

# Long Term Care Covid-19 Commission Mtg.

Briefing by Ministry of the Solicitor General  
on Wednesday, October 14, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held Virtually via Zoom, with all participants  
attending remotely, on the 14th day of October,  
2020, 10:00 a.m. to 11:23 a.m.

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1 BEFORE:

2

3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS:

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9 Teepu Khawja, Chief of Emergency Management Ontario  
10 and Assistant Deputy Minister of the Ministry of  
11 the Solicitor General

12 Mario Di Tommaso, Deputy Solicitor General of  
13 Community Safety at the Ministry of the  
14 Solicitor General

15 Ray Lazarus, Director of Emergency Management  
16 Ontario at the Ministry of the Solicitor General

17 Debbie Conrad, Assistant Deputy Minister of the  
18 Ministry of the Solicitor General, Strategic  
19 Policy, Research and Innovation

20 Ann Christian-Brown, Crown Law Office, Civil,  
21 Counsel for Ontario for Emergency Management Office  
22 at the Ministry of the Solicitor General

23 David Willans, Senior Counsel, Legal Services  
24 Branch at the Ministry of the Solicitor General

25

1 Natalie Osadchy, Counsel, Ministry of the Solicitor  
2 General

3 Natalia Vasilos, Strategic Advisor for the Chief of  
4 Emergency Management Ontario

5

6 PARTICIPANTS:

7

8 Alison Drummond, Assistant Deputy Minister,  
9 Long-Term Care Commission Secretariat

10 John Callaghan, Counsel, Long-Term Care Commission  
11 Secretariat

12 Derek Lett, Policy Director, Long-Term Care  
13 Commission Secretariat

14 Lynn Mahoney, Counsel, Long-Term Care Commission  
15 Secretariat

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17

18 ALSO PRESENT:

19

20 Olivia Arnaud, Stenographer/Transcriptionist

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1 -- Upon commencing at 10:00 a.m.

2  
3 COMMISSIONER FRANK MARROCCO (CHAIR):  
4 Good morning. So you know -- well, you  
5 may not know, but Commissioner Angela Coke and  
6 Commissioner Jack Kitts, and myself, obviously we  
7 make up the Commission.

8 Are you waiting on anybody?

9 MARIO DI TOMMASO: I am not. I have  
10 Teepu Khawja with me and Debbie Conrad as well, so  
11 I'm good to go, sir.

12 COMMISSIONER FRANK MARROCCO (CHAIR):  
13 Okay. Well, let me just give you a brief idea  
14 where we're coming from.

15 As you would appreciate, most times,  
16 when there's a commission, it's looking back at an  
17 event and trying to explain the event to the public  
18 and that usually, they go through a process of  
19 investigating and public hearings and write a  
20 report, and that process can take a couple of years  
21 before it concludes.

22 Our -- the difference with us is we've  
23 been called into existence in the middle of  
24 something. It's not over, and it's not clear how  
25 it will play itself out, whether there will be a

1 Wave 3 and so on.

2 So what we've decided to do is to try  
3 to make a few pertinent recommendations at the  
4 start and then engage in the process of looking  
5 back at Wave 1 and trying to figure out why it  
6 happened and so on.

7 So we are very interested in any  
8 observations about what we might constructively  
9 recommend now, and of course, we're very interested  
10 in whatever it is you want to tell us.

11 But that's essentially our focus. We  
12 do have a reporter, and we have the website, and  
13 we've tended to post the witnesses and the  
14 transcript and so on.

15 So that's what we're up to, and we're  
16 ready when you are.

17 MARIO DI TOMMASO: Thank you,  
18 Chief Commissioner, and so with your permission,  
19 what I propose to do, sir, is make a couple of  
20 opening -- or sorry, make an opening statement and  
21 just set the context about the presentation that  
22 Teepu Khawja will give you about Emergency  
23 Management Ontario and our role in this pandemic.

24 And at that point in time, you can feel  
25 free to interject at any time and ask any questions

1 that you see fit. And so with your permission,  
2 I'll get started.

3 COMMISSIONER FRANK MARROCCO (CHAIR):  
4 Go ahead.

5 MARIO DI TOMMASO: Good morning,  
6 Commissioners. My name is Mario Di Tommaso, and I  
7 am the Deputy Solicitor General, Community Safety  
8 at the Ministry of the Solicitor General, and I  
9 have been in this position for the last two years.  
10 And by way of an Order in Council, I am also the  
11 Commissioner for the Emergency Management as per  
12 the Emergency Management and Civil Protection Act  
13 or the EMCPA.

14 I'm joined by my Chief of Emergency  
15 Management, Teepu Khawja, and it is our pleasure to  
16 have this opportunity to provide a foundational  
17 briefing on Emergency Management Ontario, as well  
18 as our involvement in COVID-19 responses during  
19 these unprecedented times.

20 In addition, I also have with me  
21 Assistant Deputy Minister Debbie Conrad who played  
22 a coordinating role on behalf of other ministries  
23 for the development of emergency orders under the  
24 EMCPA. As you may be aware, Emergency Management  
25 Ontario, or EMO, which operates the Provincial

1 Emergency Operations Centre, PEOC, is within the  
2 Ministry of the Solicitor General.

3 In support of the Chief's legislated  
4 responsibility under the EMCPA, Emergency  
5 Management Ontario monitors, coordinates, and  
6 assists in the development and implementation of  
7 emergency management programs across both  
8 ministries and municipalities.

9 You will see later in the presentation  
10 that the lead assigned ministry responsible for a  
11 pandemic emergency is the Ministry of Health. You  
12 will also see that the Government of Ontario  
13 decided to take a whole-of-government response  
14 approach to this pandemic by creating the Central  
15 Coordination Table, and that table is comprised of  
16 health experts, deputy ministers, the Secretary of  
17 Cabinet, the Chief of Staff to the Premier, and  
18 others to coordinate and provide the best advice to  
19 Cabinet, who makes the decisions.

20 EMO also coordinates response efforts  
21 with the Federal Government of Canada, primarily  
22 through Public Safety Canada.

23 And during the current COVID-19  
24 pandemic, Ontario sought and received support for  
25 the long-term care home sector from the Federal



1 Government, specifically the Canadian military, and  
2 because some of this support was coordinated  
3 through Public Safety Canada, EMO became involved.

4 EMO is working with other ministries  
5 daily, offering situational awareness and support  
6 with emergency planning and responses, and ensuring  
7 that everyone is ready should this pandemic  
8 escalate even further.

9 While EMO continues to support the  
10 response to the pandemic, it still continues its  
11 day-to-day operations and the coordination of the  
12 response to the new, non-pandemic emergency such as  
13 safe evacuation and return of communities,  
14 including First Nations, for floods and forest  
15 fires.

16 I'd like to now turn it over to Teepu  
17 Khawja, Assistant Deputy Minister and Chief of  
18 Emergency Management Ontario who will speak to the  
19 specifics of emergency management response in  
20 Ontario.

21 Teepu, over to you.

22 TEEPUN KHAWJA: Great. Thank you,  
23 Deputy, and good morning, Commissioners, can you  
24 hear me okay?

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 We can.

2                   TEEPU KHAWJA: Great. Thank you. So  
3 as I introduce myself, I will ask Natalia from my  
4 team just to share her screen. That way we can  
5 have the presentation up on the screen as I go  
6 along.

7                   So Natalia, can you do that while I  
8 just open with my own remarks? Thank you.

9                   So it's my privilege to have the  
10 opportunity to provide you all this foundational  
11 briefing alongside my Deputy. I know that you were  
12 provided with my bio beforehand, so I will quickly  
13 introduce myself.

14                   As the Deputy said, my name's Teepu  
15 Khawja, Chief of Emergency Management. We actually  
16 are located within the division of the Ministry of  
17 the Solicitor General, known as the Office of the  
18 Fire Marshal and Emergency Management. But my  
19 portion of the division is still commonly known as  
20 Emergency Management Ontario, EMO, so that's what  
21 I'll be referring to throughout the presentation.

22                   I am joined by Ray Lazarus, my Director  
23 of Emergency Management, who I will -- I may  
24 occasionally turn to to elaborate on any of my  
25 answers to your questions. And as the Deputy said,

1 and elaborating a little bit, my appointment in  
2 this position began in late February, approximately  
3 three weeks prior to the provincial emergency  
4 declaration under the EMCPA, and that was after  
5 almost 13 years in the OPS and progressive  
6 positions at the Ministry of Transportation.

7 Today, I'll be walking us through this  
8 presentation on foundations of Emergency Management  
9 Ontario, largely grounded in the statute known as  
10 the EMCPA that the deputy referred to.

11 We will also highlight how we in EMO  
12 typically engage in emergency response, and I will  
13 elaborate a little bit on some of the  
14 whole-of-government emergency coordination  
15 structures implemented during COVID that the deputy  
16 referenced, and finally, I'll end the presentation  
17 with some of our EMO efforts during the pandemic to  
18 date.

19 Feel free to interrupt me throughout  
20 the presentation with your questions. I know there  
21 is quite a bit of information contained within, so  
22 I may occasionally defer some of your -- some of  
23 the answers to your questions to a subsequent slide  
24 because the answer might be forthcoming.

25 So with that, if I'm free to begin,

1 Natalia, can I ask you to start on Slide No. 3,  
2 please? Sorry, next slide. Slide No. 4, sorry.

3 From this slide, you can see at the top  
4 that the EMCPA was last updated in 2006, and it  
5 establishes the province's framework for managing  
6 emergencies. It defines the authority and  
7 responsibilities of provincial ministries,  
8 municipalities, and specific individuals such as  
9 the Premier, the Commissioner of Emergency  
10 Management, who is also the Deputy as he introduced  
11 himself, and myself as Chief of EMO.

