



Office of the Auditor General of Ontario

COVID-19 Preparedness and Management

Special Report on
Emergency Management
in Ontario—Pandemic
Response



November 2020

Emergency Management in Ontario— Pandemic Response

1.0 Summary

This report is one in a series of reports undertaken by our Office on the province's response to COVID-19 (see **Figure 1**). **Chapter 2**, *Outbreak Planning and Decision-Making*, focuses on the COVID-19 response of Ontario's health sector, while this report focuses on the Provincial Emergency Management Office's (EMO) role and participation in the COVID-19 response for non-health-sector issues, with a focus on provincial co-ordination.

We understand that the COVID-19 pandemic presented a challenge to health experts and government decision-makers around the world that in many ways was unprecedented in its impact and complexity. Ontario health experts and Ontario government decision-makers worked together intensively to respond to the challenges of the pandemic, which were many, as Ontario struggled with Quebec as the two provinces hardest hit by the first wave. We can be grateful that the worst-case scenarios some anticipated in the winter of 2020 did not materialize. For example, Ontario's health system was not overrun during the first wave. That being said, the work we conducted resulting in this series of COVID-19 reports has shown that there are lessons to be learned and possible new approaches and actions to be taken to help the province better continue to respond to and recover from this pandemic, as well as to better prepare ourselves for future events of this kind.

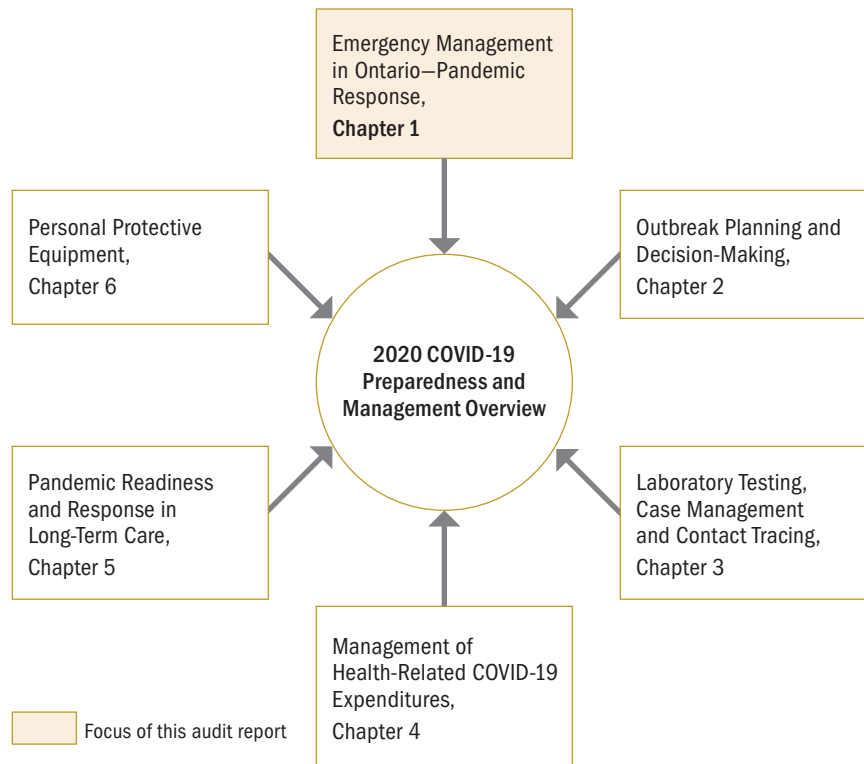
EMO is responsible for the provincial emergency response plan for Ontario, while the Ministry of Health is responsible for the health-related response plans. With COVID-19, beyond the health response of leading critically important public health measures, it was incumbent on EMO to co-ordinate the many other aspects of emergency response, such as ensuring that municipalities are immediately informed of actions to be taken, and relations with the federal government.

In 2017, our Office conducted an audit on emergency management in Ontario and found that the province wasn't adequately prepared for an emergency. Although some measures were in place to prepare for and respond to emergencies, there were weaknesses in the EMO oversight and co-ordination of emergency management programs. For example, certain of the activities and tools needed to prepare ministries and municipalities for an emergency were not in place or were not being carried out effectively. Specifically, risk assessments and emergency response plans had not been updated, practice tests of the emergency response plans were not being conducted, and emergency management programs were not being adjusted on the basis of lessons learned from past events and practice tests. Such weaknesses and gaps increase Ontario's vulnerability to the potential impacts of a large-scale emergency.

We concluded that EMO and the four other ministries we audited, which included the Ministry of Health, needed to significantly improve their

Figure 1: Six Key Areas of the COVID-19 Audit by the Office of the Auditor General of Ontario

Prepared by the Office of the Auditor General of Ontario



policies and procedures to ensure that fully effective emergency management programs would be able to respond quickly if needed to better protect the public and sustain provincial and municipal operations.

In 2019, we followed up on our recommendations from this audit as part of our regular two-year follow-up process and noted that only six or 15% of the recommended actions had been fully implemented by the two ministries that our recommendations were directed to. Specifically, the Ministry of Municipal Affairs and Housing (formerly the Ministry of Municipal Affairs) implemented two out of three actions and the Ministry of the Solicitor General (within which EMO operates) had implemented four out of 36 actions. Progress had been made in implementing another 14 or 36% of the recommended actions. However, the Ministry of the Solicitor General, which is responsible for EMO, had made little or no progress on 17 or 44% of its recommendations. (Two recommendations will not be implemented at all.) See **Appendix 1** for

the implementation status of the recommendations most related to COVID-19.

One of the critical reasons why the timely implementation of these recommendations was important was that this would enable the province to be better prepared should a major emergency occur. Such an emergency did occur this year with the COVID-19 pandemic.

On March 17, 2020, the province declared a state of emergency under section 7.0.1 (1) of the *Emergency Management and Civil Protection Act* (Emergency Management Act). On July 24, 2020, the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, also known as Bill 195, came into effect, bringing an end to the COVID-19 declared provincial state of emergency under the Emergency Management Act.

Although the declared state of emergency has come to an end, Bill 195 provides the Ontario government with flexibility to address the ongoing risks of the COVID-19 pandemic. Under Bill 195,

the Ontario government may amend, extend or revoke existing emergency orders made under sections 7.0.2 and 7.1 of the Emergency Management Act. As of October 30, 34 of the about 50 initial orders remained in effect, and are subject to extensions of 30 days at a time.

While we were conducting our continuous follow-up of our 2017 audit, the COVID-19 pandemic hit Ontario. As a result, we expanded our follow-up work to assess EMO's involvement in COVID-19. We particularly focused on if appropriate actions had been taken, and what actions could now be taken to better prepare EMO and the province for subsequent waves of the pandemic and future emergencies. We also reviewed whether the required lead roles were taken on by the key players during the pandemic, such as the Ministry of Health having the lead role in the province for health-related emergencies, and EMO having the lead role for provincial co-ordination during an emergency and for supporting ministries and municipalities. We also reviewed actions taken during the pandemic by other provinces' emergency management operations in Canada in order to identify further opportunities for improvement with respect to emergency measures for Ontario's pandemic response.

Overall, we found that, given the significant changeover in leadership at EMO, the outdated emergency plans and the lack of sufficient staff, when the COVID-19 pandemic arrived in Ontario, the province was not in a good position to activate the provincial response structure in its emergency response plan. It responded to the crisis by hiring an external consultant to create a new structure. The Secretary of Cabinet believed there was a need to create a whole of government approach. In contrast to Ontario, other provinces activated their existing response structures and emergency plans.

We also found that EMO had not undertaken detailed planning for subsequent waves of the pandemic. For example, it hadn't yet planned or had discussions with municipalities about planning for winter events like ice storms, extended power failures and other winter hazards, which may

overwhelm local capacity and result in the need to evacuate residents to mass care shelters and to find shelter for the homeless, at the same time that large numbers of people may require quarantining in their homes or at other facilities

The following are some of our significant observations:

Continuing Lack of Progress on Implementing Emergency Management Ontario Recommendations from Our 2017 Audit Report

- **Continuing lack of progress in implementing our 2017 audit recommendations exposes the province to increased risks in the handling of emergency situations in Ontario.** EMO has made little progress in implementing the recommendations in our 2017 audit on Emergency Management in Ontario. Almost three years after we issued our recommendations, only four or 11% of 36 recommended actions that the Ministry of the Solicitor General was responsible for have been implemented. Also of significance is that no additional recommendations had been implemented since our two-year follow-up was done in 2019, even though EMO committed to implementing eight of the 13 recommended actions that they had made some progress on before the COVID-19 pandemic in March 2020. The following bullets highlight the areas where progress has not been made on our 2017 audit recommendations.

Province Did Not Place Sufficient Importance on Emergency Management, Limiting EMO's Effectiveness during COVID-19

- **Provincial Response Plan's provisions for governance were not followed effectively.** According to the Provincial Emergency Response Plan (Provincial Response Plan),

the Cabinet Committee on Emergency Management (Cabinet Emergency Committee) is the main governance body for emergency management in Ontario. One of its main roles is to develop the overall provincial emergency management response strategy. The Cabinet Emergency Committee met for the first time in many years in November 2019. This was only an introductory meeting, with EMO providing an overview of its role and mandate and of emergency management in Ontario. During the first wave of the pandemic, the Cabinet Emergency Committee met three times. The response to the pandemic could have been faster had this been an operating committee.

- **EMO is still not positioned to operate effectively and in a focused manner with province-wide jurisdiction.** EMO is part of the Ministry of the Solicitor General, with the Commissioner of Emergency Management also being the Deputy Solicitor General. As such, he splits his time between emergency management and other community safety programs of the Ministry, including the Ontario Provincial Police and the Office of the Fire Marshall. The lack of a dedicated Commissioner of Emergency Management is one factor keeping EMO from full effectiveness in provincial emergency management. A second factor is that its top two senior positions have experienced turnover since our audit in 2017, so there has not been an opportunity for the people in these positions to become experienced in provincial emergency management leadership. We do note however, that EMO now has a dedicated Chief in place, which could add some stability and contribute to improvements going forward.
- **EMO was not a critical player during the pandemic despite being responsible for the overall emergency management program in Ontario.** The then Ministry of Health and Long-Term Care (now split into two separ-

ate ministries) was the designated lead for COVID-19 as per the Order-in-Council dated July 15, 2009, that designates responsibilities for emergencies. The Order-in-Council made the then Ministry of Health and Long-Term Care responsible for human health, disease and epidemic, as well as health services during an emergency. However, the same Order-in-Council also designated the then Ministry of Community Safety and Correctional Services (now the Ministry of the Solicitor General) as the lead for “any emergency that requires the coordination of provincial emergency management.” Given that COVID-19 was a provincially declared emergency, EMO should have taken on a much more prominent role in the emergency response but did not do so.

The Province’s State of Readiness for an Emergency Still Needs Significant Improvement

- **Response plans were not updated (even when world conditions were signalling a potential pandemic risk) and available to be used as a guide during the COVID-19 declared emergency.** EMO has two emergency response plans that were relevant for the COVID-19 emergency. The first is the Provincial Emergency Response Plan (Provincial Response Plan), which is used to co-ordinate the overall provincial response to any type of emergency. Although this plan was updated in November 2019, it had still not been finalized at the time of the COVID-19 pandemic as it was pending translation and coding for accessible formats, and to date it has not been published on EMO’s website. EMO deferred to the 2008 plan during COVID-19 because it was the plan that was publicly available. The second plan is the Provincial Co-ordination Plan for Influenza Pandemic (Pandemic Response Plan), which is a supporting plan to the Provincial

Response Plan. The Pandemic Response Plan has not been updated since 2006. In addition, the Ministry of Health has two plans that are relevant for COVID-19, and these plans have not been updated since 2013. As a result, many of the roles, responsibilities and practices were outdated, including the fact that many key players have changed since the plans were last updated. This was one of the reasons the province was not in a position to use these plans.

- **A multi-year strategy to test emergency response plans was not implemented, and no recent practice tests were undertaken.** EMO had not implemented the best practice of conducting practice tests of emergency response plans according to a multi-year strategy for the province. Specifically, the best practice directs jurisdictions to focus on the practice response to high-risk events and follow an approach where the response increases in complexity and scale every year in the multi-year testing period. EMO and the Ministry of Health had also not undertaken any recent practice tests pertaining to the four emergency response plans that are relevant to COVID-19 (the Provincial Response Plan, the Ministry of Health Emergency Response Plan, the Provincial Pandemic Plan, and the Ontario Health Pandemic Influenza Plan). This is despite Ontario's Hazard Identification and Risk Assessment program noting an apparent increase in many infectious diseases, including newly circulating ones, and that high-density populations, especially with those with growing and mobile populations and global reach, are at high risk for the introduction of infectious diseases into the population.
- **EMO's oversight process had not been improved to ensure up-to-date and high-quality emergency management programs are in place at ministries and municipalities.** When COVID-19 spread to Ontario in winter 2020, oversight of ministries' and

municipalities' emergency management programs was lacking, as it had been during our 2017 audit. This is because EMO interpreted its legislated monitoring responsibility to consist of reviewing self-assessment checklists that ministries and municipalities fill out every year (ministries and municipalities are ultimately responsible for ensuring legislated requirements are met). The checklists have ministries and municipalities self-assessing their emergency management programs, including their response plans' compliance with the Emergency Management Act and regulations, with a brief explanation of how each requirement was met. With only this limited oversight tool, EMO had no way of knowing whether ministries and municipalities facing COVID-19 had quality emergency management programs in place or if they were prepared to respond to the pandemic. Of specific concern was the issue of the response plans not being updated: the Ministry of Health indicated to EMO in its 2019 compliance checklist that it had met the requirement to annually review its emergency response plans and update them if needed—but we found that its two plans related to COVID-19 (Health Response Plan and Health Pandemic Plan) had not been updated since 2013.

- **EMO lacked a staffing strategy for responding to lengthy large-scale emergencies.** The lack of trained staff available to assist the Provincial Emergency Operations Centre (EMO Centre) during a lengthy emergency response remains an issue. While some EMO program staff and some select staff from the Ministry of the Solicitor General worked at the EMO Centre, EMO did not have a viable plan to quickly ramp up its staffing during COVID-19—for example, by hiring more staff or using experienced volunteers—nor did it train other staff in the province to assist. This limited the support and assistance that it was able to provide to municipalities and

ministries, and also resulted in most of the program work at EMO, such as for nuclear emergencies and providing needed training to emergency management staff in municipalities, being put on hold.

- Agreements were not in place for personal protective equipment (PPE) and other resources that might be needed during an emergency, and are still not in place. The agreements for resources that might be needed during an emergency are not in place. This had a major impact during the COVID-19 response, as critically needed supplies, such as PPE, had not been sufficiently stocked and agreements had not been established with vendors to purchase PPE at pre-approved rates. As a result, there were shortages of supplies, along with price gouging and competition between organizations in the province in need of PPE.

