

Long-Term Care COVID-19 Commission Meeting

Mr. Scongack Emergency Preparedness
on Friday, February 5, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Videoconferencing, with all
participants attending remotely, on the 5th day of
February, 2021, 9:30 a.m. to 10:45 a.m.

1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

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8 PRESENTERS:

9

10 BRUCE POWER:

11 James Scongack, Executive Vice President, Corporate

12 Affairs & Operational Services

13

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15 PARTICIPANTS:

16

17 John Callaghan, Co-Lead Commission Counsel, Gowling

18 WLG

19 Lynn Mahoney, Counsel, Gowling WLG

20 Michael Finley, Counsel, Gowling WLG

21 Patricia Brooks, Counsel, Gowling WLG

22 Alison Drummond, Assistant Deputy Minister,

23 Long-Term Care Commission Secretariat

24 Alain Daoust, Team Lead, Long-Term Care Commission

25 Secretariat

1 Dawn Palin Rokosh, Director, Operations, Long-Term
2 Care Commission Secretariat
3 Angeline Hawthorne, Senior Policy Analyst,
4 Long-Term Care Commission Secretariat
5 Derek Lett, Policy Director, Long-Term Care
6 Commission Secretariat

7

8 ALSO PRESENT:

9 Deana Santedicola, Stenographer/Transcriptionist

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1 -- Upon commencing at 9:30 a.m.

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3 JOHN CALLAGHAN: So as I was saying to
4 the Commissioners, James, just to give a bit of
5 introduction and let you take it from there, but
6 James is Executive Vice President with Bruce Power.

7 Bruce Power is the world's largest
8 single site producer of nuclear energy, and as a
9 result, they are very attuned to issues of
10 emergency preparedness.

11 James, one of his responsibilities is
12 emergency preparedness, and Lynn and I had thought
13 that, given that the Commission is addressing
14 issues of emergency preparedness, you might want to
15 hear what emergency preparedness looks like frankly
16 at the highest level, and James will take it from
17 here and explain it.

18 And then there are a few other issues
19 that I'm hoping James explains. Bruce Power -- and
20 I happen to know them relatively well -- is not
21 just a provider of nuclear energy. It is a
22 significant community partner in the area where it
23 works up at Grey Bruce and Huron County, and I
24 think you would find some of the efforts that they
25 have gone to up in that area, everything from how

1 they arranged to get Pfizer vaccine, how they
2 arranged for field hospitals and the like, and he
3 will tell you a little bit about that after the
4 presentation on emergency planning.

5 Off to you, James.

6 JAMES SCONGACK: That is great. Thanks
7 very much.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Mr. Scongack, before you do that.

10 JAMES SCONGACK: Yes.

11 LEAD COMMISSIONER FRANK MARROCCO:
12 John, I take it you have told

13 Mr. Scongack that we have a reporter here and that
14 we transcribe these, and we post them on our
15 website so that people can follow along. We are
16 under an April 30th deadline, and so we have had to
17 adopt a slightly more summary procedure in terms of
18 gathering information.

19 JAMES SCONGACK: No, absolutely, that
20 is no problem, and I think that that transparency
21 is really important to the process.

22 So the approach that I wanted to take
23 today is I have prepared a handful of items I would
24 like to kind of walk you through. I do appreciate
25 John and the team sort of giving us some prep and

1 some context as to the kind of things that I think
2 you would be most interested in.

3 And so, you know, what I would like to
4 really do today is walk through those. I can
5 probably take about -- I don't know, Frank, if you
6 do questions as we are going, or maybe I can just
7 kind of take 20, 25 minutes, walk through these
8 items and then maybe we can have a bit of a
9 dialogue if that approach makes most sense to you.

10 LEAD COMMISSIONER FRANK MARROCCO:

11 Well, we would be governed by whatever
12 you find more convenient. We have typically just
13 asked questions as we go along.

14 JAMES SCONGACK: Okay. Let's do that.

15 LEAD COMMISSIONER FRANK MARROCCO:

16 Okay. Fine. That is what we'll do.

17 JAMES SCONGACK: Let's do that. That
18 works for me.

19 So anyway, the first thing, you know, I
20 really want to say as an Ontarian is I appreciate
21 all of you for being a really important part of
22 this exercise for the Province of Ontario and
23 obviously what is going to come out of this.

24 Obviously COVID-19 has been a significant challenge
25 everywhere, including Ontario. You know, I think

1 we all want to, you know, find out what are some of
2 the things we did really well during COVID-19 and
3 what are some of the things we can do better.

4 And that is really a cultural dynamic
5 that, you know, we really look at in our business
6 being a nuclear operator, and I will talk a little
7 bit about Bruce Power in a second.

8 But, you know, one of the things in
9 nuclear operations is the culture. We call it a
10 culture of continuous improvement, and so when you
11 think of our organization -- you know, sometimes
12 when we have outside auditors come in, and they sit
13 in our meetings, and they sit in our -- they
14 sometimes think, Oh, my gosh, look at how they talk
15 about items in their business and their operation.
16 And I think, if you are sitting in a meeting in our
17 organization, or really any nuclear plant anywhere
18 in the world, one of the terms that you will always
19 hear is the word "gap", "gap" to this, "gap" to
20 that, "gap" to excellence.

21 And that really governs the approach
22 that we take to things, and it is really about
23 recognizing that your level you are always striving
24 for is excellence, and when you are dealing in
25 high-risk situations, that good is not good enough.

1 And so when I go through some of the
2 things that we have learned as an organization with
3 emergency preparedness, it is really with that
4 mindset in mind, and I hope that, you know, when
5 Ontario looks back at COVID-19, we take the same
6 approach. Obviously we have done a lot of really
7 good things as a province, but there is other
8 things that I think we all agree we want to learn
9 and do better.

10 I'll give you a bit of context about
11 Bruce Power. Many of you may be aware of our
12 organization already, and I appreciate John's
13 introduction, but maybe just to set the stage and
14 just to maybe anchor sort of who we are and what we
15 do.

16 So we operate the world's largest
17 nuclear facility in rural southwestern Ontario. We
18 don't get a ton of attention because we are based
19 in small town rural Ontario. You know, I always
20 say, if our facility was located 40, 50 minutes
21 from Toronto, everybody would know who Bruce Power
22 is, but we try our best to be known and communicate
23 with the public.

24 We operate eight reactors on long-term
25 lease from the Province of Ontario, so it is a

1 long-term lease that goes to 2064. And in that
2 lease, basically our requirement is to operate
3 those reactors to the highest standards.

4 In our business, we are independently
5 regulated through the federal Canadian Nuclear
6 Safety Commission. So when we think about our
7 regulatory environment in our business, we sort of
8 have a, you know, federal level of government
9 regulate safety; provincial level of government
10 really determines, Hey, do I want to use nuclear
11 power.

12 Our owners consist of OMERS Pension
13 Plan and TC Energy, our two organized labour
14 unions, and over 90 percent of our employees are
15 investors in the business. So it is a very unique
16 sort of public/private partnership.