12 There is a singular regulation under  
13 this act. It is Regulation 380/04, and it's known  
14 simply as "Standards," and it requires the  
15 development of EM programs under preparedness and  
16 response, and it really lays out the standards for  
17 ministries and municipalities for their programs  
18 and their plans.

19 Emergency Management Ontario, the  
20 foundation is five pillars: Prevention mitigation,  
21 preparedness, response, and recovery, that standard  
22 nomenclature nationally and internationally.

23 And within the EMCPA, the definition of  
24 an emergency is here italicized. It is a situation  
25 or a pending situation that constitutes a danger of

1 major proportions that could result in serious harm  
2 to persons or a substantial damage to property and  
3 that is caused by the forces of nature, a disease,  
4 or other health risks.

5 So I will verbally emphasize that  
6 because that is the focus of the pandemic: A  
7 disease or health risk, an accident or an act,  
8 whether intentional otherwise.

9 I know from reviewing some of the  
10 presentations and transcripts of my colleagues to  
11 the Commission that on September 23rd, you did  
12 receive a foundational briefing by counsel and  
13 staff from the Ministries of Health and Long-Term  
14 Care on HIPPA, the Health Protection and Promotion  
15 Act, and the powers of the Chief Medical Officer of  
16 Health, but their presentation also touched on the  
17 EMCPA.

18 So with the ensuing slides, I hope to  
19 provide you a bit of a deeper dive on the latter,  
20 on the EMCPA.

21 Next slide, please, Natalia.

22 Overall, the EMCPA and its single  
23 regulation are not overly complex. We wanted to --  
24 this slide provides the Commission with a few of  
25 the highlights and excerpts.

1           So EMCPA, along with other provincial  
2 legislation, establishes the framework for  
3 municipal and provincial governments to prepare for  
4 and respond to emergencies, regardless of whether a  
5 provincial emergency declaration has been made or  
6 not.

7           The Solicitor General has been assigned  
8 responsibility for the administration of the EMCPA,  
9 and some key sections are as follows:

10           I'll skip the first sub-bullet because  
11 it simply repeats the definition of an emergency.

12           Section 3 of the act directs  
13 municipalities to formulate an emergency plan  
14 governing the provision of necessary services  
15 during an emergency and the procedures under and  
16 the manner in which employees at that municipality  
17 and other persons will respond to the emergency.

18           Again, when it says "emergency" here,  
19 it doesn't necessarily mean when there's a  
20 provincially declared emergency. It's part of  
21 their emergency planning, and the responsibility  
22 lies with them.

23           For Section 6 onwards, which I'll  
24 highlight here, I will preempt it by saying that  
25 more information on each of these will be provided

1 on subsequent slides.

2 So Section 6 is where there's direction  
3 to provincial ministers to create emergency plans,  
4 governing the provision of necessary government  
5 services during an emergency, and the procedures  
6 under and the manner in which public servants and  
7 other persons need to response to the emergency.

8 Section 7.0.1 outlines how the  
9 Lieutenant Governor in Council or Premier can  
10 declare a provincial emergency and the criteria for  
11 doing so.

12 Section 7.0.2 provides authority during  
13 a provincial declared emergency, and subject to the  
14 criteria and limitations in that section, allows  
15 for the LGIC to make orders in respect of 14 areas.

16 Some examples are provided in the  
17 appendix, so I won't read through them, but the  
18 appendix lists those 14 areas within the EMCPA for  
19 which orders can be made. And the orders are such  
20 that occur when the LGIC believes they are  
21 necessary and essential in the circumstances to  
22 prevent, reduce, or mitigate serious harms to  
23 persons or substantial damage to a property.

24 The orders are revoked after 14 days  
25 unless the LGIC or a delegated minister has allowed

1 for under the act. Before it is revoked, it can be  
2 extended for a period of no longer than 14 days.

3 Section 7.0.10 directs the Premier to  
4 table a report in respect of a provincially  
5 declared emergency under the EMCPA in the Assembly  
6 within 120 days after the termination of a declared  
7 emergency.

8 This section also includes details  
9 about what needs to be included in the report.

10 So as you'll be aware that the  
11 provincially declared emergency expired on  
12 July 24th. So 120 days from that day takes us to  
13 the third week of November, for your awareness, for  
14 that report to be tabled in the Legislative  
15 Assembly.

16 Section 7 --

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 Can I -- can I just interrupt for a minute?

19 TEEPU KHAWJA: Yes.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 How does this legislation in your mandate sit with  
22 the Medical Officer of Health and the local medical  
23 officers of health in the various health units?

24 How do they fit together, or do they?

25 TEEPU KHAWJA: So thank you for the



1 question. From my perspective, these are  
2 complementary statutes. In terms of EMCPA, myself  
3 as Chief, as the Deputy had mentioned earlier,  
4 legislatively under the EMCPA, my responsibilities  
5 are strictly to support, monitor, coordinate the  
6 planning of emergency planning by ministries and  
7 municipalities. So those are the extent of my  
8 powers and responsibilities under the act.

9 As it relates to Health -- and I'll get  
10 to a slide subsequently in terms of some of these  
11 relationships, but as the Deputy had mentioned,  
12 there is an OIC under the regulation that specifies  
13 Health as being the provincial lead for pandemics  
14 for disease, and so the Chief Medical Officer of  
15 Health's authorities reflect that responsibility.

16 I have no interaction or -- under the  
17 EMCPA with local medical officers of health. That  
18 also leads to the Chief Medical Officer of Health.

19 And the last point I'll just mention in  
20 response right now is within this EMCPA, there is a  
21 specific section under "Other" which clearly states  
22 that there is nothing -- none of the orders or any  
23 actions under the act can really abrogate the  
24 powers of the Chief Medical Officer of Health. So  
25 it's very clear that there should be no conflict

1 between the EMCPA or the powers of the Chief  
2 Medical Officer of Health.

3 MARIO DI TOMMASO: Let me jump in as  
4 well, Teepu.

5 So Chief Commissioner, with regards to  
6 the health authorities that both local medical  
7 officers of health and the Chief Medical Officer of  
8 Health on behalf of the province have, those  
9 authorities reside in Section 22 of the Health  
10 Promotion and Protection Act while the Chief of  
11 Emergency Management, the Premier, the Cabinet have  
12 substantially more powers under the Emergency  
13 Management and Civil Protection Act.

14 They have a range of 14 different  
15 orders that they can bring into force through the  
16 LGIC process, and the Premier also has additional  
17 powers as well in terms of, for example, compelling  
18 municipalities to provide all sorts of services in  
19 other jurisdictions.

20 So I think that the authorities  
21 contained within the EMCPA are much stronger and  
22 broader than the authorities contained in the  
23 Health Promotion and Protection Act, but they are  
24 complementary to one another.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay. Thank you.

2 TEEPU KHAWJA: Thank you for that,  
3 Deputy.

4 And I'll -- for the Commissioners, I'll  
5 elaborate on some of those points on -- that the  
6 Deputy made on subsequent slides, so thank you.

7 Natalia, can you move to the next  
8 slide, please?

9 So Slide No. 6. For the benefit of the  
10 Commissioners, this slide depicts the provincial  
11 roles and responsibilities under the EMCPA. I will  
12 start clockwise from the top left numbered as 1 in  
13 very small font in the top corner and go clockwise.  
14 And for your awareness, each of these quadrants  
15 will be expanded upon in subsequent slides too.

16 So under the EMCPA, there's references  
17 to the Lieutenant Governor in Council and Cabinet;  
18 authorities to declare provincial emergencies or  
19 confirm emergency declarations by the Premier;  
20 ability to make -- authorities to make emergency  
21 orders or delegate authority to make emergency  
22 orders to specified ministers or the Commissioner  
23 of Emergency Management; and the ability to prove  
24 financial or fiscal decisions.

25 Moving over to Box No. 2, clockwise,

1 CCEM, which stands for the Cabinet Committee for  
2 Emergency Management. They're a committee under  
3 Cabinet, and they ensure the province is prepared  
4 to address emergency situations and continuity of  
5 critical government operations by providing  
6 emergency management oversight, support, and advice  
7 to Cabinet.

8           Next box, No. 3, in terms of ministries  
9 and their responsibilities under the EMCPA, they  
10 must meet legislated standards of emergency  
11 management to ensure critical government services  
12 are available during emergencies. All ministries  
13 must have continuity of operations plans, ensuring  
14 critical government services are available during  
15 emergencies. And more on the final bullet on  
16 subsequent slides.

17           Specific ministries under -- by Order  
18 in Council are required to develop plans for  
19 specific types of emergencies such as floods,  
20 forest fires, pandemics, et cetera.

21           Finally, on Box No. 4, Emergency  
22 Management Ontario, via my legislated  
23 responsibilities, assist me. They're my conduit  
24 for monitoring, coordinating, assisting  
25 municipalities and ministries in the development

1 and implementation of their emergency management  
2 programs.

3           Within the EMO sits the PEOC, which --  
4 and more information will be on the PEOC shortly.  
5 The PEOC is the arm with which we coordinate the  
6 government's response to emergencies. It also  
7 monitors and assesses risks and facilitates  
8 situational awareness with stakeholders and public  
9 alerting, the Alert Ready system.

10           So on to the next -- oh, and before we  
11 move on to the next slide, just as an FYI to  
12 Commissioners and the Commission, the second of the  
13 two appendix slides, we've provided an org chart of  
14 EMO. If there's any clarity or -- for awareness in  
15 case you were interested about the size of EMO or  
16 how PEOC is situated and staffed within EMO. So  
17 that's there for your reference in the appendix.  
18 Thank you.

