that I put forward: that there be regular reporting at this meeting with regard to the vaccine task force and more regular reporting for Ontarians. I'd like to put that forward as something you can bring forward to your colleagues in cabinet and in their respective ministries.

MPP Singh expressed some legitimate concerns about the vaccine rollout. It took us nearly half a million doses and 60 days to get to the 70,000 people we had to get to first—a first dose to every resident in long-term care. The concern is making sure that we get the right people vaccinated.

I'll try to keep my statement short; if you can keep your answer short. I'll get right to the question: Will the online portal be available March 15, as has been stated? Just a yes or no is great.

Hon. Sylvia Jones: Yes.

Mr. John Fraser: That's great. Thank you very much. It would have been good if we had had it at the beginning of March, but if you're committed to having that here next week, I'm glad to hear that.

With the rollout, family doctors have been requested to participate. As late as last week, the head of the vaccine task force said, "Your family physicians are going to be calling you." The only challenge is that the family physicians haven't been called and they don't have the information they need to get to people. Minister, can you tell us when that's going to happen and how that's going to happen?

Hon. Sylvia Jones: Frankly, that is already happening. Many public health units—and again, I'll use an example in my own. One of the public health units reached out to the Ontario health teams that are located within her public health unit and gave them the information in terms of who qualifies: over-80s, those with chronic conditions who are receiving home care at home. Those individual physicians reached out to their patient base. It was a very successful model that ended up driving people to calling in and getting their appointments booked.

I can assure you that that has been a really important piece. We have to engage so many different partners, whether it's municipal family health teams, family docs, community paramedics. They all play a really important role, but not one of them is the exclusive pathway to getting vaccinations.

Mr. John Fraser: I appreciate that very much, Minister. I've seen that happen in some jurisdictions, some public health units. The challenge is that we have a great number of physicians that are fee-for-service and then a number of practices that are not Ontario health teams, where you have a nurse practitioner. So, that ability to reach every patient is pretty critical. You can feel that these physicians, the fee-for-service ones and some of the ones that are outside the family health teams, have a lot of frustration with regard to not having that information. It is

a bit concerning that they were told they were going to get a call before they got a call, but it sounds like you're going to assure me that that's going to happen. I feel strongly that it should have happened earlier. I think most people would expect that.

I wanted a clarification today, because I heard at the Minister of Health's press conference that the booking for the pilot in pharmacies is going to be through that online portal. Is that correct, or was that answer not clear?

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

Hon. Sylvia Jones: I did not see the press conference or the media call, so I don't want to respond directly to that because, frankly, I didn't hear it. What I will tell you is, again, another pathway is going to be through pharmacies. We have some rather unique changes now that we have AstraZeneca. As many members would know, it has not been tested very comprehensively with over-65s, so at this point the understanding is that we will offer the AstraZeneca to individuals under the age of 64. Of course, Johnson and Johnson, another rather unique one in that it is a single dose rather than the two doses that Moderna and Pfizer have been tested and done with—so every time we get an additional vaccine—

The Vice-Chair (Mr. Tom Rakocevic): We're out of time. Thank you very much.

We're now moving on to the second round of questions and MPP Bisson for the official opposition.

Mr. Gilles Bisson: What's been really, I think, frustrating for people—and we're all getting it in our constituency offices. We get phone calls and emails and Facebook posts and everything else in regard to the frustration around, "Where do I find myself as a citizen when it comes to being able to access the vaccine?"

Part of the thing that I've always been sort of wondering why the government did this is that we already have a vaccination system in place. It's through our public health units, our family doctors, our various mechanisms. Every year, we put out the flu vaccine. There is a mechanism in order to be able to move vaccines out. It would appear that the government tried to circumvent all of that and reinvent the wheel and make up their own system, given the decisions that they made back last fall. I think, quite frankly, that put us a bit behind the eight ball, because now the government is finally admitting that they need to work better with our public health units and the current system. Just recently, we've mentioned what role pharmacies will play when it comes to the distribution of vaccines—and doctors' offices and others who have always been part of the system.

So I just want to bring to you that there's been a lot of frustration on behalf of a lot of people in regard to the approach of the government. I feel, and I think a lot of other people do feel, we might have been further ahead—we more than likely would have been further ahead—if the government, rather than reinventing the wheel, would have worked with what we have there. If you look at the stats, Ontario is ninth across Canada when you include the territories, or sixth when you don't include the territories, when it comes to, per capita, how many people have gotten

their first shots across Canada. So clearly, we have some catching up to do.