17 We produce just over 30 percent of
18 Ontario's electricity. And we are also a leading
19 world supplier of medical isotope. So we
20 generate -- we are getting into new medical
21 isotopes, but we generate currently an isotope
22 called Cobalt-60, which is used in medical
23 equipment sterilization. We are the world's
24 largest provider of that. We produce about a third
25 of the world's cobalt for that. For PPE, for what

1 you are seeing in vaccinations now, we provide all
2 of that.

3 And just so it kind of gives a little
4 sense. Now I am going to talk a little bit about
5 our response to COVID-19, not to make this about
6 Bruce Power, but because I think what it does is I
7 think it will set up the conversation we are going
8 to have on emergency management, and what I want to
9 share with you is how we go about emergency
10 management. I'm not saying it is a one size fits
11 all for everybody, but what I want to do is tie
12 some of our emergency management and business
13 continuity back to what we did with COVID-19
14 because I think that would be most relevant for the
15 Commission.

16 But the first thing I would say is, you
17 know, when we often talk about emergency management
18 in our organization, the immediate piece people
19 tend to jump right to is they think, well, we are
20 nuclear, a nuclear event, a nuclear situation, but,
21 you know, if you think about the kinds of events
22 that are more likely than a nuclear event on our
23 site, they are items you would see in other
24 industries, right, things like the risk of fire.
25 The risk of fire is huge in any industrial

1 facility, right? Other industrial hazards, issues
2 like a pandemic.

3 You know, so a while a lot of people
4 sort of say, Well, it is nuclear, yeah, they must
5 have a great emergency management, you know, we
6 need to recognize that the emergency management
7 setup we have, it is very, very extremely unlikely
8 that emergency management process would ever really
9 be used for a nuclear event because of the very low
10 probability of that and all of the engineered
11 barriers.

12 You know, we talk about gaps to
13 excellence. We assume that could happen every day.
14 That is how we are wired, but the likelihood of
15 having to use this emergency response capability
16 for a nuclear event is exceedingly low, but there
17 is a realistic scenario where you use this
18 emergency management capability, like we have on
19 many occasions, for what would be routine
20 industrial challenges, again, a fire, a hurricane,
21 an earthquake, which may not always manifest itself
22 into a nuclear event, but it can have other
23 challenges to the health and safety of your
24 workforce and the community.

25 So, you know, that is really something

1 I really want to anchor in this discussion, is when
2 we think of emergency management and Bruce Power,
3 don't just think of it all as a nuclear event,
4 right? We have a large facility. We have to be
5 completely self-sufficient. We do not have, you
6 know, local -- you know, we are in rural Ontario,
7 so we have to have our own fire, our own
8 paramedics, all of our own capability, and so think
9 about it from that perspective.

10 I want to talk a little bit about the
11 work we have done in COVID-19 and just to give you
12 a little bit of sense on sort of our response to
13 COVID-19.

14 So the first thing is is our first step
15 up -- so we have -- and I am going to talk about
16 emergency management a little later, but our first
17 escalation into emergency management space at Bruce
18 Power actually took place in early February of
19 2020. So we started seeing in our organization
20 sporadic reports, like all of us did, that were
21 very early, and in that particular case, we moved
22 to our first level of preparedness and from a
23 pandemic management perspective.

24 Now a lot of people really didn't --
25 you know, we didn't really see the effect of this

1 until March, but we had actually set up a team in
2 early February, a smaller team, that really made
3 sure that we, you know -- hey, we see some of these
4 reports out of China, we are seeing some of the --
5 you know, what we call the soft signals of these
6 things, you know, let's make sure we have got our
7 I's dotted and our T's crossed, right? And, you
8 know, what you will find in an organization as a
9 culture like that is, for every hundred of those
10 exercises you undertake, probably one of them
11 actually ever really materializes, right?

12 So, you know -- but you have to treat
13 them all as if it could lead into a COVID-19, and
14 we are very fortunate the things we did in February
15 and early March we did because it actually prepared
16 us for what became a real event that it could
17 impact our site.

18 I would bucket our COVID response into
19 three particular areas, and I think we'll be able
20 to fit this into the emergency management area
21 early.

22 The first is off-site response. And
23 so, you know, I'll just give you just a personal
24 anecdote that really, I think, tells the story best
25 in terms of the first pillar of this, which is

1 off-site response, and that is -- so one of the
2 organizations in my area of responsibility is our,
3 as we talked about, emergency response. So I had
4 one of our paramedics, firefighters, reach out to
5 me -- I think it was the second or third week of
6 March when this really started escalating as a
7 real, you know, pandemic and public health crisis.

8 And he either had -- it was a family
9 member or a friend, I can't remember all of the
10 details, but was a nurse at our local hospital, and
11 he told me a story about how nurses at local
12 hospitals, because of the demands on N95 masks,
13 were limited to -- you know, it was either one N95
14 mask a shift or -- you know, trying to, you know,
15 manage a small quantity of PPE to do their best.

16 When I think of that story, I think
17 about it and say, as a company, where is the
18 highest risk point of our operation getting
19 impacted? Is it that employee coming to site and
20 what they are doing at work, or is it when he is at
21 home, if our local hospitals don't have PPE, that
22 his wife could get infected, he could get infected.
23 He could bring it to work.

24 So principal one with that story for me
25 is when we thought about the pandemic response, we

1 put a major focus as one of our top three to four
2 priorities of our off-site, because if you can't
3 protect the bubble off-site, outside of our
4 facility, you can't protect it in our facility.

5 So we prioritized our off-site response
6 very, very early, and John talked about that. You
7 know, we were able to secure -- to date, we have
8 donated actually about two and a half million
9 pieces of PPE across Ontario, but in Grey Bruce and
10 Huron in particular, I think it is somewhere in the
11 range of half a million pieces of PPE. That is a
12 lot of PPE for Grey Bruce and Huron counties, but
13 my point is, we could make sure all of our
14 employees were a hundred percent protected against
15 COVID. We could give them the masks. We could
16 give them all the PPE they need, but if that nurse
17 does not have an N95 surgical mask in the local
18 hospital, we are not keeping COVID off our site.
19 We just can't.

20 So the community response from our
21 perspective was an early strategic decision to say
22 you can't just assume you have got a brick wall
23 because at some point that brick wall will break if
24 the community spread is such.

25 So we prioritized off-site really

1 important. You know, I won't get into all of the
2 details. We sent some background information, but
3 it primarily focussed on PPE, primarily focussed
4 on -- you know, we are in a small rural area. We
5 reached out to our Medical Officer of Health, and
6 he said -- early, we said, What can we do to help?
7 He says, I need PPE, and I need communications.

8 So we did, you know, virtual town halls
9 where we had tens of thousands of people on, all
10 hands on deck. The whole region came together to
11 get good communications out.

12 You know -- and Grey Bruce has been
13 among the best in terms of performance in COVID-19
14 of all of the Public Health Units in southern
15 Ontario. And I am not crediting Bruce Power with
16 that. I am crediting everybody. But my point is
17 is that the region came together in a way that
18 recognized it is playing whack-a-mole if every one
19 of us try to do our own things.

20 JOHN CALLAGHAN: Could I just make a
21 point, James, just on that.

22 JAMES SCONGACK: Yes, sir.

23 JOHN CALLAGHAN: Just to advise the
24 Commissioners. I am not certain -- and maybe you
25 can confirm this because I know your grandmother is

1 in long-term care, I don't think Bruce County had a
2 death in long-term care. I am pretty certain.