19           Next slide, please.

20           MARIO DI TOMMASO: Let me just jump in  
21 for a second, Chief Commissioner.

22           There is also another body that has  
23 been created by the Legislative Assembly, and that  
24 is the House Select Committee on Emergency  
25 Management Oversight, and that committee was

1 created by the Assembly due to the Reopening of  
2 Ontario Act.

3           You will recall, Chief Khawja indicated  
4 that within 120 days of the conclusion of an  
5 emergency, the Premier has to submit a report to  
6 the Legislative Assembly, and so some of these  
7 orders that we talked about earlier and we'll get  
8 into later, under the Emergency Management and  
9 Civil Protection Act were continued under the  
10 Reopening of Ontario Act.

11           And under that act, Chief Commissioner,  
12 the Solicitor General has a responsibility to  
13 appear before the House Select Committee on  
14 Emergency Management and Oversight to answer to why  
15 these orders ought to be continued, and she is  
16 subject to questioning from the Select Committee  
17 members.

18           Thank you, Teepu.

19           TEEPU KHAWJA: Thank you, Deputy.

20           COMMISSIONER ANGELA COKE: Could I just  
21 ask a question: In terms of your PEOC, how that  
22 relates to or works with the Central Coordination  
23 Table?

24           TEEPU KHAWJA: Thank you for the  
25 question. So at this moment, Commissioner, I'll

1 offer this answer, and then perhaps some of the  
2 subsequent slides will provide more clarity.

3 In terms of the Central Coordination  
4 Table and its command tables, there will be a  
5 subsequent slide where I elaborate on the ones --  
6 focus on the tables where the Deputy and myself  
7 participate.

8 And I would say in terms of my  
9 participation in co-leading one of those tables and  
10 supporting the command table led by our Deputy, the  
11 PEOC is one of the arms that provides me with that  
12 support or information as necessary to support my  
13 role as a co-lead and as a member of the command  
14 table.

15 But in terms of it having a designated  
16 position or membership, it does not. It's not  
17 recognized in the CCT, but it is present, if I  
18 could say, by my -- by being led by myself as Chief  
19 in my participation in those tables.

20 MARIO DI TOMMASO: So I'm not sure  
21 if -- Commissioner, if that satisfied your  
22 question, but in short, the CCT, and you will see  
23 later, is made up of a number of command tables.

24 One of the command tables is the Public  
25 Safety Command Table, and you will see an

1 organizational chart later on about that. I lead  
2 the Public Safety Command Table, and I am a member  
3 of the Central Coordination Table as well. I  
4 attend that meeting at CCT each and every day.

5 Under the Public Safety Command Table,  
6 we have four cross-functional teams, one of which  
7 is emergency planning. Teepu Khawja leads that  
8 table.

9 So we have a line of sight into the  
10 activities of PEOC. PEOC feeds into Teepu Khawja,  
11 who leads the cross-functional team of emergency  
12 planning, which feeds into me, and I feed into the  
13 Central Coordination Table. I hope that answers  
14 your question.

15 COMMISSIONER ANGELA COKE: Thank you.

16 TEEPUN KHAWJA: Thank you, Commissioner  
17 and Deputy.

18 Natalia, can you move on to  
19 Slide No. 7, please?

20 So Slide No. 7, Commissioners, this  
21 slide speaks a bit more to the top two quadrants of  
22 the preceding slide, and we've also added a little  
23 information about the Commission of Emergency  
24 Management as defined under the EMCPA.

25 So in terms of LGIC Cabinet, I won't



1 repeat those bullets because they were on the  
2 preceding slide. I will move on to Premier.

3 And under the EMCPA, the Premier is  
4 able to declare, expand, and terminate provincial  
5 emergencies. The Premier is required to regular  
6 report to the public with respect to the emergency.  
7 And I think we can all acknowledge that there have  
8 been daily briefings throughout the pandemic by the  
9 Premier.

10 As we mentioned earlier, the Premier  
11 must table a report in respect of the emergency  
12 within -- to the Legislative Assembly within  
13 120 days of the expiry or termination of the  
14 declaration.

15 The Premier may exercise any power or  
16 perform any duty conferred upon a minister or an  
17 employee of the Crown; may direct and control the  
18 administration, facilities, and equipment of the  
19 municipality in the emergency area; and may require  
20 a municipality to provide such assistance as he or  
21 she considers necessary to an emergency area.

22 So those authorities are conferred  
23 upon, can be done by LGIC Cabinet, but also the  
24 Premier, and that speaks to some of the additional  
25 powers that the Deputy referenced earlier that you

1 would not see necessarily under the HIPPA for the  
2 Chief Medical Officer of Health.

3 With respect to CCEM, that Cabinet  
4 committee, I won't repeat the bullets here. It's  
5 the same as the preceding slide, but I will say  
6 that there is an upcoming slide that will give you  
7 a bit more information on the membership as well.

8 Finally, on this slide, the  
9 Commissioner of Emergency Management, Deputy Di  
10 Tommaso, appointed under an OIC, provides advice  
11 and guidance to the Premier and Cabinet, provides  
12 and guidance to the CCEM, oversees the coordination  
13 of public safety initiatives across Provincial  
14 Government, and that's done through myself as  
15 Chief -- through the support of myself as Chief and  
16 EMO.

17 Ensures appropriate initiatives are  
18 developed by the community safety portfolio, again  
19 through myself and my team, can, if delegated to,  
20 make emergency orders during a provincial  
21 emergency, and report -- if done so, if delegated  
22 and proceeds with emergency orders, the  
23 Commissioner would be required to report to the  
24 Premier within 90 days of the termination of that  
25 emergency order.

1                   MARIO DI TOMMASO: I just wanted to add  
2 as well, Commissioners, that I have not been  
3 delegated the authority to make any emergency  
4 orders by the Premier or by Cabinet, so I have not  
5 made any emergency orders. That has been done  
6 through Cabinet exclusively.

7                   TEEPU KHAWJA: Thank you, Deputy.  
8                   Natalia, Slide 8, please.

9                   And this slide here, Commissioners,  
10 just elaborates a little bit more on the CCEM.  
11 They are appointed from among the members of the  
12 Executive Council. I've already spoken to the  
13 mandate and roles and responsibilities.

14                   So here, you can just see the  
15 membership. The Premier is the -- and president of  
16 the Executive Council is the Chair, and then we  
17 have Ministers of Energy, Northern Development and  
18 Mines; Health; Municipal Affairs and Housing;  
19 National Resources and Forestry; President of the  
20 Treasury Board; our Solicitor General; the Attorney  
21 General; and Minister of Finance.

22                   And in even smaller font below the box  
23 is a hyperlink to the Order in Council for  
24 reference. This membership was established on  
25 July 2nd, 2020.

1 On to the next slide, please, Natalia.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 I'm sorry. When you say the "membership," did this  
4 not exist prior to July 2020?

5 MARIO DI TOMMASO: Yes. Yes, it did,  
6 Chief Commissioner. As a matter of fact, there  
7 were four recent meetings of the CCEM, and so those  
8 meetings occurred, one in 2019 and three in 2020,  
9 but the OIC that was referenced by Teepu in July,  
10 that was an update to the membership. The  
11 membership was --

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Oh, I see.

14 MARIO DI TOMMASO: -- [indecipherable]  
15 before.

16 TEEPUN KHAWJA: Yeah, thank you for the  
17 question, Commissioner, and Deputy for the answer.

18 And just to add to that, sorry,  
19 Commissioner, the membership was updated July 2nd  
20 to add the Attorney General and the Minister of  
21 Finance. So that was the update, sorry, in July.

22 Natalia, please, on to Slide No. 9.

23 So in the previously mentioned  
24 presentation by -- that had reference by our Health  
25 and Long-Term Care colleagues, they had touched

1 upon the EMCPA, and I will elaborate a bit more on  
2 the declaration process.

3 As we said earlier, the Premier or LGIC  
4 may declare a provincial emergency if they are of  
5 the opinion that the following criteria are met:  
6 That there is an emergency that requires immediate  
7 action to prevent, reduce, or mitigate a danger of  
8 major proportions that could result in serious harm  
9 to persons or a substantial damage to property and  
10 at least one of the following three apply:

11 Whether either provincial resources  
12 available cannot be relied upon without the risk of  
13 serious delay; provincial resources available may  
14 be insufficiently effective to address the  
15 emergency; or it is not possible without risk of  
16 serious delay to determine if current provincial  
17 resources can be relied upon.

18 Once a provincial emergency is declared  
19 under Section 7.0.1 of the EMCPA, the government  
20 can make emergency orders under the subsequent  
21 sections.

22 So I had referenced earlier that under  
23 Section 7.0.2, there were 14 areas for emergency  
24 orders. Some examples are prohibiting or  
25 regulating movement within any area of the

1 province; closing any place; authorizing a person  
2 or class of persons to render a service they are  
3 reasonably qualified to provide; fixing prices for  
4 goods, services, or resources; establishing  
5 facilities for the care, welfare, safety, and  
6 shelter of individuals, et cetera; and as I said,  
7 the full list is in the appendix.

8           And then Section 7.1 also allows for  
9 emergency orders to be made to temporarily suspend  
10 provisions of certain types of legislation -- for  
11 example, limitation periods -- in order to assist  
12 persons affected by the emergency, and again, those  
13 are also identified in the appendix for reference.

14           Next slide, please, Natalia, No. 10.

15           MARIO DI TOMMASO: Let me just jump in  
16 there for a second, Teepu.

17           Chief Commissioner, what's interesting  
18 about one of those orders -- if we go back one  
19 slide please -- the ability to issue emergency  
20 orders to authorize a person to render a service is  
21 only that: Authorizing people to render services,  
22 but we cannot compel them under this legislation to  
23 provide that service.