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But with that being said, there's still a fair amount of confusion. My first question in regard to vaccination is—the announcement has been made about utilizing pharmacies. I've heard those announcements here in Toronto. If you're living in northern or rural Ontario, where do you find yourself when it comes to your local pharmacist, your local physician's office, or whomever, being part of the vaccination plan?

Hon. Sylvia Jones: I would remind everyone that this week we will have offered and given one million doses to the people of Ontario. We've targeted very much on age—not exclusively age, but age is the number one determinant.

In terms of how we were able to use the public health units, I would agree with the honourable member. Historically, public health units have done an excellent job distributing and making sure that flu vaccines are offered to the people of Ontario. However, with this particular vaccine and the different types of vaccines, we had some rather unique challenges that we had to face. One of them was, of course, Pfizer, when first approved—

Mr. Gilles Bisson: But, Minister, I'm asking you specifically—

Hon. Sylvia Jones: —was only able to be offered—

Mr. Gilles Bisson: Minister, excuse me. Minister, this format allows very little time and my question is, what can people expect in rural and northern Ontario when it comes to rollout of the vaccine by way of physicians, pharmacists and others in rural and northern Ontario?

Hon. Sylvia Jones: Well, respectfully, you also asked me why we did it differently from the flu vaccine, and I was explaining that—

Mr. Gilles Bisson: No. I made a statement, and I'm looking for an answer to my question now.

Hon. Sylvia Jones: So the answer is, it's going to be the same across Ontario. The difference is that, again I will say, each vaccine is slightly different. AstraZeneca, for example, comes in trays of 500 doses. We have been told by the manufacturer that we cannot split those trays of 500 doses. So what we are doing with three public health units, to begin, is offering those to pharmacies that have committed to making sure they can go through those 500 doses in a reasonable amount of time—

Mr. Gilles Bisson: Is any of that happening in rural and northern Ontario? Can you be more specific—because that's one of the questions we're getting.

Hon. Sylvia Jones: Yes. It is happening in rural—

Mr. Gilles Bisson: Specifically—

Hon. Sylvia Jones: As I said previously, the rollout, once we get sufficient supplies, will be consistent across the province. What we are doing right now, with a very limited supply and the fact that we have to transport those trays of 500 as a unit, is we are beginning with three piloted public health units. But very quickly, when we get sufficient supplies from the federal government, we will be rolling out the same model across Ontario, and that is,

as I said previously, through pharmacies and through family physicians' offices.

Mr. Gilles Bisson: How long do you expect that to take before pharmacies, doctors' offices and others will start receiving the vaccine?

Hon. Sylvia Jones: Within weeks, when sufficient supply is available—

Mr. Gilles Bisson: In northern and rural Ontario?

Hon. Sylvia Jones: To be clear, northern and rural Ontario has been getting per capita the same amount of vaccines as all other 34 public health units in the province of Ontario—

Mr. Gilles Bisson: But we're now expanding that to pharmacies—and I just want to make sure, because we're not hearing it in northern Ontario. That's why I'm asking you, as the minister responsible: Does northern and rural Ontario expect to be in that rollout of vaccines to pharmacies and doctors within a short period of time?

Hon. Sylvia Jones: In the way that northern Ontario has received per population the same amount of vaccines as southern Ontario public health units, the answer is yes. Family physicians and pharmacies will be receiving the population-based—

Mr. Gilles Bisson: We'll be back here within 30 days, and hopefully you're right and that does happen.

The second question is, when a person is trying to book an appointment, let's say, at the pharmacy—let's say, in Sudbury, Timmins or Parry Sound, there happens to be a pharmacy that can handle this as far as giving vaccines—will the person just walk into the pharmacy? Will they call the pharmacy? Will they go on to the central booking system? How is that going to happen as far as getting the appointment?

Hon. Sylvia Jones: As you know, and just to remind people, first all of the vaccines are age-based. We must make sure that our most vulnerable, which are individuals who are older, have access to the vaccine first. That is why we have put the prioritization framework in place. It is not a free-for-all. We are going to make sure that the most vulnerable people in our communities are offered the vaccine first.

Mr. Gilles Bisson: Okay. So you're 80 years old and you want to book and your pharmacy down the street has the vaccine. You found out that it's there. Where do you go? Do you go to the pharmacy? Do you call the pharmacy or do you book? Is there a central booking system for the doctor's office and the pharmacist as well?

Hon. Sylvia Jones: There will be an appointment-based system, because again—I'm going to reinforce this because this is really important—

Mr. Gilles Bisson: Okay, that's fine; no arguments.

Hon. Sylvia Jones: —age and the most vulnerable in our populations must be offered the vaccine first.