3 JAMES SCONGACK: No, that is correct.
4 So sadly, up until last week, we did not have one
5 death in Grey Bruce period. Last week, sadly, we
6 had our first death. I do not believe it was
7 related to long-term care. It was related to
8 somebody else unfortunately.

9 But actually in terms of PPE, we donate
10 to all of the -- with Public Health, we have
11 donated to long-term care hand sanitizers, iPads,
12 so people can keep in touch with their family
13 members. They don't have to go out of long-term
14 care homes. Thermal monitoring. You name it,
15 whatever long-term care needed, we did our best.

16 But again, I am not giving Bruce Power
17 all the credit for that, but my point is is that
18 the region came together and recognized we are all
19 in trouble unless we stop community spread, and our
20 Medical Officer of Health led that, and we fed the
21 resources into that.

22 So the first pillar of our response to
23 COVID-19 was off-site response. Let's not play
24 whack-a-mole. And, you know, really good
25 engagement with the Government of Ontario. They

1 were hugely supportive, the Ministry of Government
2 Services. The Ministry of Health very supportive
3 of helping us procure that PPE. We actually even
4 worked with the federal government. Obviously it
5 was of considerable expense on our part, but we
6 just went and did it, and we got the PPE, and we
7 not only got the PPE, but we moved to distribute it
8 very quickly.

9 And in great partnership with
10 organizations like Air Canada to get that PPE out
11 of Shanghai, and if we didn't get it out to our
12 facility, it was going to other countries.

13 We did have a stockpile of PPE that
14 would have provided us the ability to operate for
15 some time. We decided to reduce our on-site
16 stockpile of PPE so the local hospitals had it
17 because we thought what good is our stockpile of
18 PPE in a hundred days from now if the local
19 hospital doesn't have it. So I'll have to admit,
20 that was an early decision that the leadership team
21 made, and I think it was the right one.

22 So pillar one was the off-site
23 response.

24 Pillar two was what I would call the
25 on-site --

1 LEAD COMMISSIONER FRANK MARROCCO:

2 Can I just stop you for a minute.

3 JAMES SCONGACK: Yes, sir.

4 LEAD COMMISSIONER FRANK MARROCCO:

5 When did you acquire the PPE from
6 Shanghai?

7 JAMES SCONGACK: So if I go through --
8 and I don't have exact dates. I'll give you sort
9 of general ranges.

10 LEAD COMMISSIONER FRANK MARROCCO:

11 No, approximate dates.

12 JAMES SCONGACK: So it was the Easter
13 long weekend, so that would have been, what, the
14 second week of April, because I remember I was on
15 the phone all night. So it was the Easter long
16 weekend that we had wheels up out of Shanghai.

17 LEAD COMMISSIONER FRANK MARROCCO:

18 Okay. Thank you.

19 JAMES SCONGACK: And again, you know,
20 tremendous support from the government and, you
21 know, it was just amazing to us, when we worked
22 with our distributors, just how tough a time
23 everybody was having getting this PPE out.

24 The one thing I will tell you about PPE
25 that is really challenge -- and maybe I'll just

1 leave this with you as a little lesson learned from
2 our point. One of the things I think all
3 organizations struggled with with COVID-19 with PPE
4 was what was our traditional thinking of PPE.

5 So if you think of our workplace, very
6 few people would use N95 masks in our workplace,
7 right, unless you are a paramedic or you are
8 working with some kind of industrial vapour risk,
9 right, and there is -- and so one of the challenges
10 I saw a lot of organizations have in terms of
11 making their decisions on PPE was they weren't in a
12 pandemic mode. They were in an industrial safety
13 mode. So they said, Well, does this PPE we are
14 getting meet our requirement in what we are used to
15 with industrial safety? And they weren't thinking
16 about it from a pandemic perspective.

17 And one of the things, we reached out
18 to actually our local hospitals to give us some
19 advice, because they said, Well, you are not doing
20 hazardous work with chemicals. This is for
21 pandemic response, so that is good enough. It is
22 better than cloth masks or anything, so just go get
23 it.

24 And I can tell you a lot of
25 organizations struggled with what is the

1 appropriate PPE versus looking at it and saying, Is
2 the PPE you have in the hand better than no PPE?
3 And I think a lot of companies, entities, agencies,
4 struggled with that, to be honest with you. And it
5 may have delayed in some cases -- I tell you, it
6 could have delayed us, and it was a lesson learned
7 for us.

8 So the second area was on-site
9 response. So the key issue for us, not
10 surprisingly, was to minimize movement of people
11 on-site. I think all employers did this, but it
12 was really to focus on reduce our numbers, get
13 control of the situation before we start to get
14 back to normal operations.

15 And, you know, we did all of the same
16 kind of things I think other people did; you know,
17 masks, hand sanitizing, thermal monitors. You
18 know, we moved on that. We actually have the
19 largest testing program that we are aware of in
20 Canada. We have partnered with LifeLabs on this.

21 So just to give you an idea - and these
22 are laboratory tests, they are not rapid tests - we
23 on-site are testing pretty much every employee who
24 is working at our facility almost once a week right
25 now. We do about a thousand tests a day, and so

1 for the people that are working at our facility,
2 they are getting tested regularly. These are
3 asymptomatic tests.

4 We have not seen a lot of spread. We
5 haven't identified any specific cases of workplace
6 spread, but what this asymptomatic testing has done
7 is it has allowed us -- it is one of our best
8 leading indicators, so let me give you an example.

9 Since the new year, we have carried out
10 somewhere in the range of over 20,000 asymptomatic
11 tests. So on average a thousand a day, some
12 higher, some lower, weekends a bit lower than the
13 weekdays.

14 And I believe as of yesterday we have
15 had six to seven positive cases. So you look at it
16 and say, Hey, that is great. The numbers are
17 really low. But those are six to seven cases that
18 if you couldn't pick them up, you are really now
19 assuming all of your barriers are working and you
20 are not spreading, right?

21 So for us it was a huge investment, but
22 what it did was it allowed us to get, in that case,
23 six to seven people out of the workforce that were
24 asymptomatic and may have been in the workforce for
25 quite a bit.

1 So testing was a big area, and, you
2 know, we had a lot of good support from LifeLabs.

3 And what it also allowed us to do,
4 working with Public Health and the Ministry of
5 Health, was the Ministry of Health had given us
6 16,000 of the rapid tests, Panbio tests. We
7 decided to stick with the tests that we had.

8 And so what it allowed us to do was
9 redirect our employer testing program through the
10 Panbio into actually long-term care, into the
11 community, which is now deployed, which we worked
12 with Public Health on. So we gave them those tests
13 locally for use in Public Health.

14 So, you know, that is really -- the
15 second pillar of our response was that.

16 And the third pillar of our response
17 was what I would call proactive measures, right?
18 One of the things -- really good partnership with
19 Public Health, the government and our local
20 stakeholders, but, you know, when you are in a
21 crisis, the toughest thing to do is to look ahead
22 more than 72 hours because you are just trying to
23 get through the day, right? You know, we have all
24 heard that terminology of the urgent versus the
25 important.