24           I just thought I'd clarify that.

25           COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay. Thank you.

2 I take it, Mr. Khawja, the emphasis  
3 here is on quick, speedy action. Is that -- I  
4 mean, that seems to be what this is aimed at; is  
5 that your understanding?

6 TEEPU KHAWJA: I would agree with that,  
7 Commissioner, in terms of within the constraints  
8 allowed for in the -- within the EMCPA, it's to be  
9 as quick as possible. And the Deputy gave one  
10 example of where the EMCPA can't be used  
11 for certain -- in certain regards, but I think  
12 between this and the HIPPA, yes, it's for timely  
13 action to be done. And as mentioned earlier, if  
14 desired, emergency order power could be delegated  
15 to the Commissioner.

16 It hasn't been done. It's all been  
17 done at Cabinet, but I think the way it's  
18 constructed, the legislation, that really  
19 reinforces the desire for timely action. Thank  
20 you.

21 So on to Slide No. 10, please, Natalia.

22 So if you recall that four-quadrant  
23 overview of roles and responsibilities from a few  
24 slides back, I'm going to transition to the bottom  
25 two quadrants. I had spoken about the -- elaborate

1 on the top two quadrants first.

2 First with ministries, as mentioned,  
3 they're required to meet legislated standards of  
4 emergency management to ensure critical government  
5 services and to have continuity of operations  
6 plans, and specific ministries are required to  
7 develop plans for specific types of emergencies by  
8 way of an Order in Council, which will be an  
9 upcoming slide.

10 EMO, under the direction of myself as  
11 Chief, they assist me in my legislative  
12 requirement -- responsibilities to monitor,  
13 coordinate, assist municipalities and ministries.

14 The next sub-bullet is important too.  
15 So under the EMCPA, each ministry is required to  
16 have a Ministry Emergency Management Coordinator,  
17 an MEMC, and each municipality requires a Community  
18 Emergency Management Coordinator, a CEMC. So these  
19 are the primary emergency management stakeholders  
20 in ministries and municipalities that EMO regularly  
21 engage with.

22 So if questions were to come up as to  
23 whether EMO engages municipalities and ministries,  
24 yes, but my staff aren't necessarily engaged with  
25 local, elected officials or CEOs in municipalities



1 or with the upper executives in ministries. As  
2 Chief, I would occasionally engage them, but when  
3 we talk about municipalities and ministries related  
4 to emergency management, our primary conduit are  
5 these emergency management coordinators, and  
6 they're required under legislation.

7 The PEOC coordinates government's  
8 response to emergencies, and there will be a  
9 subsequent slide that's -- details more about the  
10 PEOC itself.

11 Over to the next slide, please,  
12 Natalia.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 But -- they have to have these coordinators, but  
15 who tells them what to do? Is it the chief -- for  
16 example, with the municipal coordinator, is it the  
17 chief administrative officer of the municipality  
18 who tells them what to do, or can you tell them  
19 what to do?

20 TEEPU KHAWJA: So in my role as Chief,  
21 I would be able to, through EMO, advise and support  
22 them in the development of their plans. Under  
23 legislation, since they are required to have them,  
24 we do have an annual requirement for them to affirm  
25 that they do have those plans in place, but

1 ultimately, those -- for the municipalities, those  
2 Community Emergency Management Coordinators do  
3 report in to their CAOs.

4           So I would offer that they are the ones  
5 who are responsible for the emergency plans and  
6 the development and coordinating across municipal  
7 resources, but they do ultimately report in to the  
8 CAOs. The CAOs don't tell them what has to be in  
9 the plan, but through our support and legislation  
10 which explains what is required to be in the plan,  
11 we're there to provide that support.

12           But I don't have the authority to tell  
13 them beyond what's required of them in the EMCPA,  
14 and we provide training, education, and other types  
15 of supports to support them in the development of  
16 those plans.

17           MARIO DI TOMMASO: And over and above  
18 that, Chief Commissioner, during a declared  
19 emergency, the Premier does have the authority to  
20 require municipalities to provide any sorts of --  
21 any resources to a different area of the province.  
22 He has the ability to take over the resources of a  
23 municipality during a declared emergency.

24           Those powers are for the Premier and  
25 the Premier only, and Teepu's quite correct: He

1 does not have the ability to direct a Community  
2 Emergency Management Coordinator or the local  
3 municipal response.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Thank you.

6 TEEPU KHAWJA: Thank you, Deputy.

7 So on to Slide 11, Commissioners. Some  
8 further information on the slide and the next  
9 couple slides regarding the ministry  
10 responsibilities.

11 From this slide, you can see that the  
12 EMCPA authorizes the LGIC to require the  
13 formulation of an emergency plan. Under the OIC  
14 listed here, 1157/2009, all ministers are  
15 responsible for the formulation of emergency plans  
16 in respect of any emergency that respects the  
17 continuity of their operations and services of  
18 their ministries.

19 And specific ministries have OIC  
20 emergencies assigned to them. Where the Government  
21 of Ontario is responding to a type of emergency  
22 that is assigned by OIC, the ministry whose  
23 minister has been assigned responsibility for that  
24 type of emergency is considered the lead for the  
25 government.

1           So the lead ministry is responsible for  
2 enacting the ministry's emergency response plan for  
3 the assigned type of emergency, as referenced --  
4 sorry, the Ministry of the Solicitor General is  
5 responsible to have a plan for any emergency that  
6 requires the coordination of provincial emergency  
7 management, and for this, EMO has developed the  
8 Provincial Emergency Response Plan, the PERP, which  
9 I'll -- I have a slide on shortly, under the OIC.

10           As the Deputy has said at the start,  
11 the Ministry of Health is responsible to have a  
12 plan for human health, disease, and epidemics and  
13 health services during an emergency. And it's this  
14 authority under which Ministry of Health is the  
15 lead ministry for the COVID-19 pandemic.

16           COMMISSIONER FRANK MARROCCO (CHAIR):  
17 So the Ministry of Health was required by law to  
18 have a plan and presumably have a plan -- did they  
19 have a plan for pandemics?

20           TEEPU KHAWJA: Yes, and I have an  
21 upcoming slide that touches on it a little bit, but  
22 I believe from ADM Alison Blair's earlier  
23 presentation to the Commission, she did speak --  
24 reference -- the acronym is the OHIP -- the OHPIP,  
25 sorry, the Ontario Health Plan for Influenza

1 Pandemic. So that was updated in 2013.

2 So I believe they provided some of that  
3 information to the Commission, and I have an  
4 upcoming slide, Commissioner, that just illustrates  
5 what the relationships are between these respective  
6 plans.

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 What does it mean when it says "the lead ministry"?  
9 Does that mean that they have the -- what does  
10 "lead," mean?

11 TEEPU KHAWJA: So "lead," from my  
12 perspective, Commissioner, means that they have the  
13 OIC for pandemics, and so that in terms of the  
14 planning of the province in the response of the  
15 pandemic would be informed by them as the lead; for  
16 example, in contrast, not necessarily by EMO, as an  
17 example, or other ministries. So they would be  
18 informing --

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 In -- when they --

21 TEEPU KHAWJA: Sorry?

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 No, go ahead. Please finish.

24 TEEPU KHAWJA: No, no, I was finished.  
25 Sorry.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2 Well, when they lead, what's your role? How do you  
3 interact with them?

4                   TEEPU KHAWJA: So from our end, in  
5 terms of EMO, and this does -- these are great  
6 questions, Commissioner. We touch on them on a  
7 subsequent slides, but it will help me speed  
8 through those subsequent slides.

9                   Is -- we have our Provincial Emergency  
10 Response Plan, the PERP, which I had mentioned, and  
11 that is -- that's agnostic to types of emergencies.  
12 That is basically a framework for how to support  
13 ministries in developing their own specific plan.

14                   So you will see there on a subsequent  
15 slide, the Ministry of Health developed a Ministry  
16 Emergency Response Plan, which really uses our  
17 framework to inform how they would coordinate with  
18 the health sector partners for different types of  
19 health-related emergencies.

20                   A subset of their Ministry Emergency  
21 Response Plan is that Influenza Plan that they  
22 developed, which is specific to pandemics.

23                   So in terms of our role, we really are  
24 the non -- we have the non-health role in terms of  
25 coordination. So we work -- every ministry does

1 have a Ministry Emergency Management Coordinator.  
2 We have the PEOC. Every ministry has their own  
3 Emergency Operation Centre.

4 So we have daily interaction -- we  
5 facilitate daily coordination calls with Ministry  
6 of Health's EOC as well as other ministries' EOCs,  
7 and it's really a forum for information-sharing and  
8 identifying if there's any requirements or needs  
9 that could -- non-health needs resulting from the  
10 pandemic that the PEOC could provide support in  
11 terms of coordinating resolution to those issues.

12 So in terms of how we work together,  
13 that's how -- a bit from my end, if that's helpful,  
14 Commissioner, in terms of how we work together.  
15 There's a lot of interrelationships. There's not  
16 duplication, so our focus really is on the  
17 non-health sides of the pandemic and supports that  
18 we can provide and coordinate.

19 COMMISSIONER JACK KITTS: I just have a  
20 question about the Ministry of Long-Term Care. You  
21 say these were -- these documents have been updated  
22 at various times.

23 Does the Ministry of Long-Term Care  
24 appear in this document, or is it written before  
25 the separation?

1                   TEEPU KHAWJA: If I could just ask, is  
2 it -- are we -- are you referring to the PERP that  
3 was developed by EMO, that plan, or the Ministry of  
4 Health's plan?

5                   COMMISSIONER JACK KITTS: Well, I'm  
6 wondering if the Ministry of Health is really the  
7 Ministry of Health and Long-term Care.