Province Began Implementing a New Emergency Crisis Response Strategy on April 11, 2020, after the March 17, 2020 Declaration of the COVID-19 Emergency; It Replaced the EMO Provincial Response Structure

- **The established provincial emergency response structure was not followed for the COVID-19 pandemic, and a new structure was developed during the emergency.** The Provincial Response Plan states that it should be viewed as the provincial master plan and describes both the structure and processes Ontario should use for managing emergency responses, as well as the structure to be used by EMO in co-ordinating a provincial emergency response. However, the provincial response structure outlined in the plan was not followed during COVID-19. The province created an entirely new structure after the Secretary of Cabinet undertook an urgent sole-sourced procurement of consulting

services to establish a crisis response strategy for COVID-19, building on The Health Command Table. The initial meeting of key parties involved in this new structure was held on April 11, 2020, more than three weeks after the provincial emergency declaration was made. The structure was still evolving until at least April 24, when the consultant's final report was delivered. Refinements continued for some time after that date.

- **These was a lack of engagement of EMO and its partners at emergency operations centres.** The usual best practice during an emergency is to have key emergency management staff from various ministries and other impacted stakeholders work out of the Provincial Emergency Operations Centre (EMO Centre) for the duration of the emergency. This facilitates collaboration and the easy sharing of information. This best practice was not followed during COVID-19, as most of the EMO Centre staff worked remotely, and the EMO Centre was a stand-alone operation, even though the EMO Centre is large enough to allow for physical distancing. Of particular concern was the fact that Ministry of Health staff were not stationed at the EMO Centre or connected virtually, and similarly EMO staff were not connected with the Ministry of Health's emergency operations centre to provide help and support. This also prevented them from being kept fully updated and apprised of unfolding events.
- **EMO has few field officers to support municipalities during an emergency.** EMO still doesn't have enough field officers to support the 444 municipalities in the province. It now has 12 field officer positions (up from 10 during the audit in 2017), including two new lead positions. However only eight positions were filled during COVID-19. This staff shortfall impacted the support the field officers were able to provide to municipalities. Field officer direct support to municipalities includes helping set up municipal emergency operations

centres, helping them execute their business continuity plans and helping answer questions about emergency orders. These eight field officers were stretched by the other duties assigned to them: they worked at the EMO Centre they provided support to the federal government by helping in the repatriation of Canadians from China and cruise ships; and they helped respond to the farm outbreaks in Windsor. Other provinces had more field officer resources: staffing was 100% higher in Alberta compared to Ontario (with 16 field officers), and 360% higher in British Columbia (with 37 regional staff at the time we interviewed them). Both Alberta and British Columbia have about one-third of Ontario's population. This amounts to Ontario having one field officer per 1.8 million residents (1:1.8 million), compared to 1:137,000 in British Columbia and 1:273,000 in Alberta.

Better Practices Noted in Other Provinces

- Other provinces followed better practices during their emergency response to COVID-19.** We reviewed the actions taken in five other Canadian provinces and identified better practices not used in Ontario in preparation for and during the pandemic. These included: having effective governance structures in place; direct support provided to municipalities; options for surge staffing in place to supplement staff in the emergency operations centre; updated emergency response plans and structures; practice tests for a pandemic having recently been undertaken; and province-wide IT systems supporting the provincial response to an emergency.

In conclusion, Ontario's capability and capacity to rapidly and effectively respond to the COVID-19 emergency would have been significantly more supported by EMO had proactive and preparatory improvements been made to the province's emer-

gency management plans, policies and procedures in recent years, including implementing our 2017 audit recommendations.

Further information on the actions taken by the Ministry of Health during the COVID-19 pandemic is presented in our Outbreak Management and Decision-Making report, included in this volume.

OVERALL MINISTRY RESPONSE

The Ministry of the Solicitor General appreciates the work of the Office of the Auditor General regarding emergency management in Ontario as we continuously adapt and improve our processes and responses to support the safety and health of Ontarians and respond to an evolving pandemic. The timelines for full implementation will be impacted by the continued response to COVID-19, anticipated seasonal emergencies (e.g., forest fires, floods), and other government-wide processes, including the annual budgetary allocation for change initiatives.

The Ministry is committed to conducting a full review of Ontario's emergency management system post-COVID-19 in order to assess areas for improvement and to build upon successes and learning from the management of the COVID-19 emergency.

Cabinet Office reviewed and supports the responses provided.

OAGO RESPONSE

We appreciate the responses provided by the Ministry of the Solicitor General. However, the responses amount to no more than promising again to conduct a further review of their operations. Ontarians would be disappointed to know that the emergency management operations of Ontario still need to conduct reviews before implementation and actions are taken. Having an established emergency management system is integral and was integral in protecting Ontarians in the time of an emergency.

2.0 Background

2.1 What Is an Emergency?

According to the *Emergency Management and Civil Protection Act* (Emergency Management Act), an emergency is a situation or an impending situation that constitutes a danger of major proportions and could result in serious harm to persons or substantial damage to property. An emergency may be caused by hazards such as forces of nature, diseases or other health risks, an accident, or an act, intentional or otherwise.

A formal declaration of an emergency may be made if conditions in a municipality or in the province meet certain criteria. These include when immediate action is required to prevent, reduce or mitigate a danger of major proportions that could result in serious harm to persons or substantial damage to property.

At the municipal level, the head of council (typically, the mayor) declares an emergency and must notify the province. At the provincial level, the Premier of Ontario and Lieutenant Governor in Council have the power to declare a provincial emergency. Even without a declaration, however, one level of government can request assistance from the next-higher-up level of government.

After a declaration of emergency is made, emergency orders can be issued to protect the health, safety and welfare of Ontarians. Examples of provincial orders issued during COVID-19 were limiting staff to working in a single long-term-care home and prohibiting unfair pricing on necessary goods. Emergency orders were also made at the federal level during the pandemic, an example of which was the closure of the Canada–US border under section 58 of the federal *Quarantine Act*.

2.2 Importance of Emergency Management

Emergency management focuses on protecting lives, infrastructure, property and the environment; helping to ensure the continuity of government operations and critical assets; and recovery (assisting individuals, businesses and communities to return to a state of normalcy).

With a large and complex society and economy, Ontario faces the challenge of preparing for and responding to many different kinds of emergencies. Ontario has the largest and, in places, the most concentrated population in Canada, with more than 14 million residents. In addition, it has the highest nuclear-power-generating capacity of any province or state in North America.

Ever-increasing risk factors and complexities have made emergency management even more critical for the safety of Ontarians. Growing research about the impact of climate change has focused attention on the increasing likelihood of more frequent and extreme natural hazards. In addition, there are growing threats from terrorism and an increased dependency on technology, which is vulnerable to cyberattacks.

2.3 Emergency Management in Ontario

Ontario's current emergency management program dates back to 2003. Its formation was prompted in part by events such as the 1998 eastern Ontario ice storm, preparations for the possible disruption of electronic communications in the year 2000 (Y2K), and the 9/11 attacks.

The last two declared provincial emergencies before COVID-19 in 2020, were the severe acute respiratory syndrome (SARS) outbreak (March–July 2003) and the electrical blackout (August 2003). SARS caused a total of 44 deaths in Ontario and left 375 others with serious lung disease. The blackout in 2003 left approximately 10 million Ontarians without power for periods ranging

from a few hours to several days. Following the SARS event, the Expert Panel on SARS and Infectious Disease Control and the SARS Commission recommended a number of measures to enhance Ontario's preparedness for possible future public health emergencies. These recommendations are discussed further in our *Outbreak Planning and Decision-Making* report.

2.4 Ontario's Emergency Management Program

Ontario's emergency management program is composed of five interdependent components. These are prevention, mitigation, preparedness, response and recovery. The Provincial Emergency Management Office (EMO) is the provincial co-ordinating office for emergency management. Its Emergency Management Doctrine for Ontario, which describes the concepts and key principles of emergency management, outlines how these five components interact and what each represents (see **Figure 2**).

The first step in building an effective emergency management program is to identify hazards that have occurred or have the potential to occur, and assess their risks. The results of this work form the basis for the development of the emergency management program. Ontario has identified 55 hazards and has assigned a ministry to be responsible for each of them. Other types of emergencies that do not relate to a specific hazard have been assigned to the ministry whose responsibilities most closely relate to it (for example, the Ministry of Labour, Training and Skills Development has been assigned responsibility for any emergency that affects worker health and safety).

Other important elements of emergency management in Ontario include:

- plans for the continuity of government operations—to help ensure that the government will be able to provide time-critical functions and services during an emergency and to identify which ones need to be recovered quickly afterwards;

- a critical infrastructure program—to identify and protect assets (processes, systems, facilities, technologies, networks and services) that are essential to the health, safety, security and economic well-being of people and the effective functioning of government; and
- partnerships—establishing relationships and effective communication channels between major stakeholders such as municipalities, ministries and key individuals.

2.4.1 Roles and Responsibilities

Ontario uses a bottom-up approach to emergency response, as outlined in the Emergency Management Doctrine for Ontario. This is consistent with the approach used by Canada's federal government and other provinces. This means that municipalities (as opposed to the higher levels of government) are responsible for managing most emergencies, although they can request resources and assistance from the provincial government when needed. Refer to **Figure 3** for the roles and responsibilities of the parties involved in emergency management in Ontario.

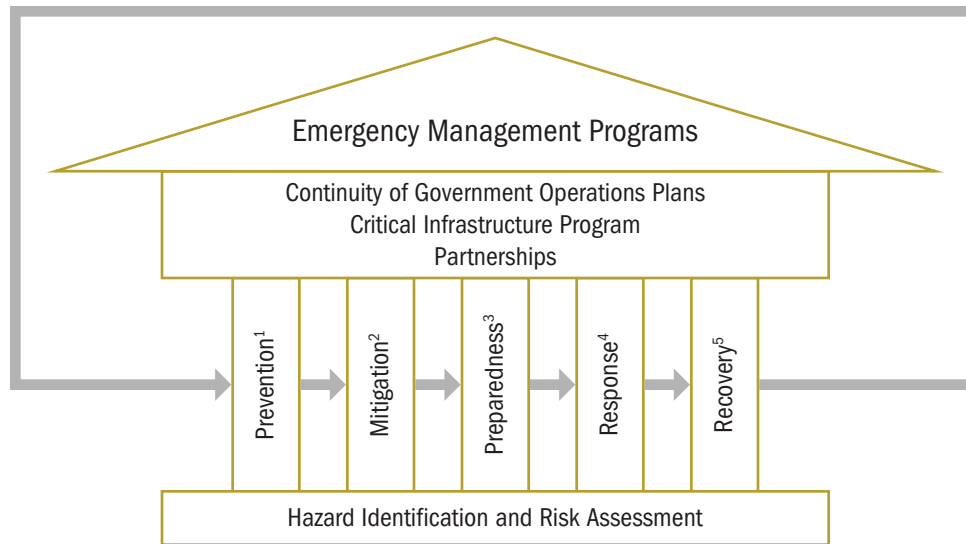
The responses to the floods in southern and eastern parts of the province in 2017 and to the ice storm in 2013 are examples of the bottom-up approach. These emergencies were handled at the municipal level for the majority of the communities affected. The province provided assistance as requested by the municipalities.

Municipalities have been given a series of provincially legislated responsibilities. They include creating community emergency management programs and plans, having a community emergency management co-ordinator, and establishing emergency operations centres.

One area where the province, not municipalities, is responsible for emergency management is the response for First Nations communities experiencing emergencies. The province does this on behalf of the federal government under a funding agreement with it.

Figure 2: The Five Components of Emergency Management in Ontario

Prepared by the Office of the Auditor General of Ontario using data from the Ministry of the Solicitor General



1. Prevention: Actions taken to prevent an emergency or disaster.
2. Mitigation: Actions taken to reduce the effects of an emergency or disaster. This may include structural or non-structural improvements to buildings and infrastructure.
3. Preparedness: Actions taken prior to an emergency or disaster to ensure an effective response. This may include implementing standards and plans, practice tests, public education and public alerts.
4. Response: Actions taken to respond to an emergency or disaster. This includes ensuring that a controlled, co-ordinated, effective and rapid response is undertaken.
5. Recovery: Actions taken to recover from an emergency or disaster and to assist individuals, businesses and communities to return to a state of normalcy. This may include environmental clean-up, return of evacuees, or financial assistance.

The lead ministry for provincial emergency management is the Ministry of the Solicitor General, which is where EMO resides. The province has created two emergency response plans—the Provincial Emergency Response Plan (Provincial Response Plan) and the Provincial Nuclear Emergency Response Plan. They are intended to be used to coordinate the overall provincial emergency response.

The federal government can assist the province if an emergency requires a level of support or resources that go beyond what the province and/or its municipalities are capable of providing. A global pandemic event is one such emergency. The federal government is also responsible for emergencies such as war, international situations and emergencies in international waters, and has specific responsibilities in nuclear emergencies.

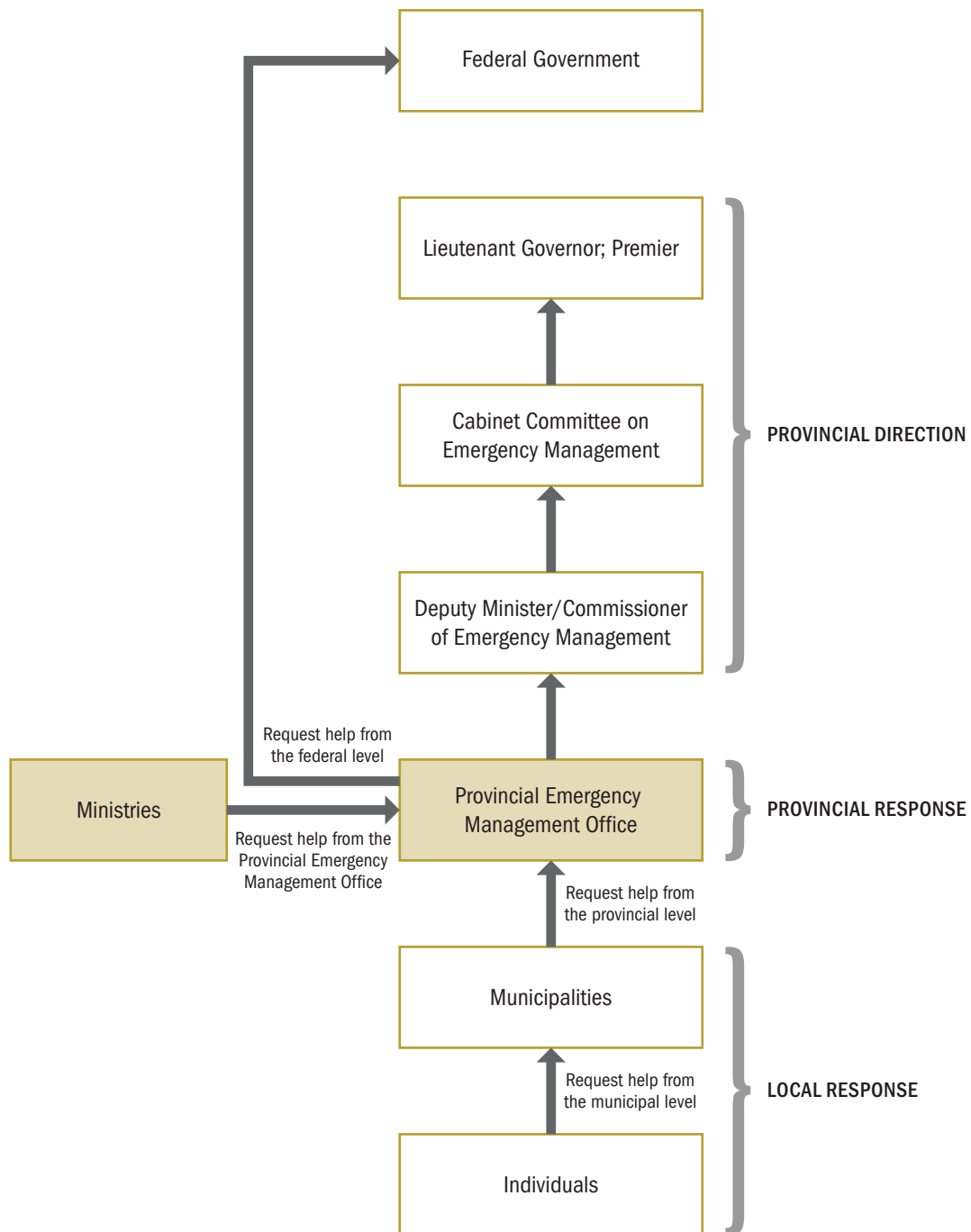
2.4.2 The Provincial Emergency Operations Centre (EMO Centre)

The Provincial Emergency Operations Centre (EMO Centre), a large, state-of-the-art facility that opened in 2015, is located in Toronto. The facility includes an 82-seat operations room with a 21-metre-wide wall display—the largest in Canada when it opened—that can provide a real-time view of developing emergencies. The EMO Centre's purpose is to enable a centrally co-ordinated provincial response to emergencies, where EMO can work with its partners: ministries, municipalities and the federal government, jurisdictions outside of Ontario, and others.