1 So some of the things that John alluded
2 to, we very quickly stood up three to four mobile
3 hospitals, two that we deployed, two that we kept
4 in storage. But we said, You know what? We are
5 just going to go deploy these mobile hospitals.
6 Square footage may be a problem. And they
7 literally sat empty in arenas for five, six months.
8 Five months at least, I think.

9 We actually ended up deploying one of
10 them down to Essex, who you will recall, when they
11 started the re-opening in the spring, had issues
12 with some of the agricultural communities. So we
13 actually donated one of our centres to Essex.

14 We have also worked very aggressively
15 on vaccinations. So we are now converting those
16 pop-up hospitals into mass vaccination centres.
17 And we work with our local Public Health to donate
18 deep freeze Pfizer freezers. I believe in Grey
19 Bruce we are getting 7,000 Pfizer doses over the
20 next three weeks. I think that is unique to rural
21 Ontario.

22 We were able to get that infrastructure
23 in place to the rural areas very quickly because --
24 and we thought that was important because what we
25 did not want to have for our community was a

1 scenario that -- I always call it in Bruce County
2 speak "We didn't want the dog to catch the car".
3 And what I mean by that is the vaccines arrive, and
4 you can't get them into people's arms. So we said,
5 Public Health, what do you need? And they said,
6 Well, we need help in these four areas. We said,
7 We'll do it.

8 JOHN CALLAGHAN: Can I ask you, James,
9 can you just tell them the story about how hard and
10 how it is -- well, it wasn't that hard, I gather.
11 How you acquired a deep freezer, because I think
12 that would be of interest to the Commission.

13 JAMES SCONGACK: Right. So I don't
14 want to sound flippant with this story. I was kind
15 of joking with John about it, so I won't be as
16 joking about it because this is obviously a very
17 serious topic.

18 But one of the things big organizations
19 all have a problem with is procurement. You
20 know -- like, I mean, I don't know how -- I mean --
21 and we have procurement processes in Bruce Power.
22 It is meant to allow you to, you know, ensure there
23 is protections, but sometimes in a crisis, you've
24 got to do things quicker.

25 So we realized back in late December

1 that we need these deep freezers, and we thought,
2 Hey, these are going to be a real problem to get.

3 We got our procurement people on them,
4 and they said, Well, yeah, there is a lot of demand
5 for them, but not a lot of people pulling the
6 trigger on them, so to speak. So we said, Well,
7 we'll put it on our credit card, and we'll go pick
8 it up tomorrow.

9 And I am just giving you that example
10 because -- and by the way, this is something we
11 learned in our organization. Sometimes we ask our
12 people in an emergency to act quickly and
13 decisively, but we don't -- we haven't removed the
14 administrative barriers that allow them to move
15 quickly, right?

16 And so we were able to move very
17 quickly. Now, we are a private company, so some of
18 that is easier. But my point is, to John's
19 question, is speed is more important than
20 perfection. We looked at that on a risk basis and
21 said, What is the worst thing that could happen?
22 The worst thing that could happen is we have a
23 \$16,000 freezer, now two of them, that two of our
24 health units don't need. And if they don't need
25 it, well, yeah, we are out \$16,000 and that was not

1 a good return on investment.

2 But the return on investment of them
3 needing it and getting Pfizer doses earlier versus
4 sending their people to the London hospital to get
5 them done, we'll take that upside versus the risk
6 of not needing it.

7 And that was what we did with the field
8 hospitals, right? We went and put the field
9 hospitals in. It was not inexpensive. You know
10 what? They weren't used. So you could look at
11 that and say, Bruce Power, was that a good
12 investment? You know what? It is because now were
13 converting it to other things, and the community
14 had the confidence that if they needed it, it was
15 there.

16 So it wasn't that if they wanted to
17 take a decision that they needed them that they
18 couldn't, so --

19 LEAD COMMISSIONER FRANK MARROCCO:

20 Can I stop you for a minute. You went
21 looking for the freezers in late December, did I
22 understand you?

23 JAMES SCONGACK: Yes, the third week of
24 December.

25 LEAD COMMISSIONER FRANK MARROCCO:

1 And so why were you looking for them
2 then? Did you have your eye -- why were you
3 looking for them in late December?

4 JAMES SCONGACK: So our perspective
5 on -- and again, you know, credit really goes to
6 our Medical Officer of Health, so this is all in
7 conjunction with him. All my comments look at them
8 as we are supporting his leadership.

9 It was very clear early, the first two
10 weeks of December if my timing is correct, that was
11 really around the time where you sort of had the
12 Pfizer and the Moderna vaccine approved. And at
13 that particular point, it was very clear that the
14 pharmaceutical companies, like Pfizer, were putting
15 a lot of restrictions on all levels of government
16 everywhere on how you could move these vaccines.

17 So the concern that we had was, if you
18 look at it, you have got two vaccines approved.
19 You don't want to only have logistics to receive
20 one, right, which was the Moderna.

21 So if you think about it, if you are in
22 a rural area, every rural area is going to be
23 asking for Moderna. Every northern area is going
24 to ask for Moderna. You know Moderna is going to
25 be a far favourable vaccine for most of these

1 locations because of logistics.

2 So we sort of got it in mid-December
3 and thought, you know what? Maybe the government,
4 if they get a lot Pfizers, they may not have all
5 the infrastructure. Let's make sure we can take
6 either. And if we don't end up needing it to Grey
7 Bruce, we can donate it.

8 So our view was -- it was honestly just
9 a call with our Medical Officer of Health saying,
10 You know what? Let's be prepared for that. Let's
11 do that.

12 So we, and also along with Chapmans Ice
13 Cream, another good Grey Bruce company that has
14 some expertise in this, we collaborated with
15 Chapmans Ice Cream, and they said, Absolutely. We
16 don't want to rule our area out for this cold --
17 we'll help with the logistics. What is the best
18 thing? Let's make sure we have a freezer.

19 So I am not -- I don't want to make
20 this sound more sophisticated than it was, but it
21 makes a difference, right?

22 LEAD COMMISSIONER FRANK MARROCCO:

23 And then the field hospitals or the
24 off-site hospitals, however you referred to them,
25 was that difficult or easy in terms of getting

1 organized to be able to assemble that?

2 JAMES SCONGACK: So we positioned them
3 as recovery centres. So sometimes you kind of get
4 two interchanging terms out there. You sort of
5 get -- you hear the word "field hospital" and
6 "recovery centre".

7 So these were more recovery centre
8 space. So we didn't have, you know, ventilators in
9 some of those areas. But now, they could have been
10 easily added to that material.

11 So no, this was not very difficult.
12 This was a matter of -- and I will talk about our
13 emergency management organization, because all of
14 this ran through the emergency management
15 organization at the time.

16 No, it was not hard at all. It was
17 some -- one procurement person on it. Our Medical
18 Officer of Health led the effort. He put a manager
19 on it. We put a logistics person on. They
20 assembled a bill of materials, a layout plan, a
21 deployment plan. And I could be wrong on the
22 timing, but this was, like, within a couple of
23 weeks to get up and running and available.

24 I've got to give our local hospitals
25 also credit. The Grey Bruce Health Unit also did

1 one, and we located these next to hospitals. So if
2 hospitals just needed, like, a staging area or some
3 way to kind of -- because you know in a pandemic,
4 square footage is important, right? So I looked at
5 this as, you know, this just extended their square
6 footage they could use.