8                   TEEPU KHAWJA: Yes, thank you. So  
9 for -- with respect to the PERP as well as the --  
10 yes, you're correct. Even the OIC has Ministry of  
11 Health and Long-Term Care; our PERP recognizes  
12 Ministry of Health and Long-Term Care all as one  
13 organization because their separation was in 2019.

14                   So all the materials have not been  
15 updated to reflect that yet.

16                   COMMISSIONER JACK KITTS: So does this  
17 statement, under this OIC, the Ministry of Health  
18 is responsible for this, and it's not -- doesn't  
19 include the Long-Term Care?

20                   TEEPU KHAWJA: Correct. It's the  
21 Ministry of Health -- the OIC, to be fair,  
22 Commissioner, the OIC specifies the Ministry of  
23 Health and Long-Term Care as the lead ministry for  
24 human health and disease.

25                   But I believe with how they've



1 operationalized it now within the Ministry as a  
2 result of their split into two ministries is their  
3 EOC continues to support both ministries right now.

4 MARIO DI TOMMASO: If I could also  
5 clarify, Commissioner, the Order in Council  
6 directing that the Ministry of Health be the lead  
7 ministry for this pandemic, that Order in Council  
8 is, in fact, dated. We have not yet gotten around  
9 to cleaning up the Order in Council.

10 As an example, this ministry here, the  
11 Ministry of Solicitor General changed its name  
12 about a year ago. We were previously known as the  
13 Ministry of Community Safety and Correctional  
14 Services, and so that name appears in the old Order  
15 in Council in terms of dictating what ministry is  
16 responsible for what.

17 So we have some housekeeping to do in  
18 regards to updating the names on that Order in  
19 Council. So Teepu is quite right. It is the  
20 Ministry of Health that is the lead ministry for  
21 this pandemic.

22 COMMISSIONER JACK KITTS: Okay. Thank  
23 you.

24 TEEPUN KHAWJA: Thank you, Deputy and  
25 Commissioner, for the question.

1           Natalia, if I could ask you to move to  
2 the next slide, please.

3           So I won't -- Commissioners, I won't  
4 read this -- next two slides verbatim. It lists  
5 all the ministries and their assigned emergencies  
6 under the Order in Council.

7           For this Commission, we thought  
8 attention could be pointed to the Solicitor General  
9 and the Ministry of Health.

10           For our ministry, Solicitor General, I  
11 will just mention the first statement and the last  
12 in that type of emergency box, which is any  
13 emergency that requires the coordination of  
14 provincial emergency management, and the last one,  
15 which is any emergency that requires the continuity  
16 of Provincial Government services. And those  
17 really have been our focuses through this pandemic.

18           And for Health, you can see, here it is  
19 in terms of their assigned OIC. And it's difficult  
20 to read, but, Commissioner, I think it really  
21 speaks to your last point and the Deputy's  
22 clarification.

23           In italics -- italicized font both --  
24 both these -- the tables on the next two slides, we  
25 really clarify what the OIC actually says. So for

1 example, on the table, we're saying  
2 Solicitor General, but the OIC actually refers to  
3 the former Ministry of Community Safety and  
4 Correctional Services. So there is some  
5 cleaning-up needing to be done of this OIC and the  
6 naming of the ministries as well.

7 Natalia, over to the next slide,  
8 please.

9 Again, I won't read this slide, but for  
10 the Commissioners' reference, here are the other  
11 ministries that are named, and in italics are  
12 their -- the actual names that appear in the OIC  
13 below the table.

14 And I'm sure, of course, if the  
15 Commissioners find any of these Order in Council  
16 assigned responsibilities of interest, that  
17 commission staff can contact the appropriate  
18 ministry for a foundational briefing on any of  
19 their plans for these assigned risks.

20 On to the next slide, please, Natalia,  
21 14.

22 So on an earlier slide, Commissioners,  
23 I had mentioned the PERP, the Provincial Emergency  
24 Response Plan, which is developed by EMO. When I  
25 get through this slide and the next one, I think

1 the Commission will appreciate why we thought to  
2 flag this PERP. It is because in my colleague ADM  
3 Alison Blair's presentation to the Commission on  
4 September 8th on Ministry of Health's pandemic  
5 response structure and actions, one of their first  
6 slides referenced the Ontario Health Plan for an  
7 Influenza Pandemic, which was updated in 2013, and  
8 how it informed their actions.

9 So we thought it would be appropriate  
10 for you to be aware of its related -- of its  
11 relation to our overarching PERP.

12 So first, as it relates to the PERP, as  
13 I mentioned earlier, the aim of the PERP is to  
14 establish a framework for a systematic,  
15 coordinated, and effective emergency response by  
16 the province.

17 So it focuses on coordinating the  
18 overall provincial response to an emergency. The  
19 goal is to ensure response activities work together  
20 effectively. The PERP does not describe everything  
21 that needs to be done in an emergency. It focuses  
22 on coordination mechanisms.

23 For widespread and complex emergencies,  
24 the PERP is used for emergencies that require a  
25 coordinated effort between multiple provincial

1 ministries. And in terms of its link with other  
2 ministries, as I said, each ministry has to have  
3 its own emergency activities under an emergency  
4 plan, and the PERP is used to coordinate the  
5 overall provincial response while supporting the  
6 activities of responding ministries.

7           So if I could just spend a moment on  
8 this to try to help illustrate that as a non-COVID  
9 example, on a previous slide you saw that the  
10 Ministry of Natural Resources and Forestry has the  
11 OIC for forest fire emergencies.

12           One possible action that could be  
13 required and often is is the evacuation of  
14 Indigenous communities to host municipalities for  
15 one to two weeks until they can safely return.

16           So while MNRF has the OIC, the PERP  
17 outlines the coordination of actions amongst  
18 ministries with the PEOC in EMO being that hub of  
19 coordinating efforts between the evacuating  
20 community, the host community, federal partners,  
21 MNRF for flights, possibly the joint task -- Joint  
22 Task Force Central for military assets, non-profit  
23 emergency organizations such as the Canadian Red  
24 Cross, et cetera.

25           So that's a non-COVID example of how

1 the PERP is -- works in terms of coordinating and  
2 EMO's role.

3 On to the next slide, 15. So as I  
4 explained earlier, how does the PERP relate to that  
5 OHPIP, which is the Ontario Health Plan for an  
6 Influenza Pandemic. As I said, they are  
7 complementary and don't contradict each other.

8 I should mention that each of the  
9 titles, the PERP, Ministry of Emergency Response  
10 Plan, and OHPIP here are underlined because they  
11 are hyperlinked, so if the Commissioners or the  
12 commission staff are interested, they can simply  
13 click on the links to view them.

14 As I said, the PERP isn't specific to  
15 any type of an emergency under the EMCPA. Ministry  
16 of Health and Long-Term Care have their own  
17 Ministry of Emergency Response Plans about which a  
18 subset is the OHPIP.

19 So I think I've already spoken to this,  
20 Commissioner in response to your question, so I  
21 won't spend more time on this in the interest of  
22 time.

23 And move to the next slide, please,  
24 Natalia.

25 This is where we will transition to

1 EMO's role in emergency response in Ontario.

2 To slide 17, please, Natalia.

3 I appreciate there's a lot of  
4 information on this slide, but really, it's  
5 intended to convey that not all emergency incidents  
6 are equal in scale or severity or duration or  
7 impact, and so commensurate with that, the level of  
8 provincial support or engagement differs as well.

9 From the left side, you will see a grey  
10 arrow that illustratively depicts an increasing  
11 scale and/or severity of an incident. So you can  
12 have a significant local incident, which are  
13 incidents affecting a relatively small geographic  
14 area that requires some degree of provincial  
15 support led primarily by the municipal- -- response  
16 led primarily by municipalities and the  
17 communities, so we provide some examples here from  
18 recent history.

19 Moving on to provincial critical  
20 incident, there are province-wide incidents or  
21 incidences affecting larger geographic areas that  
22 require some more provincial support and  
23 coordination. Again, some examples on the right  
24 side in the lighter -- the rose-coloured boxes from  
25 whether it be spring floods, ice storms, forest

1 fires.

2 And then there's the declared  
3 provincial emergency where it's formally declared  
4 under the EMCPA.

5 Under the EMCPA, the COVID-19 is the  
6 first pandemic to actually have been declared as a  
7 provincial declaration, and the SARS and the  
8 blackout previously were under previous  
9 legislation.

10 And then finally, a critical incident  
11 with national implications: So incidents that  
12 exceed provincial response capacity are under  
13 federal jurisdiction or require national  
14 coordination.

15 So the Prime Minister under its federal  
16 statutes can declare a national emergency; of  
17 course, Canada has not for COVID-19. But also  
18 outside of nationally declared emergencies, there's  
19 a lot of coordination for -- between federal and  
20 provincial governments for a coordinated response.

21 On to the next slide, please, Natalia.

22 So now I will turn my attention to some  
23 more details for the Commissioners on our PEOC, our  
24 Provincial Emergency Operation Centre. The PEOC is  
25 a facility used by EMO to coordinate response



1 activities between provincial organizations,  
2 municipalities, the Federal Government,  
3 non-governmental organizations, and other entities  
4 in line with the OIC's assignment to our ministry  
5 of any emergency that requires the coordination of  
6 provincial emergency management.

7 That picture on the slide, if the  
8 Commissioners can see it adequately, that's a  
9 snapshot within our PEOC. It represents about  
10 one-third of the space. It's located at  
11 Highway 401 and Keele Street. We do have a  
12 backup -- secondary backup site near Yonge and  
13 Eglinton in Toronto and then a tertiary backup site  
14 in Hamilton.

15 Unfortunately, due to the onset of  
16 COVID so soon after I began, I haven't had the  
17 pleasure of dropping in on those locations, so I  
18 don't have pictures of those for you.

