

**Summary Status Table in Response to the
Report of the Auditor General of Ontario**
Value-for-Money Audit: COVID-19 Personal Protective Equipment Supply
Ministry of Health and Ministry of Government and Consumer Services

Auditor's Recommendation		Lead Area	Completed Undertaking	Outstanding Undertaking (including timeline)
Core Recommendation	Sub-Recommendation			
1. So that the personal protective equipment (PPE) emergency supply recommendations in the Ontario Health Plan for an Influenza Pandemic (Health Pandemic Plan) are followed and the risk of a future potential PPE shortage is minimized, we recommend that the Ministry of Health include a requirement in the Health Pandemic Plan that health-care employers must maintain a four-week, eight-week or 32-week supply of PPE as appropriate to their health-care setting requirements, and report regularly to the Ministry of Health on their supply levels.	N/A	Lead: MOH – PRRD – HSEMB Support: MGCS MOH – HTD	The Ontario Health Plan for an Influenza Pandemic recommends that health organizations maintain a four-week stockpile of PPE that would be required during an influenza pandemic.	The Ministry of Health (MOH) will publish a COVID-19 guidance document which will incorporate a reminder of the recommendation for health-care employers to maintain an appropriate supply of PPE inventory. This is expected to be released in Spring 2022. MOH will consider the best mechanism for regular monitoring and reporting of PPE supply levels held across the health care system as part of the stockpile future planning.
2. To obtain benefit from the procurement and use of personal protective equipment (PPE) from the emergency provincial stockpile before inventory expires, we recommend that the Ministry of Health:	a) Develop and implement inventory management and control guidelines that include the requirement to monitor expiration dates and plan for the rotation of PPE	Lead: MOH – PRRD – HSEMB	As part of its contractual agreement with its warehouse, MOH monitors PPE expiry dates. The warehouses fill orders with products that are closest to their expiry (First Expiry First Out, FEFO). Expiry dates are monitored through a weekly report provided by the warehouse, and items soon to	Ongoing initiatives through the Slow Moving Products working group will continue to move excess or slow-moving product out of the warehouse prior to expiry. Inventory monitoring activities including warehouse reporting on expiry dates as well as

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	with instructions on when to ship out PPE to health-care providers for use before it expires; and		expire are flagged by the MOH team for a push strategy. In early Summer of 2021, a working group on "Slow Moving Products" was established with the initial purpose of identifying products in the pandemic stockpile which were seeing little or no demand in the existing allocation framework, and to move the products through a series of relevant disposition pathways. A bi-weekly cadence had been established to identify products within the scope of this framework. Optimization strategies stemming from this initiative included push-strategies to regional warehouses and additional non-health sectors, as well as the identification of organizations who could accommodate quick consumption based on burn rate forecasts. In 2021, MOH began posted items through the Logistics Advisory Committee's marketplace for	FEFO deliveries will continue for the duration of the warehousing contract.

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			cross-jurisdictional supply sharing. In December 2021, the province introduced a time limited Supplemental Stockpile Access Program (SSAP), a new access program for the pandemic emergency stockpile available to hospitals, home care and long-term care homes from December 2021 until March 31, 2022. The program may be extended beyond March (to be determined). SSAP is a voluntary program intended to provide expanded access to select products beyond the existing access for emergency provisions. The program is intended to increase the distribution of select products and manage stockpile inventory and is an additional avenue to support health care providers in their ongoing pandemic response efforts and may serve to assist in addressing cost pressures related to procuring PPE.	

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	b) Update the Ontario Health Plan for an Influenza Pandemic with the inventory management and control guidelines.	Lead: MOH – PRRD – HSEMB	Inventory management and control guidelines are included in the warehousing agreement and in warehouse operation standards.	Additional details on inventory management and control guidelines will be included in all new warehousing agreements as they are signed. MOH will publish a COVID-19 guidance document which will incorporate information on best practices for inventory management and control. This is expected to be released in March 2022. MOH supports incorporating inventory management and control guidelines for health partners into Supply Ontario's future planning and operations to ensure their long-term adoption and adherence.
3. To complete the modernization of Ontario's supply chain process for the procurement of personal protective equipment (PPE), collect the data needed to make informed procurement decisions and obtain value for money in PPE procurement, we	N/A	Lead: MGCS	The Ministry of Government and Consumer Services (MGCS) has implemented a survey/data collection tool to capture information about consumption, inventory, and deliveries, to inform future demand. Detailed forecasting models have been established for the	MGCS, MOH and Supply Ontario to develop a transition and implementation plan and begin implementation of future state delivery model (by Q4, 2022-23 dependant on progression of pandemic).