7 But no, it was not hard. I mean, I am
8 not minimizing the work people did, but they just
9 did it, and it happened.

10 LEAD COMMISSIONER FRANK MARROCCO:

11 Okay.

12 JAMES SCONGACK: So I am going to talk
13 now about emergency management. I wanted to put
14 some of those anchors down so that when I talk
15 about emergency management at Bruce Power, I
16 thought, starting with that, what it would allow
17 you to do is take a few of those things and then
18 you can kind of -- as I'm explaining emergency
19 management, you can kind of plug them now into our
20 emergency management structure, and you see how we
21 did that.

22 So there is really three things I want
23 to talk about with emergency management at Bruce
24 Power. I want to talk about the organization; I
25 want to talk about decision-making; and I want to

1 talk about our learnings.

2 And we do have some information that we
3 have provided separately, so this is available in
4 hard copy to you as well. But I think this is
5 meant to summarize.

6 So the first thing I want to talk about
7 is organization. So I have already talked about
8 don't think about nuclear. Think about --
9 emergency management is about -- fundamentally is
10 about bringing together the right people who have
11 clear direction and are empowered to execute clear,
12 concise decisions, and they are also empowered to
13 not only execute but to, what we call in nuclear,
14 check and adjust and don't trust but verify, and
15 re-verify and re-verify, check, adjust, re-verify,
16 okay? So when we think about emergency management,
17 we think about that.

18 So in terms of emergency management, it
19 is a philosophy in our -- it is a core element of
20 our business in Bruce Power. So whether you are
21 the Chief Executive Officer, whether you are
22 somebody who is on call as part of our 24/7
23 emergency management organization, you drill
24 emergency management. You practice it. You drill
25 it on a fairly regular basis.

1 So when you -- and I will tell you,
2 when you are training, and you are drilling an
3 emergency management situation, it is actually
4 quite amazing how quickly you forget that you are
5 in a drill. You kind of get the same adrenaline.

6 And I think that is very important. So
7 if you think about our emergency management
8 organization, think about Bruce Power as we have an
9 operation in the company in terms of what I call
10 sort of tactical day-to-day operations. In an
11 emergency situation in any of our facilities,
12 primarily our nuclear facility, it is very clear
13 who is in charge of that emergency situation. It
14 is not the Chief Executive Officer or my title or
15 anybody else. We have somebody called the Shift
16 Manager. They are responsible for what takes place
17 in that station.

18 So if we weren't in a COVID world, and
19 I could tour you through Bruce Power -- and you are
20 all invited to Bruce Power when this thing is over.
21 I'll give you a tour. I would love to have you. I
22 always go up to the Control Room, and I say, The
23 person in charge of this station is that guy or
24 gal, that Shift Manager. They have the
25 decision-making power. If there is a -- it is

1 proceduralized. If there is an evolution that has
2 to take place, a response that has to take place to
3 an event in a station, they make a decision to shut
4 a reactor down. It is their decision. They are
5 not picking the phone up and calling the Chief
6 Nuclear Officer or the Chief Executive Officer. It
7 is their decision. So, you know, if there is a
8 fire somewhere, you know, the tactical response of
9 the person putting out the fire, it is their
10 decision how they are managing that.

11 The emergency response organization in
12 one of those events is then stood up, and think
13 about it as it is really meant to make sure that
14 that person has got their eyes on the next minute,
15 the next five minutes, the next ten minutes, the
16 next hour.

17 The emergency management organization
18 is then stood up, and it is bringing together the
19 machine, right? It is bringing together all the
20 best the organization can bear.

21 So in an event like COVID-19 -- and,
22 you know, a pandemic is a little bit more difficult
23 than an earthquake or a fire because it is kind of
24 a slow-moving event, right? It doesn't immediately
25 cause -- I don't want to say a sense of urgency,

1 but it is not something immediate right in front of
2 you. We made the decision very early to stand up
3 our emergency management organization for COVID
4 because what it allowed -- we always said, Hey, we
5 can always deescalate, but we can never get the
6 time back from escalating up. And that is our
7 philosophy with emergency management.

8 So there has been times we have paged
9 out, and we have stood up our emergency management
10 organization only to stand it down three hours
11 later.

12 But right up to our Chief Executive
13 Officer, who provided tremendous leadership during
14 this, we stood up our emergency management
15 organization early.

16 The way the emergency management
17 structure situation is is you have a crew. And we
18 have sent this in some of the background
19 information. You have a commander, a deputy
20 commander, and then you think about all the
21 logistical areas of your organization;
22 communications, supply chain, health, et cetera, et
23 cetera, et cetera. You have a crew that comes in
24 24/7, and they come into a command centre, and
25 think of it like mission control on the Apollo 13

1 mission, right, mission control, and at each of
2 those desks, you have somebody who is responsible
3 for that.

4 And we have four crews. They train.
5 They drill. They're on call. And those crews do
6 turnover. So that commander is managing that
7 situation, and they are in constant contact with
8 those persons either responding to the incident or
9 that shift management organization.

10 And they are making sure that they are
11 looking ahead, they have a good situational
12 awareness on what is going on, and they are looking
13 ahead, making sure we are thinking of the various
14 items, but most importantly is that group has just
15 removed what all of our organizations have, is
16 typical siloed organizations, right?

17 So if you think about Bruce Power on a
18 regular day, in a regular day, you know, if I want
19 to buy something, I need to go put my request in,
20 if it is over a certain amount of money, into our
21 supply chain group and maybe there is a very
22 appropriate 48-hour to 72-hour process for us to
23 advance that, and it goes through a very
24 appropriate, what I call, administrative process,
25 and it will go organization to organization.

1 In an emergency management situation,
2 all of those silos are removed and all the right
3 people that need to make the decision are in that
4 room. So when you asked me about purchasing PPE,
5 the discussion in terms of how they executed that
6 happened between two people in that command centre,
7 the person that was in charge of our stocks and the
8 person who was in logistics, to be confirmed by the
9 commander. So it gives you a sense of how more
10 quickly those logistics can move.

11 Now, that commander, they report up to
12 what is called a Crisis Management Team, and that
13 is really important. So in a typical governance of
14 our organization, we have the Executive Team at
15 Bruce Power, you know, and typical to a lot of
16 executive teams in Bruce Power, the Crisis
17 Management Team is set up to basically be the
18 leadership of the company. It is a reduced group.
19 So that commander has direct line to that Crisis
20 Management Team.

21 And depending on how fast-moving the
22 event is, that Crisis Management Team is getting a
23 report out regularly. They are able to challenge.
24 They are able to ask questions, and the role is
25 oversight.

1 In the early days of COVID, we probably
2 had two crisis -- two to three Crisis Management
3 Team calls a day as the team was getting
4 established, and then usually moved to daily.

5 But what that does is that ensures that
6 if there is decisions to be made and supports
7 needed, those decisions are made quickly and right
8 to the commander. So the commander says, you know,
9 we are thinking of going and buying -- we believe
10 we need to go and buy 3 million pieces of PPE. I'm
11 just -- I mean, that wasn't exactly how it played
12 out. I'm just giving you a theoretical example.
13 The Executive Team confirms that, yes, we are
14 moving on. It allows the Executive Team to ask
15 some questions, Hey, I'm concerned about this. We
16 will go back and get back to you on that.