19 But the PEOC is run 24 -- 24 days --  
20 hours a day, 7 days a week, 365 days a year and  
21 staffed by a small group who are permanently  
22 assigned to the PEOC, and then they are supported  
23 by an on-call PEOC duty team. And again, the  
24 appendix has an org chart of our organization with  
25 the PEOC.

1                   And during heightened activities, other  
2 members of EMO are surged into the PEOC for extra  
3 support, and by -- what I mean by that is, EMO has  
4 approximately 70 staff; about a dozen are  
5 permanently in the -- assigned to the PEOC on a  
6 schedule on a rotation, but when there's heightened  
7 activities, we pull staff away from their regular  
8 program work and move them into -- assign them  
9 duties and schedule them into the PEOC.

10                   So the PEOC may have to respond to  
11 support various types of emergencies at different  
12 levels, whether they're constrained to municipal,  
13 provincial, within Ontario First Nation  
14 communities, and then of course, we do have the  
15 lead for nuclear, radiological emergency responses  
16 outside of the boundaries of the nuclear generating  
17 stations.

18                   COMMISSIONER FRANK MARROCCO (CHAIR):  
19 So did the Provincial Emergency Operations Centre  
20 become involved with long-term care homes during  
21 Wave 1?

22                   TEEPU KHAWJA: We did, and I do --  
23 thank you for the question, Commissioner -- I do  
24 have -- when I speak to the slides on EMO  
25 involvement through the pandemic, our primary

1 involvement specific to long-term care homes would  
2 be in terms of coordinating responses by those  
3 ministries to the Federal Government for the  
4 military assistance that was deployed to several  
5 different long-term care homes in Wave 1.

6 So that was our primary involvement to  
7 long-term care homes, and I'll touch on that a  
8 little bit on an upcoming slide if that's okay with  
9 you, Commissioner.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 That's fine.

12 TEEPUN KHAWJA: Thank you.

13 So the PEOC functions include  
14 coordination of situational awareness and  
15 information-sharing. We physically, pre-COVID, and  
16 virtually accommodate liaison staff from the  
17 various organizations at all levels. We develop  
18 and share key information to support  
19 decision-makers as well as creating common  
20 operating [procedures] (ph) for everyone.

21 We coordinate the availability of  
22 provincial resources, and we receive requests for  
23 provincial assistance, and where not available,  
24 coordinating requests for assistance from other  
25 jurisdictions. So other jurisdictions might also

1 want some emergency assistance from the province,  
2 and the PEOC is that help for receiving those  
3 requests and coordinating them.

4 On to the next slide, please, Natalia.

5 So this is, for the Commissioners'  
6 benefit, another illustrative depiction of the  
7 traditional emergency response structure in  
8 Ontario, and while it may appear slightly different  
9 within the PERP, it is an illustrative summary.

10 So if I was to just lead you quickly in  
11 through the bottom left, you can see that bubble  
12 for an incident if occurs, the CEMC at the  
13 municipal level or, while not stated here, the  
14 emergency coordinator from a First Nation community  
15 would engage the PEOC if necessary. The PEOC would  
16 gather information and continue the engagement with  
17 the municipality or First Nation community.

18 If there might be a need for other  
19 ministry supports, we would engage the other  
20 ministries' Emergency Operation Centres.

21 So for many incidents, that is the  
22 continuity of engagement at that lateral level.  
23 Depending on the severity or if there's issues that  
24 need resolution, my PEOC would inform me as Chief.  
25 If it requires advice or engagement of the

1 Commissioner or my Deputy, I would do so  
2 accordingly, and up the line.

3 So really, it doesn't necessarily --  
4 every incident doesn't necessarily require going  
5 through this chain of command, but this is the  
6 typical chain of command in terms of  
7 information-sharing as it relates to EMO.

8 So obviously, you can see laterally  
9 there are connections to deputy ministers and  
10 ministers, and I think as I transition to the next  
11 slide with the coordination table, Central  
12 Coordination Table, the command tables, that these  
13 aligned, and it really is just a -- I think, a  
14 further "blow-up" of how the engagement between  
15 deputy ministers and ministers and ADMs are  
16 undertaken in this unprecedented pandemic and just  
17 that whole-of-government approach.

18 COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Just one second.

20 Mr. Di Tommaso, did you want to say  
21 something?

22 MARIO DI TOMMASO: I did. Thank you,  
23 Chief Commissioner.

24 With regards to PEOC and their  
25 involvement in this entire pandemic, two key

1 things, and Teepu is quite right: We played an  
2 active role with procuring the military deployment  
3 into the long-term care homes, and that is simply  
4 because the Emergency Management Ontario owns the  
5 protocol for engaging the Federal Government  
6 through the request for assistance, which is signed  
7 by the Solicitor General to Minister Bill Blair,  
8 the Minister of Public Safety at the federal level.

9 The other role that PEOC played in this  
10 pandemic was with regards to assisting the outbreak  
11 in Southwestern Ontario. The farm workers had a  
12 major outbreak down there, and so we provided a  
13 support role there in obtaining isolation centres  
14 and providing [indecipherable] support.

15 So we coordinated and supported all  
16 those functions, and that was PEOC that did that.  
17 But that had nothing to do with long-term care  
18 homes, but it did have to do with the pandemic.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 What does the -- I sort of probably asked this  
21 before, but I'm asking it again: What's the  
22 coordination look like? What -- how do you  
23 coordinate?

24 MARIO DI TOMMASO: Sorry, are you  
25 referencing the outbreak in Southwestern Ontario?

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2 Well -- or the military engagement with the homes.  
3 I just wanted to get a sense of what the  
4 coordination -- of what it consists.

5                   MARIO DI TOMMASO: So with regards to  
6 the military, what ended up happening was the  
7 Ministry of Long-Term Care felt that there were  
8 some homes that were trending upwards in terms of  
9 case positivity and brand new cases, and there were  
10 insufficient infection prevention and controls.

11                   We had personal support workers that  
12 were leaving in droves. And so it was felt that  
13 some homes had reached their capacity to deal with  
14 this pandemic, and so they needed some substantial  
15 infusion of supports.

16                   They came to us to see if we could get  
17 ahold of the military to provide that support.  
18 Now, Teepu has a relationship with the military.  
19 They sit within the PEOC. I have a relationship  
20 with the Brigadier General in charge of Land Forces  
21 for all of Ontario. And so informal reach-out to  
22 the Brigadier General indicated that he had some  
23 medical supports that could be made available,  
24 subject to a formal ask by the province.

25                   And so because the Ministry of the

1 Solicitor General owns that protocol, we drafted a  
2 letter to the Federal Public Safety Minister on  
3 behalf of the Long-term Care Ministry, asking for  
4 that military support. So once that was drafted,  
5 once it was approved, the military was deployed  
6 into, I believe, five different long-term care  
7 homes for various periods of time to provide that  
8 support and to drive down the number of new  
9 infections.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 Okay. Thank you.

12 TEEPU KHAWJA: Thank you, Deputy.

13 And before I move on to the next slide,  
14 I would just add to the Deputy's point and -- that,  
15 typically, it doesn't necessarily need to start  
16 with the military per se, Commissioners. If a  
17 ministry has a request for -- or a need, and in  
18 this case, it was with long-term care homes, it was  
19 in terms of the staffing and certain type of  
20 infection prevention and control aspects, they  
21 would ask us to engage the Federal Government, and  
22 our engagement would be with Public Safety Canada.

23 By coordination, we would set up the  
24 call. We have daily engagement with them on  
25 different matters for situation awareness. We



1 would bring the parties together. Health and  
2 Long-Term Care would explain the issue, what --  
3 every avenue they've tried to rectify themselves,  
4 why federal support might be needed.

5 Public Safety Canada would then advise  
6 what possible solutions that could be brought  
7 forward by the Federal Government, and it may be  
8 military, and it may not be.

9 In terms of long-term care homes, it  
10 was decided that they could provide some health  
11 practitioners, nurses, et cetera that could assist  
12 the situation, and then we were told the way to  
13 formally request those supports would be through an  
14 RFA. And since it's written to the Federal  
15 Minister of Public Safety, again, we would play  
16 that coordinating role.

17 So it was a need identified by Health  
18 and Long-Term Care. They primarily drafted the RFA  
19 with our advice and support. We coordinated  
20 through the approvals channels because our  
21 Solicitor General would ultimately have to sign it,  
22 and then we, the PEOC, again by coordination, we  
23 submitted it formally to the Federal Government's  
24 Government Operations Centre, so their federal  
25 equivalent of PEOC, and then it got shepherded

1 through their approvals process.

2 So it was specific to the long-term  
3 care home example, that's precisely what we mean by  
4 coordination, if that's helpful, in addition to the  
5 Deputy's response.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Thank you.

8 TEEPUN KHAWJA: Thank you.

9 Natalia, could you move, please, to  
10 Slide No. 21? And -- yeah, thank you, Natalia.

11 So Slide 21, it's very difficult to  
12 read the -- challenging to read the boxes, but  
13 luckily, I know you've seen -- the Commissioners  
14 have seen this in ADM Alison Blair's presentation.  
15 And her focus was really on the left side to go  
16 into a lot of details on the Health Command Table  
17 and its sub-table, so I won't repeat those.

18 As you likely have already heard, the  
19 Central Coordination Table was created in April  
20 2020 as part of an integrated response structure to  
21 drive the government's response to the COVID-19.  
22 It's co-chaired by our Secretary of Cabinet and the  
23 Premier's Chief of Staff, and ministries and  
24 ministers' offices are invited to attend relevant  
25 discussions at those meetings.