Mr. Gilles Bisson: That's going to be the third part of the question.

What I'm understanding is, no matter where you get your vaccine in Ontario, when it becomes available, you don't just walk in first-come, first-served. You're going to

have to book and the booking is based on a priority system of some type. Right?

Hon. Sylvia Jones: Which is exactly why we offered and spent the time to do the prioritization framework, and all of the public health units have access to that now.

Mr. Gilles Bisson: The other question I get is, you end up in these situations where, let's say, the husband is 81 and the wife is 78. They both live in the same household. Will there be some sort of accommodation for that?

Hon. Sylvia Jones: The accommodation will happen when we move to the next five-year cohort. Today, right now, the husband over 80 will have access and can get vaccinated. When we move to the 75 to 80, the wife in your example could get vaccinated.

Mr. Gilles Bisson: The other question: Patients at higher risk, people who have diabetes, people who have various underlying medical conditions, will there be a mechanism for them to be able to book and get their vaccine ahead of their age cohort?

Hon. Sylvia Jones: Absolutely. That's all in the prioritization framework. Chronic health conditions would be an example. An individual who is in an alternative-level-of-care bed in a hospital who is waiting to go into a long-term-care facility would be offered and have access to the vaccine. All of those more nuanced pieces are included. The public health units understand exactly how important it is to cover those individuals.

Mr. Gilles Bisson: Just to be clear: You have an underlying health condition. You're living at home. You're going to be able to book and go ahead of your cohort, depending on your underlying condition.

Hon. Sylvia Jones: When you've had a conversation with your family physician and they believe that you are at a higher risk, then the vaccine will be offered to you. It is not an arbitrary decision—

Mr. Gilles Bisson: But how is that going to kick in?

Hon. Sylvia Jones: It will be a decision that is made in consultation with your family practitioner.

Mr. Gilles Bisson: So you go to the doctor, and the doctor says, "Yes, you should get it." But how does that end up in the vaccination system as far as an appointment?

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

Hon. Sylvia Jones: As I said previously, public health units have been working with the family physicians within their regions, and that work will continue.

The Vice-Chair (Mr. Tom Rakocevic): Thank you. Okay, we're now moving on. Ten minutes to the government side: MPP Martin.

Mrs. Robin Martin: Thank you, Minister. It's an interesting conversation about vaccines that we've just had. I just want to say, I know that a lot of the frustration of people is based on the fact that there just aren't enough vaccines out there to go around. It would be so easy if we were sitting on millions of vaccines that we could just shoot them out as we always do to all of the doctors and all of the pharmacies and let people just administer them 24/7. That would be the best thing. But we just don't have enough to do that, especially if we want to prioritize vulnerable populations. Hopefully, they're coming.

I liked some of your answers. It adds clarity for people. I know it's very hard for people to wait.

Look, I'm focused on my region here in Toronto, as MPP Hogarth was. Minister, there are many businesses in Toronto that are struggling because of the very, very long lockdowns here and the public health measures. We're just entering grey, which, yay, 25% in retail, which is something, not nothing. But, really, we don't have our restaurants, our gyms, our hair salons etc. open at all. Those businesses are really struggling.

Can you highlight any new supports which may be available for our struggling businesses, especially in Toronto where they've been locked down longer, and whether these are really being effective in actually supporting our businesses?

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Hon. Sylvia Jones: Yes, I'm happy to. It has been challenging. When you're a small business who desperately wants to provide service and believes that you can do it safely, I'm sure that the patience and waiting is challenging. It is frankly why, very early on, through the good work of the Minister of Finance, Minister Fedeli and others, we were able to provide a number of business supports. One, of course—and probably the most important one in terms of safe reopening—is access to a \$1,000 grant for personal protective equipment. In order for businesses to prepare for when they can safely reopen, please encourage them to apply for that grant.

Of course, in addition to that, while they wait for safe reopening, we've also put in place a number of specific supports related to heat, hydro and municipal tax support. All of those things together, hopefully, are allowing the businesses to take a breath and be a little more patient.

To your point, MPP Martin, we are so close to getting a large quantity of vaccines. We have the infrastructure in place to make sure that our public health units have prepped and have the plans for mass vaccination sites, for local vaccination sites, in hot spots or in neighbourhoods that have been more particularly impacted. All of those things are happening.

If I can, just assuring people, the vaccine delay, if I may, in terms of inventory seems to be coming to an end. We're going to have the opportunity—as I said, we expect a million vaccine doses in arms this week. But down the road, very shortly in the coming weeks, you're going to see large inventories of supplies going out and being available to people.