A duty officer staffs the EMO Centre around the clock and monitors situations around the province and in neighbouring areas that may have an impact on the province. If a situation warrants, the level of

Figure 3: Roles and Responsibilities in Emergency Management for Ontario

Prepared by the Office of the Auditor General of Ontario



Note: The provincial response structure is different for nuclear and radiological emergencies and response to First Nations events. The federal government has a fiduciary responsibility for First Nations events and the Provincial Emergency Management Office is responsible for the overall provincial off-site response to nuclear emergencies.

monitoring escalates to enhanced monitoring, and then to activation if the situation continues to escalate. The duty officer is the main provincial contact for municipalities and others needing assistance from the province during an emergency, including First Nations.

Since it opened, the EMO Centre has mainly been used to respond to First Nations emergencies such as flooding, to assist municipalities during emergencies and to host meetings.

2.4.3 Governing Legislation and Standards

The *Emergency Management and Civil Protection Act* (Emergency Management Act) and its regulation establish the legal basis and framework for managing emergencies that fall within the responsibility of the Ontario government and Ontario municipalities. For this purpose, the Emergency Management Act defines responsibilities for preparing for and responding to emergencies. It also sets out the criteria for declaring a provincial or municipal emergency.

An Order-in-Council from 2009 assigns responsibilities to 13 ministries for specific types of emergencies and/or emergency services. Their ministers are responsible for preparing the appropriate emergency programs and emergency response plans.

3.0 Audit Objective and Scope

3.1 Why We Are Issuing This Report

In 2017, our Office audited emergency management in Ontario, which involved the then Ministry of Community Safety and Correctional Services (now the Solicitor General) and four other ministries whose emergency management programs we chose to examine.

While we were conducting our continuous follow-up of that audit earlier this year, the COVID-19 pandemic hit Ontario. Our objective in

preparing this report was to expand our follow-up work to assess EMO's involvement in the province's response to COVID-19. This included looking at any additional factors that may have contributed to problems specifically related to the pandemic and lessons learned that can be applied to prevent or minimize them in the future. The factors included the emergency management governance structure (for example: did it enhance emergency preparedness; did it promote and support effective co-ordination and oversight of emergency management in the province?) and staffing (for example: were there enough trained staff on hand for internal purposes as well as for providing support to Ontario's 444 municipalities?)

We also undertook a review of the emergency response for COVID-19 undertaken by other Canadian provinces. This enabled us to identify actions taken that could be implemented in Ontario before subsequent waves of the pandemic occur and to better prepare for future emergencies.

This report relates closely to our *Outbreak Planning and Decision-Making* report, which focuses on the emergency response of Ontario's health sector.

3.2 What We Did

We conducted our audit from June 2020 to October 2020. We obtained written representation from Ministry and Cabinet Office management that, effective November 13, 2020, they had provided us with all the information they were aware of that could significantly affect the findings or the conclusion of this report. We received final information on November 20, 2020.

Our work included:

- reviewing relevant internal and external documentation and reports;
- interviewing EMO and other ministries' staff and representatives from Cabinet Office and the Cabinet Committee on Emergency Management on their roles in COVID-19 and other issues;

- reviewing relevant past reports by our Office, including the status of recommendations in those reports;
- surveying selected municipalities of differing sizes and locations on their experience during the COVID-19 pandemic; and
- contracting an independent consultant with expertise in the field of emergency management to undertake a jurisdictional review on the actions taken during COVID-19 by provincial emergency management offices in five provinces (British Columbia, Alberta, Saskatchewan, Manitoba and Nova Scotia).

4.0 Detailed Audit Observations

4.1 EMO Not Prepared to Address COVID-19—EMO’s Continuing Lack of Progress on Recommendations from Office of the Auditor General’s 2017 Audit Report

Overall, Emergency Management Ontario (EMO) has made little progress in implementing the recommendations in our 2017 audit on emergency management in Ontario. Almost three years after we issued our recommendations, only four or 11% of 36 recommended actions that EMO was responsible for have been implemented. Two of three other actions that were the responsibility of the Ministry of Municipal Affairs and Housing (the Ministry of Municipal Affairs during our 2017 audit) have been implemented.

During our 2019 follow-up, EMO committed to have fully implemented eight further recommended actions by March 2020. It did not meet this commitment.

This lack of progress means that EMO and the province did not come any closer to a better state of emergency preparedness in the more than two years they had between when we made the recommendations and the onset of the COVID-19 pandemic.

During our 2017 audit and our 2019 and 2020 follow-ups, we noted that EMO has a history of starting and later stopping projects and work groups, and of drafting plans, discussion papers and project charters that are never implemented or finalized. For example, the following planned actions never materialized: putting an all-hazards response team in place, implementing a standardized response structure for the province, completing a program to identify critical infrastructure in the province, and establishing a supply chain group to help provide the strategic resources needed during large-scale emergencies.

Further to this, EMO developed an “Ontario Emergency Management Action Plan” just days ahead of our 2017 report tabling. It was intended to demonstrate EMO responding proactively to our recommendations (and in doing so, circumvent potential negative impressions of EMO arising from our report). It included a detailed plan for implementing actions that would address recommendations in several recent reports, including our 2017 report. It stated that “Ontario is committed to an emergency management system that is effective, responsive and able to adapt to the unique circumstance of communities across the province. Our plan to transform our emergency management system to create a modern, dynamic and resilient model will be based on four key principles:

- improved accountability and transparency;
- greater support for municipalities and emergency management partners;
- delivering effective emergency management leadership and governance; and
- enhanced capacity for large-scale emergencies.”

However, most of our recommendations have still not been implemented. Not following through on commitments and planned actions impacted Ontario’s readiness to deal with the COVID-19 pandemic and may significantly impact the coordination of and effectiveness of the province’s overall emergency response in future emergencies.

Figure 4a: Recommendation Status Overview for Our 2017 Audit on Emergency Management in Ontario¹

Prepared by the Office of the Auditor General of Ontario

RECOMMENDATION STATUS OVERVIEW						
	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	1		1			
Recommendation 2	4		2	2		
Recommendation 3	3		3			
Recommendation 4	3	2		1		
Recommendation 5	3	1			2	
Recommendation 6	2		1	1		
Recommendation 7	2		2			
Recommendation 8	3		2	1		
Recommendation 9	4	1	2	1		
Recommendation 10	3			3		
Recommendation 11	2		2			
Recommendation 12	3		3			
Recommendation 13 ²	n/a	n/a	n/a	n/a	n/a	n/a
Recommendation 14	3			3		
Total	36³	4	18	12	2	0
%	100	11	50	33	6	0

1. Refer to **Appendix 1** for detailed information on the recommendations that are relevant to COVID-19.
2. Unlike all of the other recommendations, which were addressed to Emergency Management Ontario and/or the Ministry of the Solicitor General (then the Ministry of Community Safety and Correctional Services), Recommendation 13 was addressed to the then Ministry of Municipal Affairs. As such, it is not relevant to this report and its status is excluded from the Recommendation Status Overview.
3. The three recommended actions addressed to the then Ministry of Municipal Affairs (in Recommendation 13 and discussed in footnote 2) are not included in this total. The total number of actions recommended in our 2017 report was 39.

Figure 4b: Change in Implementation Status between 2019 and 2020

Prepared by the Office of the Auditor General of Ontario

Status	2019	2020	Change
Fully Implemented			
# of actions	4	4	0
% of total	11	11	0
In the Process of Being Implemented			
# of actions	13	18	5
% of total	36	50	14
Little or No Progress			
# of actions	17	12	(5)
% of total	47	33	(14)
Will Not Be Implemented			
# of actions	2	2	0
% of total	6	6	0

With the majority of our recommendations still in progress, and some not even or just barely started, we are concerned about whether they will be implemented. If they are not, we question how effectively the province will be able to co-ordinate an emergency response when it is next needed, such as if subsequent larger waves of COVID-19 or other issues develop.

Figure 4 provides an update on the implementation status of our 2017 recommendations, and **Appendix 1** provides more detailed information on the status and actions taken for those recommendations most relevant to the COVID-19 pandemic situation.

In addition to only four of EMO's 36 recommended actions being fully implemented, we noted that as of September 2020:

- 18 (or 50%) of the 36 recommended actions are in the process of being implemented, while little or no progress has been made for 12 (or 33%), and two will not be implemented; and
- between 2019 and 2020, the only change in implementation status was that five recommended actions went from “little or no progress” to “in the process of being implemented.”

RECOMMENDATION 1

For the province to better prepare for subsequent waves of COVID-19 and other future emergencies, we recommend that the Ministry of the Solicitor General make a concerted effort to expediently and fully implement the recommendations from our 2017 audit report.

MINISTRY RESPONSE

The Ministry recognizes the importance of strengthening the provincial emergency management system, including by methodically addressing the Auditor General's outstanding recommendations. The timelines for full implementation will be impacted by the continued

response to COVID-19, anticipated seasonal emergencies (e.g., forest fires, floods), and other government-wide processes, including the annual budgetary allocation for change initiatives.

Emergency Management Ontario (EMO) notes that 18 (60%) of 30 actions from the 2017 audit of Emergency Management in Ontario that have not yet been implemented are “in the process of being implemented,” and has committed to implementing six of those recommendations by March 2021.

Cabinet Office reviewed and supports the responses provided.

4.2 Lack of Preparedness Impacted the Response to the COVID-19 Emergency

With little or no action taken to implement one-third of the recommendations in our 2017 report, and another 50% still in progress, EMO and the province were not as equipped as they could have been when COVID-19 spread to Ontario. This was especially the case with respect to the areas of governance, preparedness and response, which are discussed further in the sections below.

Prioritizing recommendations that it should be able to implement fairly quickly could better equip EMO to respond to subsequent waves of the pandemic. Such recommendations include those relating to information-sharing and the co-ordination of issues and messages provided to ministries, municipalities and First Nations. Other recommendations, such as building up sufficient levels of experienced and trained staff, updating response plans and putting in place effective governance structures, will take more time to implement. Nevertheless, committing to move on these areas will ultimately better prepare the province for future emergencies.

We reviewed how other Canadian provinces prepared for and responded during the pandemic and in **Appendix 2** identify many better practices that Ontario could consider implementing.

4.2.1 The Province Did Not Place Sufficient Importance on Emergency Management, Limiting EMO's Effectiveness During the COVID-19 Pandemic

Our 2017 audit noted that EMO's intended function is to oversee a province-wide emergency management program involving prevention, mitigation, preparedness, response and recovery. The lower priority and importance given to this important role affected the level of services EMO provided. The following situations weakened its function:

- EMO is located within a ministry—now called the Ministry of the Solicitor General (at the time of our audit it was called the Ministry of Community Safety and Correctional Services). It has been competing for attention and resources with other Ministry priorities, such as those pertaining to police, fire and correctional services.
- There has been frequent turnover in EMO's top two senior positions, the Commissioner and the Chief, over the past five years and the Commissioner position was vacant at times. The lack of continuity in leadership resulted in a lack of critical experience and knowledge.
- The leader of emergency management, the Commissioner, was also the Deputy Minister in the Ministry and therefore split his time between emergency management and many other responsibilities at the Ministry.
- There was no government-wide executive-level committee, such as at the Deputy Minister level, to discuss emergency management in the province.
- The oversight of emergency management is the responsibility of the Cabinet Committee on Emergency Management (Cabinet Emergency Committee), which consists of eight Members of Provincial Parliament and the Premier. The Cabinet Emergency Committee has the significant mandate to provide strategic direction and ensure the province

is prepared to address emergency situations. At the time of our audit, it had not met in the previous five years, making it impossible for it to fulfil its mandate.

We reviewed each of the above situations during this audit and noted that there was little change with regard to the governance and oversight of the province-wide emergency management program. Each of these situations is discussed below, with a focus on current status and the impact on the COVID-19 pandemic emergency.

Governance and Oversight Was Inadequate for an Effective Government-Wide Emergency Management Program

The Cabinet Committee on Emergency Management (Cabinet Emergency Committee) is supposed to be the main governance body over emergency management in Ontario. It had been many years since it last met when, in November 2019, EMO conducted an introductory meeting, giving the Cabinet Emergency Committee an overview of its role and mandate, and of emergency management in Ontario.

The Cabinet Emergency Committee met just three times during the first wave of the pandemic—despite the fact that the Provincial Response Plan identifies the Cabinet Emergency Committee as a key player, responsible for developing the government's overall provincial emergency management response strategy. The first meeting was in March, at which the Ministry of Health and the Ministry of the Solicitor General provided updates on Ontario's preparedness for the pandemic. It met again in June and a third time in July. The purpose of the meetings was to receive an update on strategic issues, such as reopening the province and the reopening strategy for education. No minutes were taken and there is no record of any decisions made. In contrast, we noted that Alberta activated its Emergency Management Cabinet Committee in January 2020, and it began meeting three times a week.

The province also has still not established an executive-level committee for province-wide issues. British Columbia, Alberta and Manitoba each have such a committee at the Deputy Minister level.

One consequence of having older and untested emergency plans, along with an inactive and fragmented governance system for EMO operations in Ontario, and insufficient trained staff to assist, was that on March 25, the Secretary of Cabinet undertook an urgent sole-sourced procurement of consulting services at a cost of \$1.6 million to develop a crisis response organizational structure for COVID-19 building on The Health Command Table (an additional \$3.2 million was paid to the same consultant to assist with COVID-19 recovery planning and the reopening strategy for education). The consultant's cost was higher than standard industry rates. The contract was signed on April 3, 2020, which was after the work began.