1                   It's focused on the most critical  
2 COVID-19 issues and providing strategic direction.  
3 The CCT brings together four command tables and  
4 associated cross-functional teams, and as I'm sure  
5 Alison Blair emphasized, neither of the CCT nor its  
6 sub-tables have decision-making authority, and  
7 their role is to serve as a forum for discussions  
8 which inform eventual decision-making.

9                   So to be clear, they don't usurp the  
10 role of CCM or Cabinet. Decisions are made as  
11 Cabinet as they should be.

12                   My focus on the next slide, as I --  
13 from my introduction is --

14                   MARIO DI TOMMASO: Teepu, hang on.

15                   TEEPU KHAWJA: Yeah, go ahead. Sorry,  
16 Deputy.

17                   MARIO DI TOMMASO: Chief Commissioner,  
18 you will see that under the Public Safety Command  
19 Table, there is a box marked "Vulnerable  
20 Populations." That is led by Deputy Minister Janet  
21 Menard and Deputy Minister Shawn Batise.

22                   I just wanted to flag for this  
23 Commission that long-term care homes are not within  
24 the mandate of the vulnerable populations  
25 cross-functional team, and so the populations that

1 that particular table, vulnerable populations  
2 oversees, are, for example, residential group homes  
3 for adults with developmental disabilities, adult  
4 correctional facilities, youth justice facilities,  
5 foster homes, mental health and addiction, adult  
6 congregate care settings are just some examples.  
7 So -- but it does not include long-term care homes.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 Where on this chart do we find the table that's  
10 responsible for long-term care homes? Do you know,  
11 Mr. Di Tommaso?

12 MARIO DI TOMMASO: So it is not under  
13 the Public Safety Command Table. I'm not sure that  
14 there is a separate table for long-term care homes.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Okay. Mr. Khawja, maybe I should have asked you.  
17 Is it on there? Can you see it?

18 TEEPU KHAWJA: Yeah, sorry,  
19 Commissioners. Under the Health Command Table,  
20 there is a sub-table termed "Long-Term Care  
21 Capacity," so that's one of the sub-tables that  
22 long-term care home is discussed under, as well as  
23 the broader Health Command Table, is my  
24 understanding.

25 And beyond that, EMO, my Deputy, myself

1 don't have roles -- official roles on any -- that  
2 command table or sub-tables. But I do believe from  
3 my review of the transcripts from ADM Alison  
4 Blair's earlier presentation to the Commissioners,  
5 she did elaborate more on that sub-table for  
6 Long-Term Care as well as some of their IMS  
7 structures and other bodies they had formed.

8           So they all fall under the health table  
9 and some of their various functional teams, if  
10 that's helpful.

11           COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Thank you.

13           MARIO DI TOMMASO: I can also assure  
14 you, Chief Commissioner, the Deputy Minister of  
15 Long-Term Care homes does attend these Central  
16 Coordination Table meetings almost on a daily basis  
17 as well.

18           TEEPU KHAWJA: Thank you.

19           Natalia, can you move to the next  
20 slide, please, 22?

21           So this slide, Commissioners, is  
22 consistent with what you've seen in an earlier  
23 presentation by Health, so I won't repeat.

24           From -- and as you heard from the  
25 Deputy, he is a member. On the far right side, you

1 can see the membership. You can see Ministry of  
2 Solicitor General. So our Deputy is a member of  
3 CCT, and he attends -- I believe the meetings are  
4 daily.

5 On to the next slide, please, which is  
6 what I wanted to focus a little bit more on, and  
7 the Deputy's already touched on this a little bit  
8 because you wouldn't have heard of this command  
9 table from Alison Blair.

10 The Public Safety Command Table is one  
11 of the four command tables. It's chaired by our  
12 Deputy, and here, you can see its mandate is to  
13 lead emergency planning and management of critical  
14 public safety issues, working with partners,  
15 included but not limited to vulnerable populations,  
16 food security, facilities, and emergency plans and  
17 response activities, which really filters down to  
18 the four sub-tables.

19 There's vulnerable populations, which  
20 the deputy just spoke to. There's also food  
21 security, emergency planning, and facilities. With  
22 respect to EMO, I'm the co-chair of the emergency  
23 planning sub-table, and our mandate is to  
24 coordinate cross-government efforts to anticipate,  
25 respond to, and resolve. We've added the bullet

1 here, non-health emergencies, and also monitoring  
2 the workforce strength of fire, police, and  
3 emergency management personnel and enforcement of  
4 COVID public safety measures.

5 So our focus primarily over the last  
6 several months have been on the efforts such as  
7 evacuation, planning for forest fires, floods, and  
8 the Deputy had given an earlier example of  
9 supporting response to farm outbreaks in  
10 Windsor-Essex. And Long-Term Care and Health are  
11 spoken for and managed and planned for and  
12 discussed under the respective Health Command  
13 Tables.

14 Over to the next slide, please,  
15 Natalia.

16 So on the next few slides, this is as  
17 we near the end of the presentation, this section  
18 is really to speak a bit more about EMO's efforts  
19 during the pandemic.

20 You would have heard from earlier  
21 presentations the fall preparedness plan from my  
22 Health and Long-Term Care colleagues. It's  
23 underlined here because it's hyperlinked to the  
24 Ontario Newsroom release on that, and you would  
25 have heard it encompasses six pillars.

1                   One of the pillars would be about  
2 supporting outbreak response. So our EMO  
3 contribution to that effort was developing an  
4 outbreak guidance document to help inform lead  
5 ministries as they pursue their own sector-specific  
6 outbreak management planning.

7                   So this guidance was released in  
8 mid-August to ministries as there was recognition  
9 that while some ministries had already experienced  
10 outbreaks, such as Long-Term Care, and others have  
11 spent months preparing for potential future  
12 outbreaks, such as Ministries of Education and  
13 Colleges and Universities, there was a recognition  
14 that over the coming months, there's potential for  
15 future outbreaks in other sectors, led by  
16 ministries that have not necessarily experienced  
17 outbreaks.

18                   So EMO developed resources for  
19 ministries to aid them in their planning for  
20 possible outbreaks. It was a guidance document and  
21 also a table-top exercise guidance document as  
22 well, and really, the ministries were to -- were  
23 informed they can use the guidance to -- for their  
24 own use in a manner that fits their planning needs.  
25 And so this really aligns with our role in EMO in



1 terms of supporting, planning, and coordinating  
2 responses as well.

3 On to -- in addition, in terms of  
4 coordination with partners, we've given --  
5 elaborated a little bit on what coordinating means  
6 through the PEOC. It includes setting up  
7 coordination calls daily and multiple times  
8 throughout each day with various stakeholders.

9 We do have a section of field officers  
10 which we can deploy in support of local emergency  
11 response efforts as a liaison, and that did occur  
12 twice during the COVID and over the summer.

13 So in July 2020, we did deploy staff to  
14 support response efforts to farm outbreaks in the  
15 Windsor-Essex region. And in August, we did  
16 coordinate with municipal, provincial, federal, and  
17 First Nations partners to coordinate simultaneous  
18 evacuations of the municipality of Red Lake and  
19 Fort Hope First Nation due to the threat of forest  
20 fires.

21 So those are some of the examples of  
22 efforts during COVID, which are impacted by COVID  
23 but not necessarily COVID-driven. And I'll  
24 elaborate on a subsequent slide that we facilitate  
25 provincial requests for assistance, for emergency

1 assistance between the province and Public Safety  
2 Canada.

3 Next slide, please.

4 I've already given the example of  
5 flood, forest fire evacuation in a prior slide, so  
6 I won't repeat, and we've provided a concrete  
7 example on the previous slide about Fort Hope and  
8 Red Lake, but the bullets here simply articulate  
9 that this year was like no other in terms of  
10 evacuation planning that required a lot -- was much  
11 more challenging to EMO because in the past, we've  
12 relied on host municipalities to do much of the  
13 hosting planning.

14 But due to the strains on their own  
15 resources impacted by COVID, we in EMO had to work  
16 through and do a lot of contingency planning in the  
17 absence of those host municipalities doing so as  
18 they traditionally did.

19 In terms of situational awareness and  
20 information-sharing, our Deputy prior to the  
21 provincial declaration issued a memo to his deputy  
22 colleagues, reminding them and encouraging them to  
23 review their continuity of operation plans to  
24 support their ministry's readiness in an effort to  
25 commence contingency planning to support the

1 broader response. So that was an early effort by  
2 our Deputy.

3 We in EMO maintain situational  
4 awareness with key stakeholders. We -- we're part  
5 of maintaining situational aware -- part of this  
6 maintaining situational awareness is a number of  
7 various daily communications products issued by the  
8 PEOC to various stakeholders, whether they be  
9 internal to the government or including those CEMCs  
10 from the municipalities, federal partners,  
11 et cetera. So there's a lot of acronyms here, but  
12 they're standardized communications products such  
13 as IMS 201s, 209s, et cetera.

14 COMMISSIONER FRANK MARROCCO (CHAIR):  
15 If I can just interrupt you for a minute. In terms  
16 of situational awareness, when would you say you  
17 became aware of the pandemic?

18 TEEPU KHAWJA: So I would say,  
19 Commissioner, even predating my arrival, we'll get  
20 to timelines shortly, in terms of our time -- we do  
21 have a timeline slide that would be similar to the  
22 one that you would have seen from Health, and in  
23 terms of the PEOC, while it may not have been  
24 referred to as "COVID" or "the pandemic" in the  
25 latter part of 2019, early 2020, we were in the

1 loop in terms of we were providing some situational  
2 awareness and participating with efforts for the  
3 repatriation efforts by the Federal Government for  
4 Canadians to Trenton, for example.

5 So in terms of being in the loop and  
6 situationally aware of what was happening around  
7 the world, we were in the loop just as early as  
8 Ministry of Health was.