Mrs. Robin Martin: Thank you, Minister. It's been a year now since we all went home to flatten the curve. As I said, Toronto has been in lockdown for a long time. As I said, our community businesses are struggling, people's mental health is really taking a beating—and, on a lighter note, some of us could really use a haircut, desperately.

It's lasted much longer than anybody expected, I think. Do you have any outlook that you can offer as to when we can get back to normal?

Hon. Sylvia Jones: I would not want to give a date because, frankly, as you know only too well as parliamentary assistant to health, it is very data-driven. So as we

see the positivity increase or change in certain regions, then we have to be able to react and respond. We have done that. It's why, frankly, we put the province of Ontario in alignment with our public health units, because they have the literally day-by-day data numbers so that they can see when there are increases.

I think—not to put a damper on any conversations, because we have had a lot of good news on the vaccine front—we have to remember: We have a vaccine for a disease that we didn't even have a name for last year. Historically, the amount of time it takes to get to a vaccination piece is often, as you know, three or four years. So there are some really very positive, good news stories coming out of the pandemic. I'm just asking people to be a little more patient for a little longer, and we'll get to that safe reopening.

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

Ms. Effie J. Triantafilopoulos: Thank you, Minister. Just building a little bit on what MPP Robin Martin has been saying: We all have heard some exciting news on the vaccine front, with the recent approvals of AstraZeneca and Johnson and Johnson vaccines by the federal government. Minister, does this new supply of vaccines solve the shortage? Can you give us a sense of how it will impact our schedule for vaccine rollout so that, at some point in the near future, we can look forward to these public health orders being rescinded?

Hon. Sylvia Jones: A very important point that you've raised: The short answer is yes. Every time we have another vaccine approved by Health Canada, that allows us a larger quantity.

Again, I'm going to reinforce: The federal government purchases the vaccines. That's how all of the manufacturers did it. They only offered the vaccines for sale to national governments. So whatever quantity the federal government has purchased and is waiting for their supplies—every time a new vaccine is approved, that is good news.

They're all slightly different. Again, I will point to AstraZeneca. At this point, they are suggesting under 65. Johnson and Johnson is a single-dose vaccine. Each time a new vaccine comes online, once we have the quantities, we do distribute it based on population, with some notable additions if there are hot spots or populations that need a boost because they are experiencing a higher rate or historically have a higher rate of positivities. But generally speaking, the vaccine is being distributed province-wide based on population.

I can tell you that our last conversation with our public health units on Saturday morning, where they were given their allotments for the coming month, was a pretty exciting day, because they could see the numbers literally tripling in some cases, or more, because of the quantities of vaccines that we have. It's why we had to make sure that they had all of their plans in place. People were saying, "Why are you worrying about mass vaccination sites when we don't have enough?" Well, it's because when we do have enough, we want the plan to be in place and be ready to roll out.

The Vice-Chair (Mr. Tom Rakocevic): We're at just over a minute. MPP, please unmute yourself.

Ms. Effie J. Triantafilopoulos: Thank you. As the cold winter months start to give way to the warmer weather, I would like to focus on the cultural fairs, festivals and other summer events. Last year, many of these events were cancelled or moved online due to COVID. With that in mind, with more vaccines, as you're mentioning, coming on the horizon, it's almost certain that these events may be impacted again this year. Could you outline what's being done to support them, so when COVID is over, we won't lose important tourism and cultural events in our respective communities?

Hon. Sylvia Jones: Yes, you're absolutely right. Minister MacLeod has often said that the arts and cultural sectors' economies were hit the soonest and will take the longest to come out of it. She has put in some very robust plans in terms of, as we are able to transition—in some cases, many of our arts and cultural events were able to pivot to offer online and virtual events. I think we all want to be in person to celebrate those things.

The Vice-Chair (Mr. Tom Rakocevic): We're out of time. Thank you very much.

Okay, we're moving on to our second and final round of questioning for our independent member. Please proceed.

Mr. John Fraser: Thank you again, Minister, for being here. I just want to go back to the issue of pharmacies. Firstly, I just want to say I don't understand why we're piloting something in a pandemic. It's the second or third time I've seen something being piloted. It's critical that we be able to move quickly based on real-world evidence, so it's a bit astonishing to me that we're not ready to go in a wider number of pharmacies.

Having said that, the question was, how do people book their appointment? There's no information out there right now. This morning, I thought what I heard the minister say is they're going to use the online portal. I've heard anecdotally that it's going to be each pharmacy's own booking system. Can you enlighten us as to which way it's going to work?