March 16, 2022

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recommend that the Ministry of Government and Consumer Services (MGCS) work with Supply Ontario to put in place the systems that will enable Supply Ontario to collect the information it needs about Ontario's PPE supply and regularly report this information to MGCS.			pandemic to project consumption – these models can be adjusted based on the conditions of a particular scenario based on workers, consumption, epidemiology, etc. Supply Ontario is in the process of defining the future state delivery model for PPE for both steady-state and emergency scenarios.	
4. In order for the province to make informed procurement decisions on personal protective equipment (PPE) and to be in a position to quickly provide PPE to health-care providers as needed, the Ministry of Health and Ministry of Government and Consumer Services should:	a) Continue to collect information on inventory and consumption (or "burn") rates of PPE for both the health-care sector and non-health care sector during the COVID-19 pandemic and after it has ended;	Lead: MGCS Support: MOH – HTD	The Virtual Inventory tool collects inventory and short-term consumption data from health and non-health entities on a weekly basis.	Considering strategies to ensure there is always a robust, and on-going supply of PPE and other critical supplies and equipment (CSE).
	b) Obtain pre-pandemic burn rates for both sectors to help inform Supply Ontario on its post-pandemic	Co-Lead: MGCS MOH	As part of engagement with sectors to develop demand models, MGCS determined that there were no material pre-pandemic burn rates for PPE for non-health sectors.	At this time there are not further activities that can be taken.

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	procurement needs;		MOH acknowledges the value of this recommendation. MOH will work with Supply Ontario as they develop the PPE strategy to collect pre-pandemic health sector data.	
	c) Reassess the 2006/07 recommended quantities of PPE that should be kept in the provincial emergency stockpile; and	Lead: MGCS Support: MOH – PRRD – HSEMB, MOH – HTD, MGCS	While the Ministries are currently still in pandemic response mode, the current stockpiling levels are based on current operational needs.	When post-pandemic usage requirements are known, stockpiling levels can be established, in Q4, 2022-23 (dependant on progression of pandemic).
	d) Develop clear guidelines on how health-care and non-health-care providers can request needed PPE and distribute these guidelines to all health-care and non-health-care providers who may request PPE from the provincial emergency stockpile in the future.	Co-Lead: MGCS, MOH – PRRD – HSEMB	MGCS regularly engages with ministries and their entities to understand their demand and fulfil requests for PPE from the stockpile.	MGCS is developing strategies for the long-term which will consider the provision (distribution and fulfillment) of PPE/CSE to participating entities by Q4 2022-23 (dependant on progression of pandemic). Considering strategies to ensure there is always a robust, and on-going supply of PPE and other critical supplies and equipment (CSE). MOH will publish a COVID-19 guidance document which will

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				incorporate guidelines on how health-care providers can request PPE. These guidelines will be distributed among all health-care providers through the MOH's regular communication channels. This is expected to be released in Spring 2022.
5. To help inform the newly established Supply Ontario agency on best practices for procurement of personal protective equipment (PPE) for both the health-care and non- health-care sectors, and to improve the province's response to any future event such as a pandemic, we recommend that the Ministry of Health and Ministry of Government and Consumer Services:	a) Collaborate to develop lessons learned in the creation of new procurement processes and warehouse and distribution centres;	Lead: MGCS Support: MOH – HTD, MOH – PRRD- HSEMB	MGCS and MOH regularly collaborate with Supply Ontario to share lessons learned as they consider the future requirements of the PPE physical supply chain.	At this time there are not further activities that can be taken.
	b) Help transfer this knowledge and incorporate lessons learned and best practices into Supply Ontario's operations; and	Lead: MGCS	MGCS and MOH have shared documentation and advised on the development of the future state delivery model.	MGCS and MOH to work with Supply Ontario in the development of the implementation plan to continue knowledge transfer and sharing of lessons learned for Supply Ontario to include, as is appropriate, into their operations (Q4 2022-23).
	c) Revise the Ontario Health Plan for an influenza pandemic to	Lead: MOH – PRRD – HSEMB		To be considered after the lessons learned exercise once the pandemic has subsided and recovery has begun.