9 And as I had indicated earlier, there's  
10 a lot of information sharing between the various  
11 ministries and EOCs. So at the PEOC perspective,  
12 we've been in lockstep in terms of  
13 awareness with --

14 COMMISSIONER FRANK MARROCCO (CHAIR):  
15 I'm trying to get a date or a -- not a specific  
16 date, but a time period in my mind.

17 So from your perspective, when would  
18 you have become aware of the situation?

19 TEEPUN KHAWJA: So I would say in late  
20 2019, early 2020, similar to -- we were --  
21 information-sharing goes both ways, and the  
22 information was being shared with us as they were  
23 learning it from Ministry of Health's MEOC.

24 So while we might not have had a -- or  
25 there was identified as a need for a coordinating

1 role at that point in terms of situational  
2 awareness through the regular sharing of  
3 information between EOCs, we would have been aware  
4 of the same information Health would have been  
5 through Health in late 2019, early 2020, and then  
6 we started participating in some of the  
7 repatriation efforts.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 So it was -- okay. I appreciate, thank you. That  
10 clears up that part of it. And it's the Ministry  
11 of Health that's bringing the situation to your  
12 attention?

13 TEEPU KHAWJA: Correct, through their  
14 Emergency Operations Centre.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Okay. Thank you.

17 TEEPU KHAWJA: And sorry, to that, just  
18 to elaborate on that as a final point, when I say  
19 in terms of the PEOC coordinating calls, we  
20 literally mean that every day, even outside of a  
21 pandemic, there are daily morning and p.m. --  
22 late-afternoon calls with the various ministries  
23 and EOCs where they provide updates of  
24 intra-[indecipherable] that other ministries might,  
25 and so as part of those conversations, Health's EOC

1 would be sharing updates. So that would have been  
2 late 2019 onwards.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Thank you.

5 TEEPU KHAWJA: And the final bullet on  
6 this slide is simply that the Commissioners and the  
7 staff might be -- remember that there were  
8 emergency alerts you would have seen broadcast to  
9 your cellphones on March 27th and April 4th,  
10 advising travellers returning to Ontario to  
11 self-isolate for 14 days, and the second one  
12 being -- advising Ontarians to stay home except for  
13 essential workers.

14 And we flagged those because for the  
15 Province of Ontario, we -- EMO -- are the  
16 authorized issuers of these alerts, so we would  
17 have been the ones who would have been asked to  
18 issue those alerts. So that's why I mentioned  
19 those.

20 On to the next slide, please, 26.

21 And just wrapping up, Commissioners,  
22 two final slides as it relates specific to  
23 long-term care homes. I think we touched on this  
24 already in previous answers.

25 So Health and Long-Term Care would have

1 identified the need. Because the RFA process has  
2 to be sent to the Federal Public Safety Minister,  
3 we in EMO were the channel and the conduit for such  
4 an RFA.

5 So we coordinated that, but the content  
6 was developed and provided primarily by Health and  
7 Long-Term Care, and then we sent it to Public  
8 Safety Canada through their Government Operations  
9 Centre. This process was repeated to extend the  
10 military supports because RFAs are typically 30-day  
11 durations from the Federal Government's  
12 perspective.

13 Overall, there's a hyperlink here to  
14 the news release, but the military supports that  
15 were requested and provided included deploying  
16 teams of nurses, medical technicians, and  
17 additional personnel between April to July 3rd.  
18 And I won't repeat the names, but these are the  
19 names of the long-term care homes in which they  
20 provided support to.

21 And the final point from EMO's  
22 perspective is the determination of long-term care  
23 homes which required federal -- if federal  
24 assistance was needed and to which homes and when.  
25 Those decision-making -- that decision-making was

1 led by Health and Long-Term Care. We didn't  
2 influence that in EMO. We were solely the conduit  
3 to facilitate and coordinate the RFA mechanism to  
4 request that support from the Federal Government.

5 Final slide. Next one, Natalia. Thank  
6 you.

7 So we had seen from Health's  
8 presentation to the Commission that they had  
9 provided four slides of timelines. We liked it, so  
10 we thought we would replicate that as a final point  
11 for the Commission.

12 Starting from the left: February 3rd,  
13 you can see that our PEOC adopted enhanced  
14 monitoring status, and what that means for the  
15 Commissioners is, within the PEOC, we have three  
16 levels, the lowest being routine monitoring, the  
17 second being enhanced monitoring, and the final,  
18 the highest being activation.

19 So these levels are included and  
20 defined in the PERP but aren't legislated;  
21 therefore, the authority falls to me as Chief based  
22 on recommendations from my team, and of course, I  
23 would consult with the Deputy for awareness  
24 purposes. So there is a science and a bit of art  
25 to that as well in terms of my authority on that



1 regard in terms of the PEOC levels.

2 And each increasing level, I'm sure you  
3 can imagine, requires increasing staffing levels  
4 and communications products as well.

5 So from the MOH slides to moving to the  
6 right, they would have also mentioned quarantine  
7 sites and repatriation, so we've repeated those  
8 dates here: February 7th, 18th, but we've also  
9 just elaborated in terms of that we, in EMO, did  
10 have a small role in each related to situational  
11 awareness and coordinating information-sharing  
12 between the federal partners and provincial  
13 partners, and we deployed a field officer to  
14 support in that regard.

15 Moving to the right, the dates there  
16 are for the COVID-19-related alerts that were  
17 issued on March 17th and April 4th.

18 And then finally, we've inserted the  
19 dates that EMO participated in terms of submitting  
20 the RFA request for military support for long-term  
21 care homes.

22 And then the final points I won't  
23 repeat, but they are simply depicting the dates  
24 we -- for our efforts that I referenced on earlier  
25 slides about deploying field office staff for

1    evacuations to Windsor-Essex -- sorry, to  
2    Windsor-Essex for farm outbreaks as well as  
3    evacuations to Red Lake and Fort Hope, and when we  
4    issued our outbreak guidance.

5                    So on that note, that's our final  
6    slide, Commissioners. I'll end my presentation,  
7    and thank you all for your time and interest in our  
8    presentation.

9                    I'll turn it over to my deputy in case  
10   he has any final words and then over to the  
11   Commissioners for any questions you have of us.

12                   So thank you.

13                   MARIO DI TOMMASO: Thank you,  
14   Chief Khawja.

15                   I do not have any closing comments. I  
16   thought that was a very comprehensive presentation.

17                   Chief Commissioner, you indicated at  
18   first -- one of your first questions was whether or  
19   not we had any recommendations to the Commission.

20                   With your permission, there are one or  
21   two recommendations that we are considering. We'd  
22   like to research them a little bit further, and  
23   with your permission, sir, we'd like to submit  
24   those recommendations to you in about a week's time  
25   after we research the propriety of making those

1 recommendations.

2 Would that be acceptable to you, sir?

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 That's fine. We'll hear from you in a week or so.

5 MARIO DI TOMMASO: Thank you.

6 COMMISSIONER FRANK MARROCCO (CHAIR): I

7 don't know if any -- Commissioner Coke,

8 Commissioner Kitts, if you have any further

9 questions? No?

10 Oh, yes. Commissioner Coke.

11 COMMISSIONER ANGELA COKE: This might

12 be part of your recommendations because I was going

13 to ask a little bit about, you know, based on

14 lessons learned on the effectiveness of the

15 structures and processes that you had in place, if

16 there's anything you would improve or do

17 differently as we go forward?

18 And if that's going to be part of your

19 recommendation, that's fine.

20 MARIO DI TOMMASO: Yes, it will be.

21 And with regards to the

22 recommendations, may I get some clarification? I

23 think you would want us to make recommendations

24 that are specific to this ministry here in terms of

25 the PEOC and EMO and the way in which it interacted

1 with long-term care homes; is that correct?

2 COMMISSIONER FRANK MARROCCO (CHAIR):  
3 We're going to write to the minister, at least to  
4 the Minister of Long-Term Care, and we would like  
5 to say something, focus on something that can be  
6 done now to deal with a Wave 2, Wave 3 rather than  
7 waiting till the end of the process.

8 So it's recommendations of that nature  
9 that we're interested in.

10 MARIO DI TOMMASO: I understand.

11 So, Chief Commissioner, once again,  
12 please let me research one or two of these  
13 recommendations, and I will forward them to your  
14 attention in about a week's time.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 Yeah, that's fine. Thank you.

17 Well, let me thank both of you for the  
18 presentation. Very informative from our point of  
19 view, and very thorough, and thank you very much  
20 for that. And we'll look forward to hearing from  
21 you in a week or so. And thank you for your  
22 presentation.

23 MARIO DI TOMMASO: Thank you,  
24 Chief Commissioner. Thank you, Commissioners, for  
25 your time.

1                   TEEPU KHAWJA: Thank you, everyone.

2                   COMMISSIONER ANGELA COKE: Thank you.

3                   COMMISSIONER JACK KITTS: Thank you.

4                   Bye.

5

6                   -- Adjourned at 11:23 a.m.

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1 REPORTER'S CERTIFICATE

2  
3 I, OLIVIA ARNAUD, Chartered  
4 Shorthand Reporter, certify;

5  
6 That the foregoing proceedings were  
7 taken before me at the time and place therein set  
8 forth, at which time the witness was put under oath  
9 by me;

10  
11 That the testimony of the witness  
12 and all objections made at the time of the  
13 examination were recorded stenographically by me  
14 and were thereafter transcribed;

15  
16 That the foregoing is a true and  
17 correct transcript of my shorthand notes so taken.

18  
19 Dated this 14th day of October, 2020.

20  
21 

22  
23 \_\_\_\_\_  
24 NEESONS, A VERITEXT COMPANY

25 PER: OLIVIA ARNAUD, CSR

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