Hon. Sylvia Jones: The reason that we're starting with a piloting process with the pharmacies is, frankly, limited supply. As I mentioned in a previous comment, the AstraZeneca is shipped in trays of 500. We have been told at this point—and as we all know, these things change. But today, as of right now, we cannot split up those trays, so limited supply in trays of 500. We cannot, logistically, because we don't have the supply, give every pharmacy who wants it a tray of the AstraZeneca.

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In terms of the booking, again, I will defer to the Minister of Health. I did not hear that press conference. I know that the bookings will be done by appointment, because again, we need to ensure that age and the most vulnerable have access to it first. But in terms of the specifics, I will leave that to the Minister of Health.

Mr. John Fraser: Okay. That's what I'm driving at here. People have been told that, as of this week, they're

going to be able to book at pharmacies, but there's no discernible way for them to do that. That's the point that I'm trying to get at.

I understand what you're saying about only being able to have so many vaccines and only being able to ship so many. It would be really great if that could be clearly articulated. Calling that a pilot confuses people. It's simply: We're starting off in 500 pharmacies. We're going to these areas because these are the areas that need it and because of the way that it's shipped. People will understand.

What they don't understand is when they're told something that doesn't happen for three or four or five days. They said, "You're going to be able to book an appointment." Nobody tells them how, right? There's so much anxiety out there right now—

Interjection.

Mr. John Fraser: Okay. Can you stop the clock?

The Vice-Chair (Mr. Tom Rakocevic): Stop the clock, please.

Mr. John Fraser: Thank you.

Interjections.

Mr. John Fraser: Yes, I can't hear them either. Oh, there we go. We're back online.

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

Mr. John Fraser: I don't think that's fair to people. It's just like telling people that their docs are going to call them and not telling the docs. It's that gap between. People need that information so they have the comfort to say, "Okay, I'm going to book my vaccines at the pharmacy," and they're going to do it through the online portal or, "I'm going to have to call them," or they're going to each use their own booking system. It feels like we're not ready, and I don't think that gives confidence to people.

I'm going to finish here. I know I've got some extra time. But what I want to ask of you, Minister, is to let the vaccine task force know that they have to be ready and they have to communicate clearly to people what they can expect. If you're not ready to communicate it, then don't. That's my only thought, and I'll just leave it at that, Chair. Thank you.

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

Hon. Sylvia Jones: I think it really speaks to how excited people are and how anxious they are to get the vaccines, and that is not a bad thing. We have many, many individuals who want to get the vaccines. That is a good problem to have.

Mr. John Fraser: I agree.

Hon. Sylvia Jones: When we have sufficient supply, they will absolutely have that pathway. When they are in the category where they qualify, they will know. There will be many opportunities through the media, through the public announcements, through paid advertising to notify people.

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

We're now moving on to our third and final round of questioning, beginning with the official opposition. MPP Bisson, please proceed.

Mr. Gilles Bisson: I was going to go to another subject on my second round of questioning, but the answers that I got in regard to vaccinations and the answer that my colleague got were somewhat different. So I'm going to ask the question again.

I'm an individual living somewhere in northern or rural Ontario. I want to go to the pharmacy, because I understand my local pharmacy is going to have vaccines. What do I do? Do I go online and book or do I go to my doctor's office? Do I call somebody? Please clarify, because right now it's a bit confusing.

Hon. Sylvia Jones: You channel that excitement. When we have sufficient supplies and they are distributed throughout Ontario pharmacies who are wanting and willing to do the vaccine program, then you will get notified through many different pathways—hopefully through your local MPPs, definitely through paid advertising, as well as media.

Mr. Gilles Bisson: Okay, all right. Now, we've got local MPPs that are going to book vaccinations. Is that what I'm understanding?

Hon. Sylvia Jones: That's not what I said.

Mr. Gilles Bisson: Okay, all right. I just want to be clear.

I want to go back and ask the question. Just a simple answer is all I'm looking for. I'm a 75-year-old person, he or she, and I find out my local pharmacy or doctor's office or whoever has vaccines. What do I do? Do I show up at the pharmacy? Do I call the pharmacy? Do I book online? How does this work?

Hon. Sylvia Jones: So what I really want to reinforce is that I don't want people to be panicking about where they're going to—

Mr. Gilles Bisson: We don't want people panicking; we just want clarity. That's all I'm asking.

Hon. Sylvia Jones: So I don't want people to panic; I want people to be patient. As we move through the age and the priority guidelines, which all of our public health units have access to, then they will get the notification, whether it is through public awareness campaigns, whether it is through paid advertising, whether it is through media and our local physicians.