17 And you know, I wish I could, you know,
18 allow you to join one of those meetings because it
19 is very structured, right? It is a tight 30-minute
20 meeting. It is who by what by when. It is
21 disciplined. It is three-way communication,
22 meaning, Frank, you want me to send you this
23 document by noon today. Frank, you would repeat
24 back, Yes, James, you send me that document by noon
25 today. Okay, Frank, I am sending you that document

1 by noon today.

2 And that is what we drill, and it is
3 just a discipline because the crispness of
4 communications and actions is really important. So
5 that was what we set up in that situation.

6 As the COVID-19 situation moved on, we
7 really had to think about it. Are we in a crisis
8 now for the next 18 months? So what we decided to
9 do is, in the June time frame, was to evolve our
10 crisis management structure and do more of a
11 business continuity, what I would call a bit more
12 of a business continuity on steroids. So we
13 appointed a commander, but we set something else up
14 that was a little more sustainable than 24 hours a
15 day because, you know, by the time we got the
16 urgent items stabilized, we recognized those
17 resources that we were tying up in this 24/7
18 organization, they are better directed now actually
19 in the field.

20 So we moved to more of a business
21 continuity process, and that business continuity
22 process exists today. So right now, every day at
23 Bruce Power, there is a duty commander for our
24 COVID oversight team. So it is not something that
25 everybody is trying to do in their day-to-day. It

1 is there. They have regular escalations with the
2 Crisis Management Team.

3 LEAD COMMISSIONER FRANK MARROCCO:

4 Now, how do you in -- is it necessary
5 to instill a sense of urgency or a modest sense of
6 urgency, or is that natural?

7 JAMES SCONGACK: I think what you find
8 is that the nature of the way the organizational
9 structure is -- and my opinion having been through
10 a number of these drills, the nature of the
11 organization itself drives the urgency.

12 So I am just trying to think of the
13 best way, Frank, of answering your question.

14 I think the methodology of what we call
15 a who by what by when is really important. So let
16 me give you an example.

17 Let's say, Frank, you ask me right now,
18 James, when can I get something done? Let's say
19 you are the CEO of Bruce Power, and you are on the
20 Crisis Management Team, and I am the commander.
21 James, when is that going to be done by? And I
22 don't know the answer to that. The action isn't
23 that, Frank, I don't know the answer to that. The
24 answer is, Frank, I am going to commit to you by
25 1200 hours on January 6th I will get you a

1 completion date when that will be done and an
2 answer to your question. Is that timing acceptable
3 to you?

4 So you and I have then in that
5 dialogue, we have calibrated are we on the same
6 page, because, Frank, you could come back to me and
7 say, No, no, I need an answer in an hour on that.
8 Why are we not moving on that more aggressive?

9 So I think that clarity of the action,
10 what it does is it forces the alignment of are we
11 on the same wavelength on timing? It also allows
12 the commander to say, Frank, you know what? I know
13 you want that at 1200 hours, but we have got these
14 other items. The priority order is this. I don't
15 want to adjust the priority order, and here is why.
16 And then you have just landed that. So you are all
17 agreeing on what is going to be done by when.

18 So, you know, I don't know if that
19 answers your question, Frank, but it is less of
20 a -- like a pounding the fist and more of a
21 methodical approach.

22 LEAD COMMISSIONER FRANK MARROCCO:

23 Yeah, it is helpful. Sometimes a
24 person removed from it can get the sense that there
25 wasn't a sense of urgency or a compelling enough

1 sense of urgency, and --

2 JAMES SCONGACK: Right.

3 LEAD COMMISSIONER FRANK MARROCCO:

4 -- I was just curious how it played
5 itself out at Bruce Power, and you have answered
6 that for me.

7 JAMES SCONGACK: Now, I am not -- you
8 know, I have to tell you, I have a tremendous
9 amount of sympathy for people in government who
10 are -- you know, that you would compare that to
11 because it is much more straightforward to do it in
12 an organization like ours obviously. You know, I
13 am not saying we don't have a complex organization,
14 but we don't have anything near the speed of
15 government.

16 And I do feel for folks in government
17 who, you know, sometimes think something is going
18 on, and maybe even the two or three people below
19 them think something is going on, and again, you
20 get an administrative burden somewhere, right?

21 Usually when the right people get
22 involved in any organization, something gets fixed
23 quick, right? Like how many times have we all been
24 in a situation where, you know, you have got three
25 weeks to do something. There is a week left, and

1 it is not where you want it. It is amazing what
2 people can get done when they have clarity.

3 So, Frank, that would be the best way
4 that I could answer that.

5 LEAD COMMISSIONER FRANK MARROCCO:

6 Right.

7 JAMES SCONGACK: I'll just share with
8 you three learnings and then am happy to -- and I
9 hope you are okay with this format.

10 A couple of learnings from our
11 perspective, and some of these are my personal
12 opinions based on some experience with this, but
13 there is four personal learnings or organizational
14 things I would flag.

15 The first thing is -- and our CEO did a
16 really good job with this. And sometimes we got a
17 little bit bored of this, but I would say in every
18 other meeting our CEO read off to us four
19 principles of crisis management. And I know that
20 sounds very academic, but what it -- and you can
21 sort of say, Well, everybody kind of knows that.
22 But it was really calming to sort of just remind
23 everybody of -- like, you know, about where -- and
24 I am happy to share those with you. I mean, you
25 can Google them, and, you know, there is different

1 variations of them.

2 But the one thing for me is speed over
3 perfection, right? And -- like everybody wants to
4 always do the right thing, right? Like I bet you
5 in any organization, like no one is going out to
6 not do the right thing.

7 And so we have to allow -- like I am
8 telling you there were things we procured that we
9 never ended up needing, and people could say, Wow,
10 we wasted some money on that. Right? So you have
11 to be comfortable that the speed was okay versus
12 that you actually may expend some resource that --
13 you know, you can't be afraid, and, you know, that
14 would be our philosophy. I am not comparing that
15 to government, right, but speed versus perfection.

16 I would say the second learning for me
17 with all these is breaking down silos. You know,
18 when you get a group of people together that
19 actually have to make the work happen, and they all
20 know what the objective is and when it is needed by
21 and the sense of urgency, and they also know that
22 they are going to be backed up and they have
23 authority, it is amazing what they can do.

24 And I'll tell you, in our Emergency
25 Management Centre -- and I don't want to sound

1 critical of our own organization, but, you know,
2 one of my responsibilities is information
3 technology. And I love to death our information
4 technology team, but we are always getting
5 complaints of why can't they move quicker.

6 And that team did things in a week that
7 outside of COVID would take us six months to do.
8 You know, when you go to a site, you are scanned
9 in, so we know everybody is on-site, exactly where
10 they are. We had a project doing that already. My
11 point is that -- and you can't operate in a crisis
12 mode all the time, but, you know, that breakdown of
13 silos, it is amazing how quickly things can go. It
14 is phenomenal. And you are not sacrificing quality
15 or safety or anything in the process. So that is
16 always a learning for me.