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	incorporate lessons learned.			
6. For the Ontario Government, health sector and non-health- care sector to have sufficient supply of personal protective equipment (PPE) available during and after the COVID-19 pandemic and to make Ontario less vulnerable to sudden market movements in price and supply, we recommend that the Ministry of Health, the Ministry of Government and Consumer Services and Supply Ontario collaborate and use the information on PPE supply and burn rates they collect in modernizing Ontario's supply chain process (Recommendation 3) and improving procurement decisions (Recommendation 4) to:	a) Analyze both qualitatively and quantitatively what the optimal balance is between manufacturing PPE domestically and procuring PPE internationally, and use this information in future decision-making; and	Lead: MGCS Support: MOH – HTD, MEDJCT	MGCS has implemented a category approach which prioritizes domestically produced PPE where possible and where security of supply chain is a key consideration while ensuring value for money is maintained. Category management considers and analyses the data to determine the optimal procurement strategy. *For short-term agreements as part of Ontario Together Fund (OTF) (MEDJCT): As of February 28, 2022, OTF funding of \$55 million has been announced to 45 companies and 10 organizations that are supplying PPE as well as other solutions. OTF funding agreements are generally short-term and are related to the purchase of equipment, facility modifications, etc. so that companies can make PPE.	MGCS is developing strategies for the long-term which will consider leading procurement practices in the sourcing and procurement of PPE/CSE to secure product for the protection of frontline workers delivering essential services by Q4 2022-23. Pursuing strategies to ensure there is always a robust, and on-going supply of PPE and other critical supplies and equipment (CSE).

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			With the support of OTF, companies will have the infrastructure in place to continue to manufacture PPE or ramp up production of PPE as needed in the marketplace and in preparedness for future pandemics.	
	b) Put in place long-term formal agreements with domestic companies that can be triggered when emergencies arise, where these companies can scale up the production of PPE to meet peak demands brought on by health events such as pandemics.	Lead: MGCS	MGCS has put in place long-term agreements for critical PPE, including domestic arrangements for surgical masks and N95 respirators. These agreements have the ability to scale up the production of PPE to meet demands brought on by an extraordinary event. Recently these were activated to address the Omicron variant. MGCS identified both existing and new domestic sources of N95 and surgical masks in a scenario planning exercise to prepare for changes in mask guidance in the education sector. There are additional plans in place to establish a domestic agreement for nitrile gloves.	MGCS is pursuing a long-term contract to produce nitrile gloves in Ontario.

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7. To provide the public with transparent information on the supply and distribution of personal protective equipment (PPE), we recommend that the Ministry of Health and the Ministry of Government and Consumer Services:	a) Publicly communicate the Ethical Allocation Framework for PPE and post it on their websites; and	Co-Lead: MOH- PRRD- HSEMB MGCS		MOH will publish a COVID-19 guidance document which will incorporate information on the ethical framework used for COVID-19. This is expected to be released in March 2022.
	b) Incorporate the Ethical Allocation Framework for PPE into the updated Ontario Health Plan for an influenza pandemic.	Lead: MOH - PRRD- HSEMB		MOH will publish a COVID-19 guidance document which will incorporate information on the ethical framework used for COVID-19. This is expected to be released in March 2022.
8. To reduce the risk of exposure of health-care providers and their patients to infection and illness by safer and more effective use and handling of personal protective equipment (PPE) by staff, we recommend that the Ministry of Labour, Training and Skills Development complete the activities outlined in the Occupational Disease Action Plan (as listed in Appendix 7 of our 2019 audit report on Health and Safety in the Workplace), assess the plan's effectiveness	N/A	Lead: MLTSD	The Occupational Disease Action Plan (ODAP) was developed to focus on the priority occupational exposures of Noise, Allergens and Irritants leading to skin and lung disease (e.g., dermatitis and asthma), Respiratory Hazards (e.g., asbestos and silica) and Diesel Exhaust. Infectious disease was not included in the focus of the plan.	The ODAP is now closed, with 61% of its activities fully implemented, and the remainder being assessed and prioritized for a new occupational illness prevention plan under Ontario's new 5-year Occupational Health and Safety Strategy, Prevention Works. MLTSD continues to work closely with the Ministry of Health, Public Health Ontario, and its system partners to respond to COVID-19, as well as other infection hazards to provide support, advice and

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periodically, and make adjustments if necessary.				enforcement as needed to ensure the health and safety of Ontario's workers.