



COVID-19 Personal Protective Equipment Supply 2021 Report

Why we did this audit

- Personal protective equipment (PPE), mainly comprising wearable equipment such as gowns, gloves and masks, is part of a hierarchy of infection prevention controls for reducing the spread of infectious diseases such as COVID-19.
- We initiated this report to assess the preparedness and response of the province in procuring, managing and distributing PPE for both the health sector and non-health sector as a result of the COVID-19 pandemic.

Why it matters

- The COVID-19 pandemic has presented a challenge to health experts and government decision-makers and has tested the effectiveness of the plans and systems put in place to prepare for infectious disease emergencies.
- This audit is an opportunity to inform Ontarians about lessons learned and to recommend actions to help the province better respond and to recover, and to better prepare for any such future event.
- Ensuring employees use appropriate PPE is one of the areas in which provincial laws and regulations hold health-care employers such as hospitals, long-term-care homes and retirement homes responsible for the safety of their employees.

What we found

Provincial PPE Stockpile

- Ontario was unprepared to respond to the COVID-19 pandemic with sufficient PPE as a result of long-standing issues identified but not addressed by the Ministry of Health (Ministry) dating back as early as the Severe Acute Respiratory Syndrome (SARS) outbreak in the early 2000s.
- The Ministry had not maintained a sufficient centralized emergency PPE stockpile, leaving the province with minimal usable PPE inventory (for example, all N95 masks had passed their expiry date) to distribute in a time of crisis. Our 2017 audit of Emergency Management in Ontario found and publicly reported that more than 80% of the pallets of stockpiled PPE supplies had already expired and the Ministry had begun destroying the PPE without replacing it.

RECOMMENDATIONS 1, 2

Healthcare PPE Stockpile

- There was no legislated requirement for the province to monitor whether individual health-care providers maintained sufficient supplies of PPE as recommended under the Ontario Health Plan for an Influenza Pandemic.

RECOMMENDATION 3, 4

Lack of Centralized Procurement System

- Although provincial plans were under way to centralize provincial procurement, central procurement was not in place when the pandemic emergency was declared in Ontario. Instead, the province's procurement of PPE was decentralized and fragmented. As a result, the province had to develop new ways of procuring PPE and obtaining province-wide information on PPE consumption rates, needs and availability during the pandemic. The Ministry, with Ontario Health, developed a new procurement process, partnering informally with the University Health Network to help procure PPE for the provincial emergency stockpile.

RECOMMENDATION 5, 6

Transparency

- SARS Commission recommendation on transparent communication about PPE allocation was not followed. PPE was allocated in accordance with a newly developed Ethical Allocation Framework. However, the province did not publicly communicate how it was allocating the scarce PPE stocks and did not make public how and whether the newly developed Ethical Allocation Framework was used to guide its PPE allocation decisions.

RECOMMENDATION 7

Training and Supplying Healthcare Workers with PPE

- Health-care workers were not always properly protected with PPE. There was a tenfold increase in violation orders issued by the Ministry of Labour, Training and Skills Development in 2020 for PPE violations compared with 2019. Violations resulted from employees' lack of access to PPE and employers' lack of sufficient employee training on the use of PPE.

RECOMMENDATION 8

Conclusions

- The Ministry of Health did not have the supply of personal protective equipment (PPE) stockpile required under the Ontario Health Plan for an Influenza Pandemic (Health Pandemic Plan) at the time the COVID-19 pandemic hit, nor did it have the information, or procurement processes in place to sufficiently address the issue.
- Many health-care providers had not maintained recommended emergency local supplies of PPE. As well, many employers did not provide PPE required by staff, or provide sufficient training to staff on the proper use of PPE.
- The Ministry was not transparent about how it allocated scarce supplies of PPE.

Read the report at www.auditor.on.ca