Mr. Gilles Bisson: Okay, so I'm going to read into that—all of a sudden, the government announces, "Okay, everybody between the age of 70 and 80 is eligible for vaccines." Let's say that's the case. So I'm in that group of people that can get the vaccine, and I know my local pharmacy has got it. What do I do to go get the vaccine? Do I show up? Do I call the pharmacy? Or do I book online?

Hon. Sylvia Jones: There will be an opportunity to book an appointment—

Mr. Gilles Bisson: Online?

Hon. Sylvia Jones: We do not want to have people lining up. There will be an opportunity to book an appointment—

Mr. Gilles Bisson: Well, no, neither do I. Nobody wants that. That's against public health guidelines. The question is, will they book online? Is that what you're

saying? That's all I want to know. People are asking the question.

Hon. Sylvia Jones: I'm not going to speak to individual pharmacies, because as you know, some will have the ability to access the provincial COVaxON site; some may not want to go that route. But all will have to have an appointment book, because—and again, I will repeat myself—we want to make sure that age is the first priority and the most vulnerable is the second, which is the prioritization, pretty much.

Mr. Gilles Bisson: Nobody is arguing. We don't need to rush to the pharmacy or the vaccination centre. It has to be orderly. We've got to follow public health guidelines. We get it. But from what I can understand, everything will be booked through the COVax system, and if the pharmacy is not on COVax, then they're going to have to come up with some other kind of booking system. I take it that's what you're saying.

Hon. Sylvia Jones: There has always been a call centre that is included with the online option, because again, as you know, some people are more comfortable making a phone call than doing an online pathway. There will be a call centre as well—

Mr. Gilles Bisson: Okay. If the pharmacy doesn't have the COVax online booking—like they can't access it—are you saying the person who needs to get the vaccine, who qualifies, will then call the “1-800-hello-Ontario” and somebody will tell you when and where your shot is going to be done?

Hon. Sylvia Jones: Well, respectfully, I think you're getting a little ahead of yourself, because we need to have the arrangements made. The pharmacy has to be interested in providing the vaccines.

Mr. Gilles Bisson: Fair enough. It's a work in progress.

Let me change to another issue. We moved to private labs that do blood work now for some years. That is causing during this pandemic a certain amount of bottleneck because—everybody understands—they have to follow public health guidelines. So they can't line people up at the private labs, be it MDS or LifeLabs or whoever, to take blood. You have to do it by appointment, and they've reduced the amount of appointments by quite a bit in order to be within the public health guidelines. People understand that.

Nobody is arguing that we should be crowding our labs for blood work and getting people infected as a result of that crowding. So everybody understands. However, it is making for three- and four-week waits to get your blood work. Even when you do have the booking, it could take up to an hour or more for you to get in once you arrive at your lab.

So, I've been talking to LifeLabs and others about how we can try to deal with this bottleneck—and they've agreed. They've increased the number of staff at their location in my constituency in order to increase the amount of appointments, which is certainly helpful, but we still have a three-week waiting period.

One of the things that's being suggested is that if a doctor's office, a family health team or whatever has the

ability, the staff, the physical space and is willing, they could do the blood work. The lab would send them what they need in order to get it done. However, there is a cost for that physician or that health clinic.

My question is this: We've allowed additional dollars to be given to certain health care workers in order to deal with this pandemic. Will the government entertain looking at allowing some sort of a billing fee for midwives, doctors—whoever it might be—that are willing and able to take blood work in order to try to reduce that bottleneck at the private labs as a COVID measure during this pandemic?

1400

Hon. Sylvia Jones: I would look to the Chair and the Clerk. I believe that question is outside the mandate of this committee.

Mr. Gilles Bisson: It's a pandemic question. It's related to the pandemic. The labs are following the directives of the ministry. That's the reason why there is a slowdown when it comes to getting into the labs.

My question is: As we provide additional dollars to various parts of our health care system to deal with the bottlenecks that we're getting, will the government—I'll put this in writing and give it to you and the Minister of Health, obviously—entertain looking at doing something that would allow people to get their blood work in a way that is faster than it is now; if a doctor is willing or a family health team is willing, to get it done there?

Hon. Sylvia Jones: I think in the same way that we have limited the number of people who are able to attend a place of business, 25% for non-essential and 50% for essential—people do have to be more patient, because it is critically important that we do the cleaning, that we keep the separation to avoid the spread and—

Mr. Gilles Bisson: We understand that, and nobody is arguing—

Hon. Sylvia Jones: I think it's just patience.

Mr. Gilles Bisson: Nobody is arguing; we've got to make this safe. The question becomes—

Ms. Christine Hogarth: Point of order.