The initial meeting of key parties involved in this new structure was held on April 11, 2020, more than three weeks after the province declared a state of emergency. The structure was still evolving until at least April 24, when the consultant's final report was delivered, and refinements continued to be made for some time after. The Secretary of Cabinet sent a memo informing Deputy Ministers of these refinements and updates on May 15, 2020.

The crisis response structure has a Central Co-ordination Table, a second layer underneath of four "command tables," and third layers of many sub-tables under each command table. The Central Co-ordination Table is as close as the crisis response structure comes to having a Deputy Ministers' Strategic Policy Committee on Emergency Management, which is a key element of the Provincial Pandemic Plan's response structure. However, only nine of its 20 members are actually Deputy Ministers. Other members are political staff, such as some Deputy Chiefs of Staff. It is co-chaired by the Secretary of Cabinet as well as the Chief of Staff to the Premier. As well, the Central Co-ordination Table does not have any decision-making authority, which lies with the Premier and Cabinet.

As mentioned, British Columbia, Alberta and Manitoba each had a permanent Deputy Minister Committee in place for emergency management that made both strategic and policy decisions up to a certain level, commensurate with members' knowledge, skills and expertise. Higher-level policy decisions were made by the Cabinet Committee.

Our 2017 audit expected such an approach to have been in place, and our recommendations were in line with it, by suggesting that EMO review best practices in other jurisdictions for governance structures and recommend an effective structure to the Cabinet Emergency Committee and implement it.

If EMO was better historically supported, with an active Cabinet Emergency Committee and Deputy Minister Committee in place as would be expected under the province's existing emergency management framework, the province would have been much better prepared to respond to the pandemic when, on March 17, 2020, the province declared a state of emergency. This would have resulted in a quicker emergency response. The approach taken resulted in the new response structure only beginning to be set up on April 11, 2020. In addition, the crisis response structure implemented based on the consultant's advice was not in line with the provincial response structure outlined in the Provincial Response Plan (see **Section 4.2.3** for further discussion).

EMO Still Not Positioned to Effectively Lead and Co-ordinate Province-Wide Emergency Management

EMO continues to be positioned within a ministry (now the Ministry of the Solicitor General, previously called the Ministry of Community Safety and Correctional Services), and continuing turnover in its leadership has made it more challenging for EMO to make changes, implement recommendations, and adopt and implement best practices.

The Ministry continues to have two Deputy Ministers, now called Deputy Solicitors General. The Deputy Solicitor General of Community Safety

oversees EMO in the role of Commissioner of Emergency Management. This Deputy Solicitor General's attention is thus divided between emergency management and the Ministry's community safety programs. These include police and fire services. The current Deputy Solicitor General has been in the position since October 2018 and was previously with the Toronto Police for many years.

The position of Assistant Deputy Minister, or Chief, has been held by three different individuals since our 2017 audit. The current Chief came on board at the end of February 2020, about three weeks before the province declared a state of emergency. The Chief previously spent 13 years with the Ministry of Transportation (MTO), and for the past few years, he had responsibilities related to MTO's emergency management program and compliance with the requirements under the Emergency Management Act. Unlike his predecessors of the past five years, he does not have an applied background in emergency management (for example, with the police, fire services or the military). Such background and expertise would have better positioned this individual to hit the ground running when the pandemic began. Instead, this individual faced a steep learning curve in unprecedented circumstances.

A positive change has been that the Office of the Fire Marshal and Emergency Management Division now has two Assistant Deputy Minister positions—one for Chief of Emergency Management and one for the Fire Marshal. This gives more focus to emergency management than existed before.

EMO Did Not Play a Critical Role in the Province's Pandemic Response

Under Order-in-Council 1157/2009, the Ministry of Health and Long-Term Care (now split into two ministries) is the designated lead in the areas of human health, disease and epidemics, as well as for health services during an emergency. As a result, Ontario's health sector was designated as the primary lead during the COVID-19 pandemic.

However, the same Order-in-Council also designates the then Ministry of Community Safety and Correctional Services (now the Ministry of the Solicitor General) as the lead for "any emergency that requires the co-ordination of provincial emergency management." Given that COVID-19 was a provincially declared emergency, EMO was required under the Order-in-Council to take a prominent role in the emergency response. However, this did not happen.

The provincial emergency management offices in other provinces were more involved during the pandemic than was EMO. They actively collaborated with their Ministry of Health Emergency Operations Centre's representatives in information-sharing, providing support and at times, decision-making. They also each had a Ministry of Health representative positioned within their emergency operations centre for further co-ordination during COVID-19, along with representatives from other stakeholders, such as other ministries, the federal government, First Nations and non-governmental organizations. EMO did not.

RECOMMENDATION 2

To ensure emergency management and, in particular, the Provincial Emergency Management Office (EMO), is given the importance needed to properly safeguard the people of Ontario from future emergencies, we recommend that the Ministry of the Solicitor General, in conjunction with the province, review the placement of EMO in the government and province, and put appropriate governance structures and oversight processes in place, including an effective leadership and staffing structure.

MINISTRY RESPONSE

The Ministry is confident in the current leadership of EMO and considers EMO to be appropriately located within the Ministry.

The Ministry is committed to conducting a full review of Ontario's emergency management

system post-COVID-19 in order to assess areas for improvement and to build upon successes and learnings from the management of the COVID-19 emergency.

In the interim (over the next 24 months), the Ministry will conduct a capacity assessment of EMO, including its staffing.

Cabinet Office reviewed and supports the responses provided.

OAGO RESPONSE

It is disappointing that the response to this recommendation is for further study versus action. Unfortunately, leadership at EMO has been affected by turnover and by the placement of the emergency management function in the government. EMO is currently operating with a new Assistant Deputy Minister who likely will require additional experience in the role before EMO's operations can be assessed as effective.

The importance of this role goes hand in hand with the importance of an active Cabinet Committee on Emergency Management on a strategic level and the implementation of our suggestion of an operational executive-level committee for emergency management at the Deputy Minister level. This combined effort is important to ensure that Ontarians are protected in future emergencies.

4.2.2 The Province is Still Not Prepared to Respond to Another Emergency

We noted in our 2017 audit that, although the province had some measures in place to prepare for emergencies, there were weaknesses in the emergency management programs across the province and in EMO's oversight and co-ordination of them. For example, certain activities and tools needed to prepare ministries and municipalities for an emergency were not in place or were not being used effectively.

We observed some of the same weaknesses during our current audit: critical response plans for the pandemic had still not been updated or finalized for use; a multi-year strategy to test emergency response plans had not been implemented and relevant practice tests had not been conducted; and improvements to EMO's oversight of ministries and municipalities, needed to ensure quality emergency management programs were in place, had not been made.

Response Plans Not Updated or Followed during the COVID-19 Emergency

EMO has two critical emergency response plans for emergencies related to the COVID-19 pandemic. The first is the Provincial Emergency Response Plan (Provincial Response Plan), which is intended to be used to co-ordinate the overall provincial response to any type of emergency. Although the Provincial Response Plan was updated in November 2019, it had not been finalized when the COVID-19 pandemic began as it was pending translation and coding for accessible formats, and to date it is still not available on EMO's website. Since the 2008 plan was the only one publicly available, it was referenced instead. This Provincial Response Plan is to be fully updated every four years under EMO's internal requirements. The second plan is the Provincial Co-ordination Plan for Influenza Pandemic (Provincial Pandemic Plan), which supports the Provincial Response Plan. It had not been updated since 2006.

In addition, the Ministry of Health has two plans that are relevant for COVID-19—its Ministry Emergency Response Plan (Health Response Plan) and its Ontario Health Pandemic Influenza Plan (Health Pandemic Plan). Neither of these plans had been updated since 2013. As a result, many of the roles, responsibilities and practices outlined in the plans, and the players assigned to them, were outdated.

In contrast, British Columbia updated its provincial pandemic plan, and its Ministry of Health updated its influenza pandemic plan, in February 2020, shortly after the first case of COVID-19 was

confirmed. The plans were tailored to the COVID-19 pandemic so that pandemic response participants, roles and responsibilities, including a clear chain of command, were identified. Alberta's provincial business continuity plan was updated in 2019 after a recent pandemic-related test. Ontario has yet to do any of these things.

Because the response plans are outdated, the roles and responsibilities of relevant parties and the actions to be taken do not include current information, program changes, best practices based on recent events or improvements needed based on the results of testing the plans. For example, the Provincial Pandemic Plan includes references to Provincial Emergency Response Teams and a Deputy Ministers' Strategic Policy Committee on Emergency Management, neither of which currently exist. It also states that the Ministry of Health and Long-Term Care (now called the Ministry of Health) and the Ministry of Labour (now called the Ministry of Labour, Training and Skills Development) will provide guidance for PPE. In addition, the Ministry of Health's failure to update its plans resulted in an unnecessarily complex response structure which is discussed further in our *Outbreak Planning and Decision-Making report*.

Outdated plans also have limited usefulness given advances in technology and communications on what to do, whom to contact and where to find critical information. As a result, the plans were not fully followed and were used only as guidance documents at the beginning of the emergency. This resulted in confusion at the municipal level, as municipalities were unsure of who was leading the response and where decisions were being made, and they were not receiving needed assistance from EMO. In addition, the failure to annually review and update the plans as needed contravenes the requirements of the *Emergency Management Act*.

Multi-year Strategy to Test Emergency Response Plans Not Implemented and No Recent Relevant Practice Tests Undertaken

The ministries in our 2017 audit were following the requirement under the Emergency Management Act to undertake an annual practice test to evaluate their emergency response plans and procedures. However, the process was not ensuring they were adequately prepared to respond to an emergency because the practice tests were so basic. We also noted that in the past five years the only complex tests undertaken had been for nuclear emergencies; for pandemics or for any other provincial emergencies, no complex tests had been undertaken.

As a result, we recommended that EMO develop and implement a multi-year strategy for practice tests in accordance with best practices for the province. This would include focusing on high-risk events and having the tests increase in complexity and scale year by year. EMO has not implemented this recommendation.

We reviewed the practice tests undertaken by EMO and the Ministry of Health since our 2017 audit and noted that neither organization had undertaken any testing pertaining to the four emergency response plans that are relevant to COVID-19 (the Provincial Response Plan, the Provincial Pandemic Plan, the Health Response Plan and the Health Pandemic Plan). This is despite Ontario's Hazard Identification and Risk Assessment program noting an apparent increase in many infectious diseases, including newly circulating ones, and that high-density populations, especially with a growing and mobile population and global reach, are at high risk for the introduction of infectious diseases into the population.

We did note that EMO and the Ministry of the Solicitor General undertook a practice test that included a flooding scenario. They did this in April 2019, before the 2019 flooding season began, and the EMO Centre was involved. The Ministry of Health also participated in a recent exercise that included testing its response structure.

The failure to practice-test pandemic or other provincial-emergency scenarios meant the province was not well prepared for responding to COVID-19. The practice tests would also have allowed relevant parties to work together and get to know each other. This builds professional relationships, trust and confidence, which are critical during an emergency.

Nova Scotia had annual practice tests and regular meetings prior to COVID-19 with Critical Infrastructure providers before COVID-19 impacted Nova Scotia. This facilitated communications and discussions throughout the pandemic as relationships were already in place.

We noted that Alberta holds a provincial emergency management practice test every year. It is used to build relationships, clarify roles and processes, and strengthen Alberta's disaster response. In 2019, the test was based on a pandemic scenario and included continuity of government operations plans as well. After the test, it revised its continuity plan.

During our work we learned that one of the most valuable ways to prepare for the occurrence of a pandemic (or any hazard) is to host exercises (practice tests). While full-scale exercises were identified as a best practice, even table-top exercises are considered helpful.

Oversight Process Had Not Been Improved to Ensure Quality Emergency Management Programs Are in Place at Ministries and Municipalities

Our 2017 audit found that oversight of the emergency management programs of ministries and municipalities mainly consisted of EMO reviewing a self-assessment compliance checklist that ministries and municipalities filled out every year. The ministries and municipalities also briefly explained what they had done to meet certain requirements. This process was deficient as it did not look at the quality of the emergency management programs or if ministries and municipalities were truly prepared to respond to an emergency.

We confirmed in this year's audit that EMO had not expanded its oversight beyond reviewing ministries' and municipalities' self-assessments. This was not sufficient for EMO to know if quality emergency management programs were in place or if ministries and municipalities were appropriately prepared to respond to the pandemic.

Even the limited self-assessments did not always provide accurate information. For example, the Ministry of Health inaccurately stated in its 2019 self-assessment that it had met the requirement to annually review its emergency response plans and update them if needed. However, as we have noted, its two plans related to COVID-19 had not been updated since 2013. EMO's oversight failed to identify this inaccurate information.

Our companion report to this report, *Outbreak Planning and Decision-Making*, provides details on the end result of the Ministry of Health's failure to update its plans, with an unnecessarily complex response structure put in place.

Staffing Strategy for Lengthy Large-Scale Emergencies Not Developed

The lack of trained staff at EMO to assist the EMO Centre during a lengthy emergency response was an issue in our 2017 audit and continues to be one. During the pandemic, some EMO program staff and some select staff from the Ministry of the Solicitor General helped out at the EMO Centre; otherwise, however, EMO did not have a viable plan to quickly ramp up its staffing during COVID-19 with more hires or experienced volunteers, nor did it train other staff in the province to assist. This limited the support and assistance that EMO was able to provide to municipalities and ministries and made it difficult for it to fulfil its role of provincial co-ordination during the pandemic (see **Section 4.2.3**). It also resulted in most of the program work at EMO, such as for nuclear emergencies and providing needed training to emergency management staff in municipalities, being put on hold. EMO Centre staff told us that it did have a list of some retirees and

municipal volunteers who had proactively reached out during the early days of COVID-19 to assist them, but no further action has been taken.

EMO told us that in the absence of such a staffing strategy, Ontario established an integrated crisis response architecture with several cross-sector Command Tables for cross-ministry response efforts. This is discussed further in **Section 4.2.3**.

The following are some best practices we noted in other provinces to address and increase staffing capacity:

- British Columbia used its Temporary Emergency Assignment Management System (TEAMS) program, made up of volunteer public servants.
- Saskatchewan used staff from the Saskatchewan Public Safety Agency, many of whom were cross-trained in emergency management responsibilities. It also used volunteers from its Community Emergency Response Team to assist in the community and had a Civil Service Reserve Team, composed of trained government personnel, that also assisted.
- Manitoba seconded government staff from outside of its emergency operations centre to assist in the centre.

Agreements Not in Place for Resources that Might be Needed During an Emergency

We noted in 2017 that EMO and most of the other ministries audited did not have agreements in place for goods and services that might be needed during an emergency. Having agreements with fixed rates in place reduces delays in obtaining resources and can ensure costs are contained at a critical time. We also noted that the ministries had not even determined what types of resources they might need during an emergency.