17 The third one is don't be afraid, and
18 this goes to my example of times where we have
19 stood up the Emergency Management Centre, pulled
20 people out of bed at 2:00 a.m. to go in, and then
21 stood it down two hours later. You kind of feel a
22 bit bad when you do that. Hey, why did we do this?
23 But you can never get that time back.

24 So I would say, in our organization,
25 our rule is it is good news if you call people out

1 of bed and then you sent them home, and all of
2 those people, even though it would be, Hey, you
3 called me out of bed, they would all say the same
4 thing.

5 And so I think, you know, making sure
6 you have a scaleable capability, and you go up here
7 first and then work down. Not, you know, Hey, I
8 have got a fire and we have got it under control.
9 Let's see if it gets worse before we call in our
10 Emergency Management Centre. So if there is an
11 event, we are going to call in, page it out and do
12 it, because time and speed is of the essence.

13 So, you know, make sure our full
14 capability, and, you know, that is also very
15 important for leaders. It is also very important
16 for people on the ground who have it that we need
17 to make sure in our emergency management structure
18 that our leaders actually are being set up for
19 success and also that people on the ground are.

20 And the emergency management capability
21 is meant to do that. And, again, that is a
22 capability that is drilled and tested, and it works
23 very well.

24 So I would say use the full capability
25 even if it is not needed and don't be afraid of

1 that.

2 The final thing I'll say is one of the
3 things in our organization -- and again, these are
4 Bruce Power examples, so I'm not saying they apply
5 to even what you are talking about. That is your
6 call, and I am not suggesting others didn't do this
7 because I don't know. But the one other emergency
8 management principle -- and actually, it is an
9 operational principle we have in our
10 organization -- is don't assume.

11 So during this pandemic, we put in
12 place stuff like hand sanitizers, distancing,
13 certain areas that have to be cleaned. We made
14 certain staff go out every day and sit there for an
15 hour with appropriate distancing and check what
16 percentage of people were washing their hands, what
17 percentage of people were doing thermal monitoring,
18 and they would do observations back to us. Hey, 95
19 percent -- you know, 5 percent of people don't have
20 their masks on. I stopped and told them and
21 reminded them, masks above the nose. They were
22 checking.

23 So check, verify, adjust. Maybe it is,
24 Hey, you know what? We are telling all these
25 people to clean their hands. There is no hand

1 cleaners there. Okay. Up to the EMC. Who is
2 going to put hand cleaners in there and by when
3 tomorrow? So check, verify, adjust.

4 Observe. Was it done? You know what?
5 Folks are not coming to work every day wanting to
6 do a bad job. They are not coming to work every
7 day wanting to not follow something you wanted them
8 to do.

9 But let me give you a personal example.
10 So we have a -- and, you know, I spend about half
11 my time working from home, and I try to get in our
12 plant as much as possible to do some of those
13 observations myself. So whether you are an
14 executive of the company, a manager, we do these
15 observations. So during COVID, I sat at our main
16 guardhouse for three hours one morning to do my own
17 observations. If it's important to ask other
18 people to do it, it's important for me to do.

19 But let me give you one example where I
20 fell short. I was coming into our security
21 guardhouse one day. Somebody who actually works in
22 my organization as a frontline leader was doing the
23 observation and coaching, and I came in and I
24 just -- I got out of my car, and when I came out of
25 my car, I sanitized my hands coming out of my car.

1 I went in. I did my thermal check. I did that.
2 Okay, I'm good. I went through the bomb sniffers,
3 all the security, the x-ray, and I walked right
4 past the hand sanitizer. Why did I walk past the
5 hand sanitizer stand? Well, I walked past the hand
6 sanitizer stand because -- and look, I knew it was
7 the rule for me to sanitize my hand right there.
8 But I thought, no, I just sanitized my hand when I
9 got out of the car. That individual who works in
10 my organization said, Hey, James, a quick one.
11 Remember, you've got to sanitize your hand every
12 time. I said, Oh, yeah, you know what? I just
13 sanitized my hands. I was still actually wet from
14 when I did it before. But the rule was to sanitize
15 your hands. And he said, No, James, stop, you've
16 to sanitize your hands.

17 There is a couple of things I like
18 about that story. Number one, somebody that worked
19 for me had no hesitation in telling me I had a gap,
20 right? And I didn't mean to not follow the rule,
21 but they had no problem pulling me aside and
22 saying, Hey, James, you've got to follow that rule.
23 Do you think I've ever walked through that and not
24 sanitized my hands properly again? No, because I
25 actually thought I was fine. I knew I had to

1 sanitize.

2 And I am not trying to make it all
3 about that, but I am just giving you an example of
4 that culture of you've got to observe, and you've
5 got to keep checking. And actually, over time
6 people will -- you know, think about a speed limit,
7 right? Like, okay, you know what? I am going to
8 say it is okay that I am going to go 61 kilometres
9 in a 60 zone. And then, you know what? I'm slowly
10 at 63. And then you know what? I know the OPP
11 doesn't stop me until 74, so maybe I'm up to 74.

12 Every single one of those times I look
13 at it -- and we call it a Swiss cheese model of
14 nuclear safety where you've got a whole bunch of
15 layers of Swiss cheese. We look at COVID as that
16 as well. No single one of our barriers totally
17 stopped COVID, but the collection of them all
18 should work or minimize. But if barriers get
19 eroded, the Swiss cheese model means a laser can
20 eventually fall through those holes and get
21 through.

22 So don't assume. Don't get comfortable
23 with a report that somebody has given you saying it
24 is green. How do we know it is green? And you
25 know what? We fall into that trap, and we are

1 always challenging ourselves. How do we know it is
2 green? Have we looked? Have we checked? You
3 know, did an employee pull me aside and say, Hey,
4 you know what? In our workshop, we are too close
5 together.

6 So that is not something I am saying we
7 did perfect, but I am telling you it is a culture
8 of challenge. And that is my learning, and I love
9 that story that one of my colleagues in my team who
10 pulled that hand sanitizer out, right, because that
11 tells me it is a good culture, and also, the
12 culture is also about not being afraid to do that.

13 The other thing I'll finally say in
14 conclusion here is resources are always a big
15 problem in a situation like this, and these items
16 we did were very, very expensive, very expensive to
17 do, not budgeted, not -- but the consequence of not
18 doing it is even more expensive.

19 And so that is also an organizational
20 issue that we always face which is, you know, I did
21 not feel that people in the Crisis Management Team
22 were constrained on making those financial
23 decisions to move quickly.

24 And that is one advantage you do have
25 being in a -- what I would call a smaller

1 organization, like a Bruce Power, versus other
2 larger enterprises or organizations, but, you know,
3 make no mistake, these were very significant
4 investments that we made.

5 So I am going to stop there --

6 LEAD COMMISSIONER FRANK MARROCCO:

7 Is it a principle in your procurement
8 policy that it doesn't apply -- the procurement
9 policy doesn't apply in an emergency? Is that how
10 that happens?

11 JAMES SCONGACK: So the way I would
12 look at it, Frank, is somewhat along those lines.
13 What I would say is there is certain elements of
14 the procurement rules that still apply on quality,
15 safety, rigour, and those things, right?