Mr. Gilles Bisson: I think we have a point of order here that's not a point of order.

Ms. Christine Hogarth: Point of order: I think the minister asked for direction from the Chair on the question.

The Vice-Chair (Mr. Tom Rakocevic): Sure. I conferred with the Clerk. As it pertains to the pandemic, it seems to be a fair question. If you want to answer—

Mr. Gilles Bisson: Okay, so let me finish my question, as I was doing just before that.

My point is that nobody is arguing, that these labs have to follow protocol when it comes to making people safe. Nobody argues that. The question is, how do we increase the volume? And because you can't increase the volume in that particular lab because of the physical restrictions and staffing restrictions, can we look at doing some sort of a billing code to assist doctors and other health clinics who are willing to take the blood as a way of being able to offset their cost of doing so? That's my question.

Hon. Sylvia Jones: So, as you suggested, I think putting that request in writing to the Minister of Health would be a very appropriate avenue.

Mr. Gilles Bisson: Okay. It will be with you by tomorrow.

The Vice-Chair (Mr. Tom Rakocevic): Just over a minute.

Mr. Gilles Bisson: Oh, I've still got a minute? My Lord.

I just have to say, Minister, I understand it's a tough thing to manage anything in the middle of a pandemic. The line of questioning that I think myself and my colleagues here have done is a bit tough, but because a lot of people out there are looking at what's going on and are confused—and you're getting the same phone calls that I am as a local member. People are calling and saying, "Well, how does this work?" That's what we're trying to clarify in this committee.

We all understand that vaccines are starting to increase; we're getting more of them. Now we've got to figure out how people can reach a level of comfort when it comes to understanding how they find themselves finally getting to the point of getting vaccinated, and we could all understand why people are worried about that because of the current situation. Thank you.

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

Hon. Sylvia Jones: I just want to say that it just reinforces—the phone calls I'm getting are, "I'm excited. I want to have access to the vaccine. How do I do it?" It's been, as I said, pretty exciting in the last week to have two new vaccines coming down the pipe, but to be honest with everyone—and every individual should understand—while Health Canada has approved it, we don't have the doses. When we have the doses, that's when we can start doing a far more aggressive rollout, which is in the works.

The Vice-Chair (Mr. Tom Rakocevic): Thank you, Minister. We're now moving on to our final round of questions from the government. We will be proceeding with MPP Park.

Ms. Lindsey Park: Thank you, Minister. I believe you started your opening remarks today saying this is the ninth time you've appeared before a committee, so thank you again for your time today.

My first question, and then I'll hand it over to MPP Oosterhoff, is: There seems to be some confusion. I get this question commonly in my constituency office, but also just talking to family members and friends, and that's the idea of whether we're supposed to be keeping to our households or whether we're now back to this concept of a social circle—or in some jurisdictions, it was called a "bubble"—and how that fits into the colour-coding framework.

Hon. Sylvia Jones: It's a good question. As you say, it does slightly depend on which colour code you're in, because outside activities, in particular, increase as you go down the framework.

Look, Minister Elliott has said it many times: As we go back to the framework, this is not a reopening. We still

have to be very vigilant. The variants of concern that we are now seeing in our communities, as I've said a number of times, spread much faster, and so we have to be that much more vigilant.

In terms of whether individual households should be getting together, we've always had the opportunity for someone who lives by themselves to be able to join one other household, but it's still really critically important to follow all of the health protocols. At the end of the day, that is what's going to keep our communities safe and that is what's going to decrease the spread.

The Vice-Chair (Mr. Tom Rakocevic): Who's next up? MPP Oosterhoff, please proceed.

Mr. Sam Oosterhoff: Thank you, Minister. It's good to see you again. Thank you so much for appearing before this committee multiple times. Hopefully, there won't be too many more of these meetings, as we see that light at the end of the tunnel, as we begin to see the rollout, and of course, the very good news with a doubling of vaccine options here in Canada over the last week.

My question, though, is about some of the places that are struggling. As you might know, Niagara, though we are in red now, thankfully, was in grey for some period of time when some other areas weren't. What we noticed then was that retail was moved to 25% in the grey zones, yet restaurants and places of worship were still at a hard cap of 10. Now, that's still the situation in Toronto and Peel, under my understanding.

I'm just wondering, what is the reason for the discrepancy between a percentage approach in some areas and then a hard cap in others?