We found in this audit that these agreements were still not in place. This had major repercussions, especially with respect to personal protective equipment (PPE). There were shortages of supplies,

suppliers gouged their prices, and organizations competed with each for equipment.

We noted in 2017 that the Ministry of Health had a stockpile of over 26,000 pallets of PPE and other medical emergency products. More than 80% of the stockpile, for which it had paid \$45 million, had expired. The Ministry was paying more than \$3 million a year to store the expired supplies and was also paying to dispose of some of the supplies. In this audit, the situation had worsened, with even more of the supplies past their expiration dates. Fewer of the expired supplies were being disposed of, so even more expired supplies were on hand that the Ministry was continuing to pay to store.

Stockpiling and purchasing issues for PPE are discussed in our upcoming report on *Personal Protective Equipment*.

Our review of other provinces noted that Alberta and Manitoba had obtained sufficient inventories of PPE. In fact, as a result of such preparedness, Alberta was in a position to send some supplies to Ontario. In addition, the provincial emergency management office in all of the five provinces we reviewed (British Columbia, Alberta, Saskatchewan, Manitoba and Nova Scotia) were involved in assisting with and obtaining PPE for non-health-sector staff, such as for those at seniors' homes, first responders, child care providers and agricultural owners. Two of the provinces (British Columbia and Manitoba) jointly managed this with their Ministry of Health to provide PPE for the health sector as well. The provincial emergency management office in the five provinces also provided and paid for PPE for municipal emergency operations centre staff.

Ontario became aware very quickly that PPE would be an issue: it learned from a survey conducted in March 2020, before the state of emergency was declared, that many municipalities were significantly short of PPE.

In our survey of municipalities administered six months later, not having sufficient supplies of PPE and not knowing where to get them was the most common concern. We saw comments such as the following:

- “We had asked numerous times for assistance with procurement of N95 masks; however, we were told to reach out to other fire departments that had similar type masks in their stockpile to see if we could purchase them or swap for other PPE.”
- “We recognized early on the shortages in supply chain for things like N95s and nitrile gloves, hand sanitizer, etc. We were in dire need in order to protect our firefighters who respond to medical calls. We sought assistance from the province first as we are told to do, waited for responses which took a long time to receive and unfortunately never received a valid solution.”
- “Our hospital was running low on PPE (N95 masks) and had begun a public appeal to health-care providers in the community to assist. Due to low feedback from the community, we reached out to the PEOC for assistance. The PEOC had advised this matter was escalated to the Ministry of Health.”

No IT System in Place for Province-Wide Co-ordination of Emergency Management

In 2017, EMO did not have a province-wide information technology (IT) system for emergency management. A system it spent \$7.5 million for between the 2009/10 and 2014/15 fiscal years was never implemented due to user dissatisfaction and software defects.

EMO still did not have a province-wide IT system in place during COVID-19. It has recently procured a new system and is in the early stages of implementing it, with province-wide implementation expected by March 2022. An effective and reliable IT system is a critical component of a co-ordinated provincial emergency management program. During COVID-19, such a system could have provided real-time information to ministries and municipalities on plans, locations of key facilities such as hospitals and municipal buildings, and contact information in a single, central, secure, sharable repository.

In the absence of such a system, EMO communicated inconsistently with stakeholders during COVID-19. This resulted in challenges in areas such as information-sharing, and identifying trends and issues (see **Section 4.2.3** for more details on this).

Two of the other provinces we reviewed (Alberta and Nova Scotia) had emergency management IT systems in place during COVID-19 for use across the government (Nova Scotia plans to use it province-wide), while a third province (Manitoba) had a province-wide IT system in place that it used to connect with the provincial and federal governments, as well as some municipalities, agencies and non-governmental organizations. As a result, they were able to use it to assist with their response efforts and to easily share critical information on a timely basis.

Information on Time-Critical Services in the Province Lacking

Our 2017 audit noted the importance of ministries having continuity plans to maintain critical government operations in an emergency. These plans prioritize the most time-critical activities that need to continue or be restored quickly. We also thought it was important to have a comprehensive, prioritized list of all time-critical services in the province in case limited resources had to be allocated during a widespread emergency. However, EMO did not maintain such a list.

During our 2019 follow-up, EMO informed us that it will not implement this recommendation. It said there would be no need for this information during a provincial emergency response. However, on March 23, 2020, the Treasury Board Secretariat (Treasury Board) asked EMO for this exact information. Treasury Board was considering redeploying some staff to support time-critical services; EMO, however, could not provide a comprehensive list of time-critical services.

Following Treasury Board’s request, EMO prepared a list of time-critical services from information obtained from ministries and provided a final

version to Treasury Board on April 2, 2020. This was more than two weeks after the provincial emergency declaration was made.

RECOMMENDATION 3

In order to ensure effective emergency management programs are in place in the province, including at ministries and municipalities, to enable the province to be properly prepared for any type of emergency, we recommend that the Ministry of the Solicitor General:

- ensure response plans are reviewed annually and updated;

MINISTRY RESPONSE

The Ministry will continue to improve its annual oversight process on an ongoing basis and ensure compliance with it by ministries and municipalities. This requires ministries and municipalities to review and update, as necessary, emergency management programs.

Cabinet Office reviewed and supports the responses provided.

RECOMMENDATION 3 (CONTINUED)

- implement a provincial multi-year strategy to test emergency response plans, with a focus on the critical emergency response plans in the province;

MINISTRY RESPONSE

The Ministry will implement this recommended action and develop a strategy that periodically tests emergency response plans using a variety of methods. The Ministry will need to consult with its partners on the multi-year strategy while being careful to not overwhelm their existing capacity to adequately respond to COVID-19.

Funding decisions are made by Treasury Board and confirmed by Cabinet. The implementation of this recommended action is

dependent on resource allocation by Treasury Board and the enhancement of existing EMO staffing capacity.

Cabinet Office reviewed and supports the responses provided.

OAGO RESPONSE

The above response is different from the response we received during our follow-up on our 2017 recommendation (see **Appendix 1**), in which the Ministry of the Solicitor General provided the following information:

The Ministry has developed a Provincial Exercise Program Strategy that will be used to periodically test emergency response plans using a variety of methods. The strategy is currently in draft format and has not yet been approved internally.

RECOMMENDATION 3 (CONTINUED)

- revise the annual oversight process for ministries' and municipalities' emergency management programs to include an assessment of the quality of the programs;

MINISTRY RESPONSE

The Ministry has an annual oversight process that requires ministries and municipalities to review and update, as necessary, emergency management programs. The Ministry will continue to improve this process on an ongoing basis and ensure compliance with it by ministries and municipalities.

For the Ministry to develop a sustainable initiative for EMO to assess the quality of municipalities' and ministries' emergency programs, it will require appropriate resources allocation from Treasury Board, necessary legislative authority and a government mandate. As part of a broader emergency management review post-COVID-19, the Ministry will consider this

recommendation, including considering if there are other emergency management oversight processes required.

Cabinet Office reviewed and supports the responses provided.

RECOMMENDATION 3 (CONTINUED)

- undertake a comprehensive review of the staffing needed at the Provincial Emergency Management Office and in the Provincial Emergency Operations Centre, including plans for surge capacity and specialized teams to be used during an emergency;

MINISTRY RESPONSE

The Ministry will conduct a staffing review of EMO within 24 months.

Cabinet Office reviewed and supports the responses provided.

OAGO RESPONSE

Given that Ontario should always have an effective emergency management function, 24 months is a lengthy period of time for the implementation of this recommendation.

RECOMMENDATION 3 (CONTINUED)

- determine the critical resources needed for all types of emergencies and then enter into agreements for those resources with pre-established rates;

MINISTRY RESPONSE

Given the complexity of determining all critical resources for all types of emergencies, the Ministry will engage its inter-ministerial partners to review the recommended action and develop the appropriate tools to have the necessary resources available in an emergency. The Ministry will also engage appropriate federal

partners and First Nations leadership to support the analysis of this recommended action.

Funding decisions are made by Treasury Board and confirmed by Cabinet. The implementation of this recommendation is dependent on resource allocation by Treasury Board.

Cabinet Office reviewed and supports the response provided.

OAGO RESPONSE

The above response is different from the response we received during our follow-up on our 2017 recommendation (see **Appendix 1**), in which the Ministry of the Solicitor General provided the following information:

A proposed framework on Supply Chain and Logistics in Emergencies has been developed. This is the initial phase towards developing a program that will clarify the roles and responsibilities of ministries regarding planning for, procuring, and paying for resources and services that may be needed during an emergency. It will also identify potential procurement strategies and resource and service needs.

RECOMMENDATION 3 (CONTINUED)

- implement an effective IT system for province-wide use;

MINISTRY RESPONSE

The Ministry will continue to roll out training for all users on EMO's new IT system, which was recently implemented with the intent for province-wide use.

Cabinet Office reviewed and supports the response provided.

RECOMMENDATION 3 (CONTINUED)

- update continuity of government operations plans annually and implement a process to

co-ordinate this work through the Secretary of Cabinet's Deputy Minister Council;

MINISTRY RESPONSE

The Ministry will ensure that EMO improves its processes so that ministries' continuity of government operations plans are updated annually through its pre-established quality assurance process. The Ministry will work with the Office of the Secretary of Cabinet to co-ordinate on an annual basis discussion on updating these plans with Deputy Ministers.

Cabinet Office reviewed and supports the response provided.

RECOMMENDATION 3 (CONTINUED)

- maintain and update a prioritized listing of time-critical services in the province and related contact information.

MINISTRY RESPONSE

Some ministries currently provide EMO with lists of time-critical government services (e.g., systems, technology, assets and functions) as part of their annual compliance review. However, this requirement is not mandatory. Ministries also provide EMO with 24/7 emergency contact information as changes occur. EMO will review its processes to ensure this is being done regularly with frequent reminders.

EMO will work with ministries to compile these lists into one master list of time-critical government services and contact information. EMO will also work with ministries to formalize a protocol that will help government prioritize time-critical services on the basis of the unique nature of an emergency (based on characteristics such as the region where the emergency is, the scale of the emergency, the vulnerable populations impacted and the urgency of response).

Cabinet Office reviewed and supports the response provided.

4.2.3 Long-Standing Emergency Management Gaps and Weaknesses before COVID-19 Impacted Governance, Co-ordination and Communication during COVID-19

In 2017, we noted that the province was ill-equipped to manage a prolonged emergency. Now in 2020, that large-scale, prolonged emergency has occurred and it tested the processes in place.

Our review of the processes and actions undertaken by EMO and the province during the first wave of COVID-19 gave us cause for concern. The deficiencies we found should be immediately addressed before subsequent waves of COVID-19 occur, if possible, or at least prior to another emergency occurring. Areas of concern include the provincial response structure, the operations of the EMO Centre, staffing, support provided to stakeholders and provincial co-ordination of the response, as discussed in the following subsections.

Provincial Emergency Response Structure Not Followed and New Structure Developed

The provincial response structure outlined in the Provincial Response Plan was not followed during COVID-19. The province created a new structure based on a consultant's advice. The Secretary of Cabinet urgently procured the consultant's services to establish a crisis response strategy. The structure only began to be put in place more than three weeks after the province declared a state of emergency. According to EMO, the new structure was needed because the province did not have a surge staffing strategy to respond to COVID-19.

The structure that the government implemented is commented on in **Section 4.2.1**. The main table is called the Central Co-ordination Table. The next layer beneath the main table consisted of four "command tables," under each of which was a third layer of many sub-tables. However, these tables and sub-tables did not have any decision-making authority; that authority resided with the Premier and Cabinet.

The various government representatives at the sub-tables discussed potential issues and actions. They reported their discussion results to their command table, which forwarded issues to the Central Co-ordination Table. Action items were noted on the next meeting's agenda, but no minutes were kept documenting any of the discussions held at these meetings. This ran counter to directions provided in the report from the consultant advising on the crisis response structure. The report directed that essential details for each meeting (i.e., date and time, list of attendees, purpose and topics discussed, and decisions and rationale) be recorded, and also that a note-taker be assigned for every meeting to take meeting minutes and circulate them to the group afterwards.

Of the four command tables, the Public Safety Command Table (the Public Safety Table) has the strongest link to provincial emergency management. It is chaired by the Deputy Solicitor General, who also has responsibility over EMO. One of the four sub-tables under the Public Safety Table, the Emergency Management Planning sub-table, is co-chaired by the Chief of EMO. Its mandate is to co-ordinate cross-government efforts to anticipate, respond to and resolve non-health emergencies associated with COVID-19.

The new structure is much more complicated than the response structure outlined in the Provincial Response Plan. It caused confusion among emergency management representatives in ministries and municipalities, as it was not the structure that they expected and were familiar with and trained for. The structure they expected is called the Incident Management System (IMS), which is structured specifically to reduce the risk of miscommunication, to avoid confusion and to enhance the efficiency of the overall response. Key to this structure is the use of common command language and command concepts at all levels of the response. **Figure 5** compares the Provincial Response Plan's structure with the new structure actually used. The five other provinces we reviewed each followed either IMS or a similar process called ICS (Incident

Command System) in their emergency response to COVID-19.

The municipalities we surveyed made comments such as the following regarding the new structure:

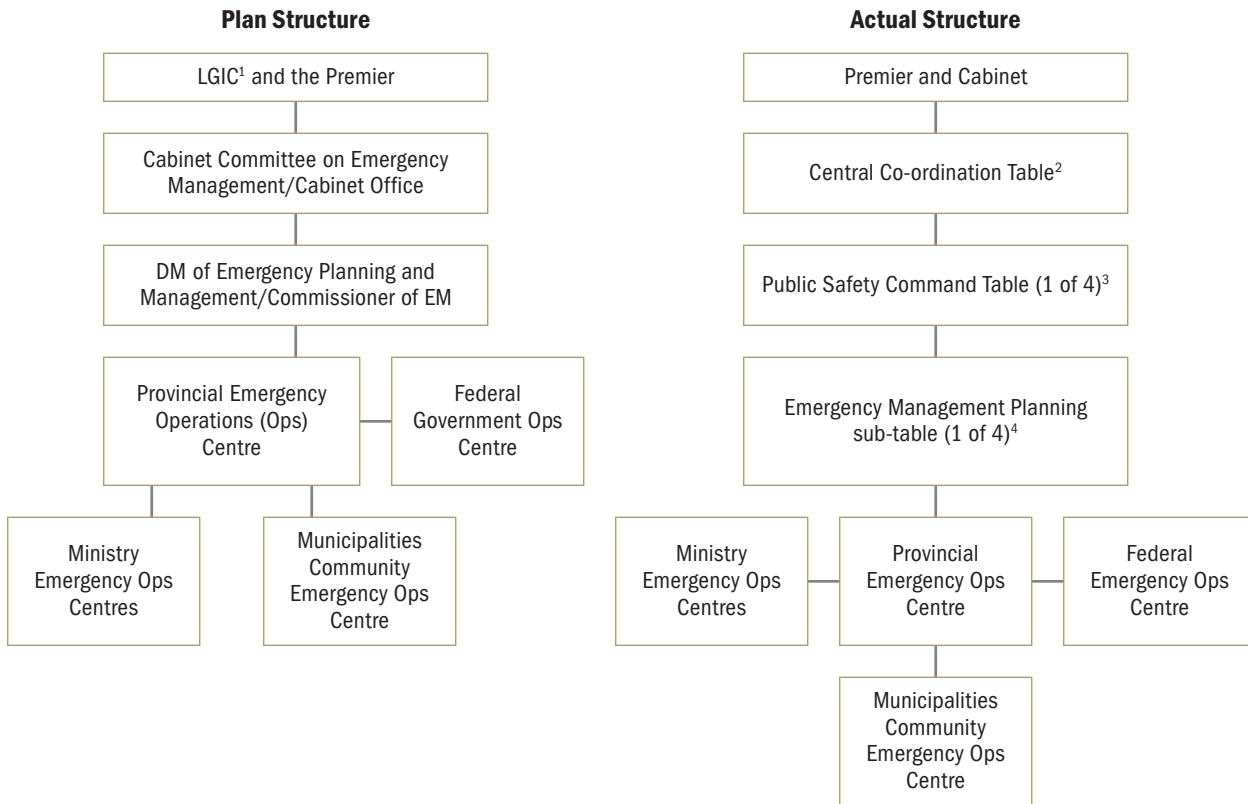
- “All communities across the province have trained to a program (IMS), yet the pandemic has been managed using a completely different system. Our typical lines of communication during emergencies that we trained to have not been followed.”
- “It seems that during this emergency there have been many ‘command tables’ referred to and more than one provincial-level Emergency Operations Centre. From a local perspective as well as from an IMS perspective, we need to know which ministry is in charge. It seems that the various ministries operate independently and no one is subordinate to another. Would like to see more of an established IMS structure and would like to see this better communicated.”
- “There has been huge political involvement in decision-making during the pandemic. This really isn't addressed in our current emergency operations centre process.”

EMO Centre Underused, and Collaboration and Communications Was Not Effective

The purpose of the provincial EMO Centre facility is to centrally co-ordinate the provincial response to emergencies. This co-ordination work requires EMO Centre staff to work closely with partner entities: ministries, municipalities, the federal government, jurisdictions outside of Ontario and others. In most emergencies, emergency management staff from ministries, impacted stakeholders and EMO staff are stationed to work at the EMO Centre for the duration of the emergency. This enables them to collaborate and easily share information. This was not the procedure followed during COVID-19: most EMO Centre staff worked remotely, and the EMO Centre was a stand-alone operation.

Figure 5: Comparison of the Provincial Response Structure in the Provincial Emergency Response Plan (Plan Structure) and the Actual Structure Developed

Prepared by the Office of the Auditor General of Ontario



1. Lieutenant Governor in Council.

2. The Central Co-ordination Table is an advisory body providing advice to the Premier and Cabinet.

3. The Public Safety Command Table is one of four command tables under the Central Co-ordination Table. It is Chaired by the Deputy Solicitor General/Commissioner of Emergency Management, who oversees Emergency Management Ontario.

4. The Emergency Management Planning sub-table is one of four cross-functional sub-tables under the Public Safety Command Table. It is Co-chaired by the Chief of Emergency Management Ontario, who also sits on the Facilities sub-table.

This weakened communication between the parties involved. There were delays in the exchange of information, confusion about who does what when and difficulties in achieving the synergies desired for effective emergency operations. The key parties generally met once or twice daily by teleconference, but this was far less effective than the cross-the-desk discussions and decision-making that normally occur immediately when needed throughout the day.

The other provinces we reviewed (British Columbia, Alberta, Saskatchewan, Manitoba and Nova Scotia) all had key provincial emergency operations staff physically working in the operations centre

at times during the pandemic. In addition, the provinces all had other parties, like their Ministry of Health, actively liaising or embedded in the operations centre either physically or virtually with a continuous connection with each other, using technologies like WebEx.

EMO's large, 82-seat emergency operations centre could have easily hosted the key ministries and other stakeholders during the emergency while maintaining physical distancing. This would have facilitated a more effective, engaged and co-ordinated provincial response. In addition, EMO and EMO Centre staff did not participate in any of the ministry emergency operations centres. The

lack of close interaction between the Ministry of Health emergency operations centre and EMO Centre/EMO staff was especially concerning, given that the Ministry of Health had the lead role in the response to the public health emergency created by COVID-19.

We noted the following best practices for a co-ordinated provincial response in other provinces:

- The Ministry of Health of all five provinces was actively engaged with their provincial operations centre.
- Key emergency management office decision-makers were physically present at British Columbia’s and Manitoba’s operation centres, and key agency representatives were in Nova Scotia’s operation centre.
- Municipal, provincial and federal government representatives worked physically at or were continuously virtually connected to Nova Scotia’s operations centre.
- Emergency management staff were embedded in Saskatchewan’s Ministry of Health and Health Authorities operations centres to share in the decision-making and pass on information to the operations centre.
- Saskatchewan also embedded emergency management staff in other ministry and major community emergency operations centres to allow information to be shared more quickly and effectively, and issues to be identified early.

EMO and EMO Centre Staff Left Out of Discussions and Decision-Making, Negatively Impacting Their Ability to Centrally Co-ordinate

The combination of EMO Centre staff operating remotely, along with the new response structure put in place in April 2020, negatively impacted the central role in emergency management that EMO and EMO Centre were originally established to perform in Ontario.

The EMO Centre, supporting the lead ministry, is usually the main hub of activity during a provincial emergency, with representatives from

various parties discussing issues and sharing intelligence. This traditional decision-making process was disrupted when the new structure was put in place, EMO Centre staff were left out of the main discussions. Also, due to the lack of minutes available from the tables and sub-tables on issues discussed and actions taken, EMO was not apprised or updated on what was happening, impacting its co-ordination role and ability to share information. This also prevented them from contributing their expertise to the decision-making process, which mainly took place at higher levels.

The municipalities we surveyed made the following comments on their experience with EMO during COVID-19:

- “EMO was, for the most part, silent throughout the pandemic. Leadership in the form of messaging and support from the top down would have made it easier for each of us to understand how the various legislation and processes interact.”
- “We and numerous other municipalities have been very disappointed in the role of EMO during this pandemic. EMO does not appear to be involved in any decision-making or direction coming out at a provincial level. EMO needs to be heavily involved in those decisions from the beginning to be able to provide the support and consultation needed to the municipalities.”
- “We would have benefited from having a louder voice at the provincial level to assist in operationalizing new directives with the right processes in place while maintaining appropriate expectations with our community.”
- “We want to ensure that from the perspective of EMO that it can have a seat at the table of the Ministry of Health to ensure that the concerns of municipalities can be advocated at that table.”
- “It is not clear whether the issues we encountered were because of disorganization at EMO or that they were not engaged as part of the management of the pandemic.”

Insufficient Staff for EMO Centre Operations During COVID-19

Our 2017 audit found that EMO did not have enough trained staff to sustain the EMO Centre through a lengthy large-scale emergency. Since then, EMO received approval for an additional 29 staff: 11 were funded by the federal government to assist First Nations, and 18 were internally approved. To date, 18 staff have been hired for these positions, but there are still 17 vacant positions overall in the branch, representing 20% of the total staff allocation. This left EMO without enough staff to meet short-term needs, let alone the long-term needs of the COVID-19 pandemic. It resulted in workloads at the EMO Centre being doubled and tripled, some functions not being performed, extra shifts and people working for long periods without time off. It also prevented EMO from providing adequate support to ministries and municipalities, and put other program work on hold.

We noted in our current audit that a total of 54 staff from EMO and the Ministry of the Solicitor General worked one or more shifts at the EMO Centre during the period reviewed. About 20 staff worked at the EMO Centre each day at the height of the pandemic, for up to 12-hour shifts, with most working during the day.

Of the 54 staff, 46 were from EMO and eight were brought in from the Ministry of the Solicitor General. Of the 46 EMO staff, 14 were duty officers who normally worked at the EMO Centre. The remaining 32 were pulled from EMO's various program and field support areas, such as nuclear, emergency management training for the province, field officers, compliance reviews and public education. Their movement over to the EMO centre left shortfalls in the work they normally did, such as nuclear emergency management activities.

Given Ontario's population of over 14 million, the EMO Centre staffing pales in comparison to the staffing at the other provinces we reviewed. Manitoba (population 1.4 million) had 28 staff working daily in its operations centre, and British Columbia (population 5 million) had approximately 55 staff

in its main operations centre and another 37 staff working in its regional centres. Also, as mentioned in **Section 4.2.2**, the other provinces brought in additional staff and volunteers to supplement their staff, which EMO did not do. EMO also did not have specialized teams available to enhance its staffing.

EMO also did not provide any formal wellness supports to its staff, many of whom were working long hours for an extended time. Such supports can help alleviate stress and burnout, identify issues and assist those struggling with the workload. Instead, an informal process was in place, with support provided by the manager when needed. Although formal support was not provided, EMO told us that its staff had access to supports provided by the Ontario Public Service for employees and that senior management regularly reminded staff about these supports. Other provinces had more formal processes in place to support staff wellness, such as:

- working with the human resources area to provide support when needed and having a health-and-wellness representative (British Columbia);
- having a health-and-wellness representative in the emergency operations centre to support staff (Manitoba); and
- enabling staff to check in through group conference calls with counsellors (British Columbia).

Support to Municipalities Lacking

Our 2017 audit noted that EMO did not have enough field staff to properly support municipalities. At the time, it had only 10 field staff to support 444 municipalities, for an average load of 40 to 50 municipalities each.

EMO now has 12 field officer positions (including two team lead positions). However, during COVID-19 only eight positions were filled. This impacted the support the field officers were able to provide to municipalities. The field officers were also assigned duties at the EMO Centre. They

were further deployed to provide support to the federal government and the farm outbreaks in Windsor. They were unable to provide the level of direct assistance to municipalities that other provinces' field officers were able to do. This assistance includes helping with municipal response plans, municipal emergency operation centres and municipal business continuity plans. Instead, teleconference calls were held with the municipalities, daily at first and then two or three times per week. However, no minutes were taken during these teleconferences and there is no record of what was discussed, decisions made or actions taken.

Alberta's field officer staffing level was 100% higher than EMO's, while British Columbia's was 360% higher. Specifically, with each of these provinces having about one-third of Ontario's population, there were 16 field officers in Alberta and 37 regional staff in British Columbia at the time of our interviews. On a population basis, each field officer in Ontario has a load of 1.8 million residents, compared to 137,000 in British Columbia and 273,000 in Alberta.

EMO did provide some support to municipalities by way of a Q&A document created from common questions raised in teleconferences, telephone calls and emails. The document was distributed by email to the municipalities whenever it was updated. It was also sent to ministries. Many of the municipalities we surveyed thought the document was very helpful. However, we found that most of the other provinces (i.e., British Columbia, Alberta, Saskatchewan and Manitoba) provided even more helpful information and put it on a website for easy access. For example, Saskatchewan had an extensive amount of information on its website, such as Q&As with information for employees regarding paid leave, obtaining doctor's notes and workplace closures.

We also noted that other provinces provided direct assistance to municipalities as issues arose and also provided the following support:

- British Columbia had emergency management officers located in six regional offices

around the province. This allowed them to focus on and provide support to smaller groups of municipalities and First Nations in the same area.

- Manitoba had a special unit in the emergency operations centre available to answer questions from ministries, municipalities and other stakeholders on the state of emergency and public health orders. Municipalities could call and get a direct response.
- Saskatchewan provided additional staff to assist vulnerable communities in the north.
- Field officers in Nova Scotia assisted municipalities by supporting their planning and providing real-time information on the provincial state of emergency and the related processes and procedures.
- British Columbia, Saskatchewan and Nova Scotia also held regional teleconference calls with smaller groups to allow for interaction and sharing.

Many of the municipalities we surveyed said they did not receive adequate support from EMO. Their comments included the following:

- "When we did ask for assistance, EMO was not helpful in a time frame that was required. We had to escalate to others in the government to move our issues forward at a more critical speed for decision-making."
- "There were a number of municipalities like myself who have never been through this process before and our leadership teams and Council were looking to us as the experts on how the process worked and we received no help from our field officer."
- "Essentially, the only benefit EMO and our field officer has been is to raise questions to the appropriate ministry with no guarantee of response."
- "Received very little direct support or assistance from our EMO as it relates to COVID-19 response. Our understanding is that field officers were told they will not be providing any assistance to municipalities as it

relates to COVID-19 inquiries or requests and that all concerns should go directly to the [EMO Centre].”

- “I have significant concerns after seeing the lack of a co-ordinated response and support during COVID-19 about the ability of EMO or the [EMO Centre] to manage/coordinate and direct a response in a potential nuclear event,” (note: EMO and the Ministry of the Solicitor General is directly responsible for the emergency response to a nuclear event).

Provincial Co-ordination Needs Improvement, Especially with Communications and Record-Keeping

The main role of EMO and the EMO Centre during an emergency response is to co-ordinate the activities of all stakeholders in the province—ministries, municipalities, the federal government, First Nations and others as applicable. This includes liaising with them, providing information updates, holding discussions and identifying emerging issues.

Although EMO did undertake many of these actions—including holding teleconferences, sending out situation reports, and collating common Q & As into a document that was regularly shared—improvements were needed.

Initially, teleconference calls were held daily with ministries, municipalities and the federal government, amounting to contact with more than 500 individuals. Since EMO does not have legislative authority to mandate attendance, it was optional, there was no record of the attendees and no minutes were taken. There was therefore no way to update individuals unable to attend on what was discussed, and there was no record of the discussion, what decisions were made, what actions were taken and what tasks were assigned.

Eventually the calls were split into two different sessions—one for ministries and the federal government, and one for municipalities. The municipality sessions still had to accommodate more than 400 people on the line. Although ministries were

asked to attend the municipality sessions to assist with questions, their attendance was voluntary. Therefore, municipalities did not always receive the assistance needed, and we were told that some questions had still not been answered a month later, and sometimes not at all. EMO considered breaking down the meetings into regional teleconferences in order to have smaller groups that could discuss local issues and share best practices. However, this was not done as it was thought to be more important to provide a common message.

In Ontario, the municipal teleconference calls took place in the afternoon, and some municipalities noted in our survey that by that time the information was old and they had already received it through other channels. Also, First Nations were not included in the teleconference calls despite EMO having a mandate to support them.

We also found the following regarding actions taken and not taken by EMO to co-ordinate the provincial COVID-19 response:

- Trying to capture emerging issues and trends was challenging for EMO and EMO Centre staff because there was no system or process in place to capture this information. The Duty Officer received information from multiple channels: teleconferences, discussions with field officers, and telephone calls and emails. There was no systematic way to report and collate the issues. The individual on the receiving end simply used their judgment to assess the importance of information. A provincial IT system would have been helpful to centrally track and consolidate information, which could then be analyzed and from which key issues could be identified.
- A ministry tracker was developed for ministries to report critical and emerging issues to the EMO Centre and senior management. However, it was not used consistently and eventually stopped being used altogether.
- Situation Awareness Reports were issued to ministries and municipalities by the EMO Centre daily, with information on all existing

and potential issues, disasters, emergencies and alerts in the province (not just COVID-19), and Incident Status Summaries were issued regularly with information specific to COVID-19, such as new emergency orders and news announcements. In addition, both documents contained similar information on the municipalities and First Nations that had declared an emergency and existing emergency orders, and they both included links to the websites of pertinent partners (i.e., provincial, federal and international partners), with recent announcements and updates. However, we found that these documents did not meet the needs of municipalities, as the provincial and ministerial information included was very high level and had often already been shared elsewhere, such as in ministry documents or news releases. They did not include issues raised by municipalities, which made it difficult for municipalities to work collaboratively on shared concerns. Also missing were progress reports from working groups and ministry emergency management action groups. Several municipalities mentioned similar concerns about this information in the survey we conducted.