Hon. Sylvia Jones: That's a good question. To some degree, the science table did it based on the activity that was happening. You will remember, in my opening remarks, one of the amendments that we made was to ensure that while vape shops can be open, they cannot be allowing people to try different types of vaping products, because that is something that spreads. If you have COVID, it allows for a much easier way to spread. At restaurants, because of the nature of having to remove your mask and eating without a mask, there is a higher level of risk. In our places of worship, many of us love to sing and participate, and that is, again, a higher level of risk.

The health science table looked at all of those—not just the percentages, but also what was actually happening in those places of business or organizations. We've seen it again with the closed exercise facilities, right? When you have an enclosed facility and people are exercising, you tend to be using more breath and you tend to be exhaling more aggressively. That puts you at a higher risk.

So all of those factors came into play when they were making those determinations and decisions. As everything related to COVID-19, it continues to evolve. As we see prevalence decrease, as we see the spread decrease, then being able to move within the framework and lower some of those restrictions is available to us in our communities. But it's a really good point to raise. Thank you.

Mr. Sam Oosterhoff: Thank you. One of the other things that we're hearing about is this race against time for

a third wave, or a potential third wave, and trying to make sure we get enough people vaccinated so that we're able to ensure that we have health care capacity. And if we do see some of these variants increasing, that that doesn't overwhelm our health care system to the extent that, of course, would be deeply problematic, like we saw in late December and early January. It was concerning numbers, I would say, and of course, we've seen that around the globe. In some places, they've had third waves. But with this rollout of the vaccines, it feels a little bit like a race against time right now.

I guess my question is, what are some lessons that we've learned between last spring and last fall in the restrictions that were in place? And, if we are heading through a third wave, what are some lessons we've learned in both of those places that we can use for a third wave to be able to be as surgical and as effective as possible in the measures that are put in place?

Hon. Sylvia Jones: Yes, a really good point. There are a couple of pieces that I'd like to sort of drill down.

The mRNA vaccines take about, depending on which scientist you listen to, up to 30 days to actually build up the immunity. So even when you get the vaccine, it's not a "freedom, take your mask and go" type of thing. You have to let it work. You have to let the immunities within your own body build up.

Yes, there have been third waves. Even Israel, which many people felt did an excellent job on vaccinating their populations, did experience a third wave.

What we have found is, even with the limited supply—when we had a limited supply—by vaccinating our most elderly, by vaccinating our most vulnerable, we really have done an excellent job of lowering the number of individuals with severe conditions as a result of it and of course, unfortunately, deaths. So the ability for us to continue to do age and vulnerability is critical. In everything that I am being told from our scientists and our medical experts, that will make a true difference: focus on age, focus on vulnerabilities.

Mr. Sam Oosterhoff: Thank you very much, Minister. I think we are seeing that bear out, if my numbers are correct, even in long-term care. My understanding is, disproportionately, we've seen a reduction in the deaths and serious illness in that area, which is a huge relief, I would say, for so many people in Niagara and, frankly,

across the province, for their loved ones, for the vulnerable. I'm assuming we're going to see those results as well once that's borne out with the broader population. That's really where we need to get to some of those critical levels.

My question, though, is: Even with vaccination, that still, I'm guessing, will impact the way emergency orders are put in place, right? So what I'm thinking about here, for example, is that long-term-care homes, which should have everyone vaccinated and have all their staff vaccinated, might not need the same emergency orders now or in a third wave that they did last spring, because the situation is different, the vaccination levels are different. Are there lessons that we've learned along the way, that we say, "Okay, maybe we don't need to use those orders and we do need to strengthen these orders"?

The Vice-Chair (Mr. Tom Rakocevic): A minute and a half.

Hon. Sylvia Jones: Each of the ministries that have requested the emergency orders will be monitoring, and have been monitoring, whether they are needed still. As you can see, there have been some changes. There have been some emergency orders that have been lifted and not been renewed, and that will continue. Health human resources always becomes a huge factor in decisions about which emergency orders continue and which can be left to expire.

For me, we've learned a lot more about what COVID-19 does, how it impacts people and who is more likely to be at serious risk—and ultimately, death. That is probably the biggest take-away that we can talk about, in terms of how it is transmitted and who is most at risk. Those pieces we continue to learn, and I would say, respectfully, the prioritization that was put in place with the long-term-care residents and the high-risk retirement residents has truly saved a lot of our seniors and elderly in Ontario.

The Vice-Chair (Mr. Tom Rakocevic): That concludes our time for questions and answers. We want to thank you, Minister, for appearing before the committee today and certainly thank you for your time, your presence here, your answers and, of course, your work. It's much appreciated. You are now excused.

Okay. We will pause for a moment as we move into closed session for report writing.

The committee continued in closed session at 1414.

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