- Several working groups were set up in the province to discuss COVID-19 issues. They included the Agri-Workers Outbreak Management group, Continuity of Operations Plan Partners, and the Facilities group.
- There was no telephone line for the public to use for non-health-related concerns.

We noted the following provincial co-ordination best practices adopted by other provinces:

- Daily calls and receipt of Situational Awareness Reports helped to keep people informed when the situation was rapidly changing (British Columbia, Manitoba and Saskatchewan).
- Conference calls with all government ministries, agencies and federal partners were set

up seven days a week, where information was shared and then collated and disseminated daily (Saskatchewan).

- A line for the public to use for non-health-related concerns was staffed by the province's emergency management office (British Columbia, Manitoba and Saskatchewan).
- British Columbia and Saskatchewan had separate teleconferences for First Nations.

Lessons Learned Not Considered for Subsequent Waves of COVID-19

Our 2017 audit noted that the discipline of emergency management usually operates on a cycle of continuous improvement. This includes:

- evaluating an emergency event or practice test of a response plan by reviewing what happened, why it happened, and how it could be done differently to improve outcomes;
- making any needed updates to emergency management programs and response plans; and
- tracking, following up and reporting to management on the implementation results of recommendations received.

During EMO's response to COVID-19, the EMO Centre was fully activated from March 17 to August 1, 2020. "Fully activated" is the highest level of operations, involving 24-hour staffing and personnel deployed to the fullest extent. However, we noted that since full activation ended in early August, EMO has not reviewed its COVID-19 initial-response operations to determine what worked well, and where improvements were needed to prepare for subsequent waves and to better collaborate and liaise with ministries, municipalities and other stakeholders.

We noted that Manitoba and British Columbia have undertaken such a "lessons-learned" review with a view to changing practices or introducing new programs or additional services as needed. In fact, one of British Columbia's regional offices considered the review to be so important that it

assigned it to a regional government organization equipped to do a thorough job. Its review includes surveys and interviews with all of the municipalities and First Nations in the area eliciting their feedback on their experience with the regional office as well as the provincial emergency management office during the pandemic.

RECOMMENDATION 4

To enable an effective and co-ordinated provincial emergency response for subsequent waves of COVID-19 and future emergencies, we recommend that the Ministry of the Solicitor General:

- adopt the best practices noted in other jurisdictions, such as ensuring all parties are engaged and working together in the provincial emergency operations centre, providing direct support to municipalities, and providing timely information;

MINISTRY RESPONSE

Ontario's pandemic response, including the structures designed to support it, continues to evolve and adapt to address Ontario's changing needs. Our response has benefitted from recent advice from a consultant on international best practices.

The Central Co-ordination Table, which is an internal co-ordinating committee chaired by the Secretary of the Cabinet and the Premier's Chief of Staff, facilitates an integrated approach to supporting the government's COVID-19 response.

The Ministry is committed to conducting a full review of Ontario's emergency management system post-COVID-19 in order to assess areas for improvement and to build upon successes and learnings from the management of the COVID-19 emergency.

Cabinet Office reviewed and supports the response provided.

OAGO RESPONSE

The current response structure including the Central Co-ordination Table is not the structure that is currently outlined in the Provincial Emergency Response Plan. If the province intends to follow this structure in the future, it should update the Provincial Emergency Response Plan accordingly. However, the current structure does not align with known emergency management principles, as it does not follow the Incident Management System, and the Central Co-ordination Table is not a decision-making body and does not directly affect emergency response planning.

RECOMMENDATION 4 (CONTINUED)

- determine the changes needed to make its provincial response structure as effective as possible, and implement them.

MINISTRY RESPONSE

The Ministry is committed to conducting a full review of Ontario's emergency management system post-COVID-19 in order to assess areas for improvement and to build upon successes and learnings from the management of the COVID-19 emergency.

Cabinet Office reviewed and supports the response provided.

OAGO RESPONSE

If EMO decides to further study the establishment of a response structure going forward, it should be timely and have an established deadline.

Appendix 1: Follow-up on Recommendations from Our 2017 Audit on Emergency Management in Ontario that Are Relevant to the COVID-19 Pandemic

Prepared by the Office of the Auditor General of Ontario

Rec. #	Issue Noted in Audit Report	Recommendation	Implementation Status and Actions Taken
1	<p>The Cabinet Committee on Emergency Management had responsibility for the overall strategic direction of the province's emergency preparedness. However, it did not meet regularly and had not delegated this responsibility to anyone else. This made it difficult for it to fulfill its responsibility and demonstrate that the province was prepared to address an emergency.</p>	<p>We recommend that the Ministry of Community Safety and Correctional Services (Ministry) through the Provincial Emergency Management Office review best practices in other jurisdictions and recommend to the Cabinet Committee on Emergency Management a governance structure that promotes and supports effective oversight of emergency management in the province and increases emergency preparedness, and that the Ministry implement this structure with the approval of the Cabinet Committee.</p>	<p>In the Process of Being Implemented by March 2022</p> <p>The Ministry sent out a survey to each of the provinces in June 2020 to help identify best practices in emergency management. However, it has not yet completed an analysis of the results of the survey.</p> <p>It also initiated an internal emergency management review that the survey results will feed into. The review was initiated prior to the provincial declaration of an emergency and will not include a review of the province's whole-of-government COVID-19 response, which is ongoing.</p> <p>After this review, and a subsequent review of the government's COVID-19 response are completed, a new governance structure will be proposed to the Cabinet Committee on Emergency Management and Cabinet.</p>
2	<p>The Chief of Emergency Management was legally responsible for the day-to-day activities of emergency management. This included monitoring, co-ordinating and assisting in the development and implementation of emergency management programs for ministries and municipalities. However, the legislation did not give the Chief authority to enforce the legal requirements for ministries and municipalities. Instead, the Chief could only encourage and request the co-operation of ministries and municipalities in fulfilling their legal requirements.</p>	<p>2.1</p> <p>To ensure that the emergency management programs in place at Ontario's ministries and municipalities include all delegated responsibilities and are sufficiently preparing them to respond to emergencies, we recommend that the Ministry of Community Safety and Correctional Services through the Provincial Emergency Management Office:</p> <ul style="list-style-type: none"> • assess whether the Chief of Emergency Management has sufficient authority under legislation to enforce the legal requirements of ministries and municipalities and whether changes are needed to obtain this authority; 	<p>Little or No Progress</p> <p>The Ministry initiated an internal emergency management review that will include an assessment of the Chief's authority. The review was initiated prior to the provincial declaration of an emergency. A review of the government's COVID-19 response will assist in identifying whether further changes are required to the Chief's authority.</p>

Rec. #	Issue Noted in Audit Report	Recommendation	Implementation Status and Actions Taken
	<p>The main oversight process for the emergency management programs of ministries and municipalities was in the form of a self-assessment compliance checklist. This process did not look at the quality of the emergency management programs in place.</p>	<p>2.2</p> <ul style="list-style-type: none"> implement an oversight process that focuses on the quality and sufficiency of the emergency management programs in place; 	<p>Little or No Progress</p> <p>The internal emergency management review currently under way will include the oversight process for ministries and municipalities. The Ministry intends to implement a new process based on the outcome of the review.</p>
3	<p>Ontario's 444 municipalities are the first to respond to emergencies at the local level. However, in many cases, they require support from the province. The Ministry was providing this support through 10 field officers positioned throughout the province. This represented an average load of 40 to 50 municipalities for each field officer. In our interviews with municipalities, we found that the need for assistance varied widely and that most smaller municipalities needed a high level of assistance. Many smaller municipalities told us that the Ministry did not provide enough support.</p>	<p>3.1</p> <p>To ensure that the province has a co-ordinated emergency management program in place that supports the ministries and municipalities with their emergency management programs and is able to share information in a timely manner, we recommend that the Ministry of Community Safety and Correctional Services through the Provincial Emergency Management Office:</p> <ul style="list-style-type: none"> review the needs of municipalities and its own staffing practices, and put in place the appropriate level of support and staffing required to assist all of Ontario's municipalities in preparing for emergencies; <p>3.2</p> <ul style="list-style-type: none"> develop central resources, supports and best practices for emergency management to allow for better co-ordination, expertise and consistency of emergency management programs across Ontario; 	<p>In the Process of Being Implemented by March 2023</p> <p>The Ministry received approval and funding from the federal government for 11 staff for emergency response services to First Nations reserves. It also received internal approval for 18 additional staff. A total of 18 staff have been hired from the 29 approved positions.</p> <p>The Ministry plans to consider an overall staffing review after the pandemic, driven by its own internal needs and its capacity to assist municipalities.</p>
	<p>Municipalities and ministries lacked support from the province in the form of centralized templates and guidelines for items such as emergency response plans and practice tests.</p>	<p>3.2</p> <ul style="list-style-type: none"> develop central resources, supports and best practices for emergency management to allow for better co-ordination, expertise and consistency of emergency management programs across Ontario; 	<p>In the Process of Being Implemented by March 2022</p> <p>A review of national and international best practices on emergency management programs was completed. Information from the review will be used to update the central resources, supports and best practices that it provides to ministries.</p> <p>In addition, the Ministry Emergency Management Program Guides are annually reviewed, updated as required, and released to ministries to support them in the development of their emergency management programs.</p> <p>A project has been initiated to update both the resources available to support municipal programs (including templates, sample exercises and a handbook), and the platform that they are available on. EMO plans to update to the platform by December 2020, while the resources contained within it will be continuously updated.</p>

Rec. #	Issue Noted in Audit Report	Recommendation	Implementation Status and Actions Taken
5	<p>The province had no co-ordinated information technology system in place for emergency management, even though it had spent about \$7.5 million on developing such a system.</p>	<p>3.3</p> <ul style="list-style-type: none"> review the information technology needs of the province and implement an effective, co-ordinated province-wide information technology solution. 	<p>In the Process of Being Implemented by March 2022</p> <p>An online emergency management software program has been procured and the Ministry is working with the vendor on configuration and implementation planning.</p> <p>Training on the system for provincial staff is expected to be completed by December 2020. Training and rollout to additional users, which include municipal, federal and First Nations personnel, will be phased in by March 2022.</p>
	<p>The Ministry did not have complete information on critical infrastructure in the province so that it could be prioritized and protected in an emergency; nor did the Ministry maintain a comprehensive, prioritized list of all time-critical services in the province. In addition, some continuity plans for government operations had not been prepared.</p>	<p>5.1</p> <p>To ensure that all critical infrastructure and time-critical services in the province are appropriately identified, and that up-to-date plans are in place to protect critical infrastructure and maintain continuity of government operations, we recommend that the Ministry of Community Safety and Correctional Services through the Provincial Emergency Management Office:</p> <ul style="list-style-type: none"> develop and maintain a comprehensive listing and plans for the protection of critical infrastructure and all time-critical government services in the province; 	<p>Will Not Be Implemented</p> <p>The Ministry does not plan to implement this recommendation. Critical infrastructure and time-critical services are identified at a branch and unit level within a ministry during the development of continuity-of-operations plans that are used locally. The Ministry told us that it does not need a comprehensive listing of this information or copies of these plans, as it would not need to use the information during a provincial emergency response.</p>
	<p>The ministries visited did not have adequate oversight practices in place for their continuity plans, incurring the risk that they had not identified all time-critical services and planned appropriately to maintain them. The ministries required different levels of approval for their branch continuity plans, which creates a risk that senior staff may not be aware if plans have been prepared for all time-critical services, or if the plans are up to date.</p>	<p>5.2</p> <ul style="list-style-type: none"> develop processes and supports to assist ministries with planning the continuity of their operations, including having an appropriate level of approval in place for the plans; 	<p>Fully Implemented</p> <p>The Emergency Management Program Guide, which supports ministries with their emergency management programs, was revised to include information on the components that a continuity-of-operations plan should include, information on how to assign responsibilities to employees, and information on how to identify critical functions. The Ministry also has a Client Services Advisor available to work with ministries to support their continuity-of-operations programs.</p>
	<p>There was no legislative requirement for municipalities to have continuity-of-operations plans, even though it is equally important for them to continue to offer time-critical services to their residents and businesses during an emergency.</p>	<p>5.3</p> <ul style="list-style-type: none"> evaluate requiring municipalities to have plans for the continuity of their operations. 	<p>Will Not Be Implemented</p> <p>The Ministry does not plan to implement this recommendation as it is confident that municipalities consider and incorporate critical infrastructure in their emergency plans.</p>

Rec. #	Issue Noted in Audit Report	Recommendation	Implementation Status and Actions Taken
7	<p>The two provincial emergency response plans, the Provincial Emergency Response Plan and the Provincial Nuclear Emergency Response Plan, were to be fully updated every four years. However, we found they had not been updated since 2008 and 2009, respectively. These plans and Ministry plans are also to be reviewed annually and updated, if required, to incorporate program changes, current best practices, results of practice tests and experience from significant emergencies. We found that many of the plans had not been updated for several years, and there was no evidence of annual reviews being done.</p>	<p>7.1</p> <p>To ensure that the province and its ministries are appropriately prepared to respond to an emergency, we recommend that the Ministry of Community Safety and Correctional Services through the Provincial Emergency Management Office work with ministries to:</p> <ul style="list-style-type: none"> annually review and update their emergency response plans for any recent events or best practices; 	<p>In the Process of Being Implemented by March 2022</p> <p>The Provincial Nuclear Emergency Response Plan was updated and received Cabinet approval.</p> <p>The updated Provincial Emergency Response Plan was approved by the Solicitor General in December 2019, but it has not been finalized due to priority activities undertaken during the COVID-19 pandemic. The version in place at the time of the pandemic was the 2008 version.</p> <p>The Ministry worked with other ministries during the pandemic to develop pandemic outbreak management plans and followed up on these plans during the 2020 compliance review process. However, a process has not been put into place to provide assurance that emergency plans are reviewed annually and updated if needed for recent events and best practices. Instead, the Ministry relies on the self-assessment process that is part of its annual compliance review, which is the same process we noted during the audit.</p>
	<p>An important aspect of emergency preparedness is the performance of practice tests for a simulated emergency with all relevant parties. Best practices require practice tests to be based on high-risk and high-consequence events, and that the plans use a multi-year approach, usually three to five years. However, we found that the ministries we visited focused on meeting the requirement in legislation of conducting one practice test per year rather than working toward the best preparation for responding to an emergency.</p>	<p>7.2</p> <ul style="list-style-type: none"> implement a multi-year testing strategy based on high-risk and high-consequence events that periodically tests emergency response plans using a variety of testing methods. 	<p>In the Process of Being Implemented by March 2021</p> <p>The Ministry has developed a Provincial Exercise Program Strategy that will be used to periodically test emergency response plans using a variety of methods. The strategy is currently in draft format and has not yet been approved internally.</p> <p>The Ministry also developed a draft needs assessment questionnaire to assist with the identification of ministry and municipality practice test needs.</p>

Rec. #	Issue Noted in Audit Report	Recommendation	Implementation Status and Actions Taken
8	<p>During the 2017 audit, we found that there were no province-wide or ministry criteria to specify when lessons-learned reports for practice tests or actual past emergencies should be completed, or who should complete them. When we reviewed all the practice tests undertaken from 2012 to 2016 across the ministries we visited, we found that reports had been prepared for only half of them.</p>	<p>8.1</p> <p>To ensure that lessons learned from actual past emergencies and practice tests for response plans are used to improve emergency management programs, we recommend that the Ministry of Community Safety and Correctional Services through the Provincial Emergency Management Office work with ministries to:</p> <ul style="list-style-type: none"> • develop standardized criteria that specify when lessons-learned reports are to be completed; <p>8.2</p> <ul style="list-style-type: none"> • implement the recommendations of these reports in emergency management programs; 	<p>In the Process of Being Implemented by March 2022</p> <p>The Ministry has developed a draft process for lessons-learned reports, but finalizing the process has been delayed due to the COVID-19 response priorities. Currently, the draft process includes standardized criteria specifying when the Ministry should complete lessons-learned reports, but it doesn't specify when other ministries should be competing them.</p>
	<p>None of the ministries visited had a process in place to ensure recommendations from lessons-learned reports on practice tests and actual emergencies were implemented. As a result, we noted instances of reoccurring issues during recent emergencies in the province.</p>	<p>8.3</p> <ul style="list-style-type: none"> • track and periodically report on the progress made in implementing them. 	<p>In the Process of Being Implemented by March 2022</p> <p>The Ministry has developed a draft process for lessons-learned reports, but finalizing the process has been delayed due to the COVID-19 response priorities. The draft process outlines a plan to implement recommendations in the Ministry's lessons-learned reports by including outstanding actions in its Business Plan. However, the draft process does not include how the Ministry plans to work with ministries to implement the recommendations in their reports.</p>
	<p>None of the ministries visited had a process in place to track and report on the progress made in implementing recommendations in lessons-learned reports to ensure improvements were made.</p>	<p>8.3</p> <ul style="list-style-type: none"> • track and periodically report on the progress made in implementing them. 	<p>Little or No Progress</p> <p>The Ministry does not have a formal process in place for tracking or reporting on the progress made in implementing recommendations from lessons-learned reports. Instead it works with ministries, as necessary, to track and periodically report on the implementation of recommendations from these reports. During the 2019 two-year follow-up report, the Ministry told us it planned to develop a system for tracking the implementation status of recommendations, but it no longer plans to do this.</p>

Rec. #	Issue Noted in Audit Report	Recommendation	Implementation Status and Actions Taken
11	<p>Ontario had not mandated a standardized response approach to emergency management, which includes a standard organizational structure, functions, processes and terminology to be used at all levels of the response, and between organizations.</p>	<p>11.1</p> <p>To ensure that the province is ready to respond to emergencies effectively, we recommend that the Ministry of Community Safety and Correctional Services through the Provincial Emergency Management Office (EMO):</p> <ul style="list-style-type: none"> • approve and mandate a standardized emergency response approach for the province; and 	<p>In the Process of Being Implemented by March 2021</p> <p>The Ministry restarted the Incident Management System project, first launched in 2009, which is a standardized approach to emergency response. To date, it has completed a jurisdictional scan of incident response systems to ensure alignment with best practices of neighbouring jurisdictions.</p> <p>It also developed an Incident Management System guidance document, which will serve as a standardized emergency response approach for the province. The document is in draft format and has not been approved.</p>
	<p>The Ministry had not identified and trained sufficient staff to maintain the Provincial Emergency Operations Centre (PEOC) around the clock during a large-scale emergency (more than two weeks), or a series of simultaneous emergencies.</p>	<p>11.2</p> <ul style="list-style-type: none"> • work with ministries to develop a strategy for lengthy, large-scale emergency staffing requirements within EMO's and the ministries' emergency operations centres. 	<p>In the Process of Being Implemented by March 2023</p> <p>The Ministry plans to develop a surge capacity strategy for Ontario based on the development of an All-Hazard Incident Management Team program. A discussion paper was written which will be used to develop a framework for the program.</p> <p>During the COVID-19 response, in the absence of an implemented surge capacity staffing strategy, Ontario established an integrated crisis response architecture with several cross-sector Command Tables for cross-ministry response efforts.</p>

Rec. #	Issue Noted in Audit Report	Recommendation	Implementation Status and Actions Taken
12	<p>Most of the ministries we visited had few agreements in place for goods and services that might be needed during an emergency—most had not even determined what types of resources they might need.</p>	<p>12.1 and 12.2</p> <p>To ensure that the province is ready to respond to emergencies efficiently and economically, we recommend that the Ministry of Community Safety and Correctional Services through the Provincial Emergency Management Office:</p> <ul style="list-style-type: none"> • work with ministries to ensure that they plan for and enter into all relevant agreements and plans for any resources that may be needed during an emergency and, whenever possible, ensure that these agreements specify pre-established rates for these resources; • work with ministries to ensure that they plan for and enter into all relevant agreements and plans for any services that may be needed during an emergency and, whenever possible, ensure that these agreements specify pre-established rates for these resources; 	<p>In the Process of Being Implemented by March 2022</p> <p>A proposed framework on Supply Chain and Logistics in Emergencies has been developed. This is the initial phase towards developing a program that will clarify the roles and responsibilities of ministries regarding planning for, procuring, and paying for resources and services that may be needed during an emergency. It will also identify potential procurement strategies and resource and service needs.</p> <p>The Ministry also joined the Northern Emergency Management Assistance Compact, which provides a framework for sharing resources between member jurisdictions during an emergency or disaster.</p>
	<p>The Ministry did not have a specialized provincial response team in place to respond to any type of emergency.</p>	<p>12.3</p> <ul style="list-style-type: none"> • develop its own specialized response team. 	<p>In the Process of Being Implemented by March 2023</p> <p>The Ministry developed a discussion paper that outlines options for creating a framework for an All Hazards Incident Management Team program. It is awaiting the approval of funding for the program.</p> <p>The goal of the program is to have the ability to deploy response teams to support provincial, ministry, municipal and First Nations emergency operation centres as needed.</p>

Appendix 2: Better Practices on Emergency Management Actions Taken by British Columbia, Alberta, Saskatchewan, Manitoba and Nova Scotia

Prepared by the Office of the Auditor General of Ontario

Area	Province	Better Practice	Status of Practice in Ontario (Fully in Place/Partially in Place/Not in Place)
Executive oversight	BC, AB, MB	Had a Deputy Minister Committee in place that made both strategic and policy decisions.	Partially in Place Ontario did not have a Deputy Minister Committee in place, but following advice from a consultant, it put a Central Co-ordination Table in place during COVID-19 that included several Deputy Ministers. However, this Table had no decision-making authority.
	BC	Updated its provincial pandemic plan and its Ministry of Health's influenza pandemic plan in February 2020, shortly after the first case was confirmed, to tailor them to COVID-19 and to better identify the roles and responsibilities, including a clear chain of command.	Partially in Place Three of the four relevant response plans related to COVID-19 had not recently been updated (one not since 2006). The Provincial Emergency Response Plan was recently updated in November 2019; however, it had not been finalized by the time of the pandemic, so the version from 2008 was in place at that time.
Updating response plans	AB	Revised its existing business continuity plan after a recent pandemic test.	
	AB	Holds a provincial emergency management practice test every year that it uses to build relationships, clarify roles and processes, and strengthen Alberta's disaster response. In 2019, the practice test was based on a pandemic scenario.	Not in Place Neither the Ministry of Health nor EMO had undertaken any recent practice tests related to any of the four response plans that were relevant to the COVID-19 pandemic.
Practice tests	NS	Had annual practice tests and regular meetings prior to COVID-19 with Critical Infrastructure providers. This facilitated communications and discussions throughout the pandemic, as relationships were already in place.	

Status of Practice in Ontario (Fully in Place/Partially in Place/Not in Place)	
Area	Better Practice
Increased staffing capacity	<p>BC</p> <p>Used its Temporary Emergency Assignment Management System (TEAMS) program, made up of volunteer public servants.</p>
	<p>SK</p> <p>Used staff from the Saskatchewan Public Safety Agency, many of regional firefighters whom were cross-trained in emergency management responsibilities. Also used its Community Emergency Response Team volunteers to assist in the community.</p> <p>Service Reserve Team, composed of trained government personnel, that also assisted its Community Emergency Response Team volunteers to assist in the community.</p> <p>Seconded government staff from outside of its emergency operations centre to assist in the centre.</p>
Personal protective equipment (PPE)	<p>MB</p> <p>Seconded government staff from outside of its emergency operations centre to assist in the centre.</p>
	<p>BC, AB, SK, MB, NS</p> <p>Were involved in assisting with and obtaining PPE for non-health-sector staff.</p>
	<p>AB, MB</p> <p>Obtained sufficient inventories of PPE. As a result, Alberta was in a position to lend some supplies to Ontario.</p>
	<p>BC, MB</p> <p>Jointly managed PPE with its Ministry of Health for the health sector as well.</p>
Emergency management information technology (IT) system	<p>BC, AB, SK, MB, NS</p> <p>Provided and paid for PPE for municipal emergency operations centre staff.</p>
	<p>AB, NS</p> <p>Had an emergency management IT system in place during COVID-19 to assist with their response efforts across the government. This also enabled them to easily share critical information on a timely basis.</p>
Response structure	<p>MB</p> <p>Had a province-wide IT system in place that it used to connect with the provincial and federal governments; and some municipalities, agencies and non-governmental organizations.</p>
	<p>BC, AB, SK, MB, NS</p> <p>Each of the five provinces followed a common response structure (either the Incident Management System or the Incident Command System). These are common response structures that serve to reduce the risk of miscommunication, avoid confusion and enhance the efficiency of the overall response, by using common command language and command concepts at all levels of the response.</p>
	<p>Not in Place</p> <p>Other than some select staff from the Ministry of the Solicitor General, EMO did not use any other individuals to increase its staffing capacity in the provincial operations centre.</p>
	<p>Not in Place</p> <p>EMO was not involved with obtaining PPE for either non-health-sector staff or health-sector staff.</p> <p>Ontario experienced shortages of supplies, price gouging and competition for supplies between organizations as a result of not having adequate supplies of PPE in place.</p>
	<p>Partially in Place</p> <p>EMO did not have a province-wide emergency management IT system in place during COVID-19. Although it had recently procured a new system and had started to use it, but it had not yet implemented it province-wide.</p>
	<p>Not in Place</p> <p>Ontario did not follow a common response structure. Instead, it procured a consultant during the pandemic and then implemented a different response structure that was recommended by the consultant.</p>

Area	Province	Better Practice	Status of Practice in Ontario (Fully in Place/Partially in Place/Not in Place)
Engagement of parties involved in the response	BC, SK, MB, NS	The Ministry of Health was active, at least virtually, in the provincial emergency operations centre (PEOC).	Not in Place EMO did not have any other parties actively engaged in its EMO Centre continuously throughout the day. Instead, it held teleconferences with ministries, municipalities and the federal government once or twice daily at the height of the pandemic.
	BC, MB	Had key decision-makers physically present or virtually connected in the PEOC. This reduced potential delays.	
	NS	Had all governmental representatives (municipal, provincial and federal) virtually linked in the PEOC. This contributed to a positive working relationship.	
Wellness and effectiveness of staff	SK	Embedded PEOC staff in its Ministry of Health and its Health Authorities operations centres to share in decision-making and pass on information to the PEOC. Also embedded PEOC staff in other ministry and major municipal operations centres.	
	BC	Worked with the human resources areas to provide support when needed, and had a health and wellness representative.	Partially in Place EMO did not provide any formal wellness supports for its staff to assist with stress and burnout. Instead, it used an informal process, with support provided by the manager when needed. It also reminded staff of the supports available for Ontario Public Service employees.
	MB	Had a health and wellness representative in its emergency operations centre to support staff.	
	BC	Had its staff check in through group conference calls with counsellors.	

Status of Practice in Ontario (Fully in Place/Partially in Place/Not in Place)		
Area	Better Practice	
Support to municipalities	<p>Province BC, AB, SK, MB, NS</p> <p>Provided direct support to municipalities as issues arose.</p>	<p>Partially in Place</p> <p>EMO did not provide direct assistance to Ontario's 444 municipalities (except in a few instances, such as for the farm outbreaks in the Windsor area).</p> <p>EMO had a list of commonly asked questions and answers that it emailed to municipalities and ministries.</p> <p>Regional teleconferences or smaller group teleconferences were not held to discuss similar issues.</p>
	<p>BC, AB, SK, MB</p> <p>Provided answers to common questions on a website.</p>	
	<p>SK</p> <p>Provided additional staff to assist vulnerable communities in the north.</p>	
	<p>BC</p> <p>Had emergency management officers located in six regional offices around the province to focus on and provide support to smaller groups of municipalities and First Nations in the area.</p>	
	<p>MB</p> <p>Had a special unit in the PEOC available to answer questions from ministries, municipalities and other stakeholders on the state of emergency and public health orders. Municipalities could call and get a direct response.</p>	
	<p>NS</p> <p>Had field officers assisting municipalities in supporting their planning and providing real-time information on the provincial state of emergency and the related processes and procedures.</p>	
	<p>BC, SK, NS</p> <p>Held regional teleconference calls with smaller groups to allow for interaction and sharing.</p>	
Provincial co-ordination	<p>BC, SK, MB</p> <p>Had daily calls and prepared Situational Awareness Reports to keep people informed when the situation was rapidly changing.</p>	<p>Partially in Place</p> <p>Regular teleconferences were held with ministries, municipalities and the federal government; but they were not recorded and minutes were not taken for future reference. First Nations were not included in the teleconferences.</p> <p>Ontario did not have a non-health telephone line to assist the public with questions.</p> <p>Situational Awareness Reports were issued daily, but they did not meet municipalities' needs.</p>
	<p>SK</p> <p>Had daily conference calls (seven days a week) with all government ministries, agencies and federal partners to share information. The collated data was disseminated daily, which led to efficiencies.</p>	
	<p>BC, SK, MB</p> <p>Had a non-health telephone line for the public that was staffed by the province's emergency management office.</p>	
	<p>BC, SK</p> <p>Held separate teleconferences for First Nations.</p>	
Lessons learned review	<p>BC, MB</p> <p>Undertook a review in order to consider lessons learned during their initial response. This will enable changes to practices and the introduction of new programs or additional services for potential subsequent waves of the pandemic.</p>	<p>Not in Place</p> <p>EMO has not undertaken a lessons learned review to prepare for subsequent waves of the pandemic.</p>



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