16 It is just how do you get to a yes
17 quicker on those things, right? So, you know, you
18 don't want to go buy hand sanitizer and it gives
19 everybody a rash, right? So you can make those
20 decisions quicker, or -- so the answer is we
21 accelerate the procurement process, and we also
22 allow the commander to make a judgment call. So,
23 you know, they'll make a \$60,000 decision, right?
24 If it is something like, Hey, we are going to go
25 spend \$4 million, well, yeah, the Crisis Management

1 Team would be involved at that stage, right?

2 But, you know, there has to be a sense
3 of empowerment around it. And, you know, my
4 experience with procurement in an emergency,
5 whether it is, Hey, let's go buy a backup for this
6 or a backup for that, any time we have ever done
7 procurement in an emergency, we have never
8 regretted it later. We may have said we paid a bit
9 of a premium to get it quick, that, man, you know,
10 that was 10 percent higher than we thought, but any
11 procurement that I have ever been involved in that
12 I have seen in a post-debrief, we never regretted
13 it.

14 Even the examples that I gave you where
15 I said, hey, we bought some stuff -- like we went
16 and bought two mask cleaners that we donated to our
17 local hospitals. They are actually just getting
18 used now for the first time. I don't think we got
19 full value for money for those purchases, as I
20 noted earlier, but I don't regret ordering them.

21 LEAD COMMISSIONER FRANK MARROCCO:

22 Uhm-hmm.

23 JAMES SCONGACK: You know, like it is
24 so easy in hindsight to say, Hey, they wasted a
25 bunch of money on that, right? Like, you know, I'm

1 not making this political, but, you know, at some
2 point three years from now someone is going to do
3 an audit and say to the federal government, Why did
4 you buy so many vaccines? That is not how it feels
5 right now, right, and I am not defending anybody by
6 saying that.

7 So, Frank, I don't know if that answers
8 your question. But procurement happens quickly,
9 but most importantly is a lot of times procurement
10 isn't the delay. What is the delay is I have
11 ordered something and how do I get it shipped here.

12 So in our management structure, you
13 have somebody who is just managing transportation
14 and logistics. They'll drive down and pick it up
15 in two hours or get it on a plane.

16 So it is also about -- you know, the
17 procurement people will sometimes get it done --
18 you know, doing things like having access to credit
19 cards that have high limits on it. I know that
20 sounds funny, but if you need to order something in
21 the middle of the night from somebody who doesn't
22 do business with you, like they are not just going
23 to send you \$20,000 worth of stuff. So having a
24 credit card somebody can put it on, you know,
25 having contracts already in place with people who

1 can provide services that you can call on, those
2 things are important.

3 LEAD COMMISSIONER FRANK MARROCCO:

4 Uhm-hmm, okay.

5 JAMES SCONGACK: And I mean, look,
6 guys, a lot of this is small potatoes compared to
7 what you are looking at, but it is just our
8 philosophy with it.

9 JOHN CALLAGHAN: Can I ask you, James,
10 you didn't talk about it, but you did tell us that
11 you do have detailed plans that you work off.

12 JAMES SCONGACK: Yes.

13 JOHN CALLAGHAN: Can you just describe
14 those plans and then could you also describe --
15 because you told us before how the board itself is
16 engaged in ensuring that they are properly updated.

17 JAMES SCONGACK: Yes.

18 JOHN CALLAGHAN: So that -- the
19 planning process because that is something that I
20 think would be worth hearing, and also, we have
21 heard Lynn tell us about how everybody is involved
22 in the simulations and that it is not just a
23 cloistered few.

24 Perhaps you could just tell us a little
25 bit about that.

1 JAMES SCONGACK: Yeah, so that is a
2 good question.

3 So the way I would look at this is
4 firstly you set up an emergency management
5 organization that has a capability. You train
6 people to use that capability, and you set up
7 procedures and approaches you use.

8 So when we drill, often times the
9 people will not know what the emergency is. It
10 could be a hurricane, a fire. Usually we have to
11 combine six or seven massive unprecedented events
12 to really test our full capability.

13 So what we would do, John, is we
14 would -- you know, there is times we will do a
15 random call-out to people. It will be a Friday
16 night at 7 o'clock, everybody is called in for a
17 drill, and usually it is on the worst Friday
18 possible for the drill, by the way, but usually
19 events are the same thing, so it is not bad getting
20 used to.

21 So we'll drill it. It will be a
22 scenario. We'll have observers in that drill.
23 That drill will include everybody, including the
24 Executive Team, and our Crisis Management Team.
25 And what we will do after the drill is do a

1 de-brief and work that into the team's training.

2 So it is less about let's train for
3 every scenario. It is more about setting it up,
4 having the procedures, and throwing different
5 scenarios at people to see how they respond and
6 then coach them accordingly and give each other
7 feedback, because chances are the event that you
8 encounter is one that you can't -- like you can
9 very rarely ever drill for an event exactly how it
10 performs, so it is more about the ongoing nature of
11 that and giving people back feedback.

12 In terms of the board participation,
13 what would happen in this particular case, in a
14 real event, would be we would -- the Crisis
15 Management Team, who is chaired by our CEO or his
16 delegate if he is unavailable, there would be
17 delegated authority from the CEO to somebody else,
18 that delegate would inform the board as appropriate
19 on developments. So you are always having that
20 communication.

21 You don't have the board directing
22 things. You don't have the board -- you know, they
23 are in an oversight governance function, but what
24 the board wants to know is where is the risk
25 profile moving. Is the risk profile moving worse?

1 Is it better? You know, sometimes we -- I can't
2 recall a scenario where this has happened. In a
3 real event, you know, the CEO would likely call a
4 special emergency board meeting if that was the
5 case. So we prepare our board for that.

6 So, for example, without getting into
7 anything security-protected, what I can share with
8 you is certain board members have certain security
9 clearances. So there is special committees of the
10 board that can be called up in an emergency
11 situation that can get certain pieces of
12 information on behalf of the board. The Chair
13 would be involved in this.

14 So going through all of those things,
15 John, in advance is really important, and you get
16 to the point, when you are in an event, that you
17 are just kind of -- you kind of know just this is
18 how it is going to go, right?

19 The other thing I think is really
20 important when we drill is we also drill with a
21 reputational angle. So we will bring in mock
22 reporters, mock news releases, because let's face
23 it, what causes a lot of tension on organizations
24 in a crisis? It is the public opinion environment,
25 right, and everybody is worried about reputation,

1 rightfully so.

2 So we bring in actually mock reporters
3 in these drills to do mock press releases, mock
4 approvals of those, mock press conferences with our
5 leaders, and also, how do we manage our -- how do
6 we manage the communications. There is two
7 elements. Obviously there is reputation, which is
8 really important, but it is also really important
9 to make sure in an event you are getting good
10 actual information out to the public.

11 So we invest a ton in that, a ton in
12 that, and that also gets our leaders comfortable
13 with, you know, Hey, there is a media story that is
14 out there on this. How in a crisis situation do I
15 manage that so it keeps my eye on the ball on the
16 right things?

17 And I can't emphasize how important
18 that is, right? It is great to have all of these
19 emergency management organizations. If you do not
20 have a reputational public communications lens on
21 it, forget your drill, because in any real event --
22 and, you know, we'll put people through scenarios
23 where they are getting scammed by the media and
24 just hammered with questions. You know, I have
25 been through it, and some of my staff are the ones

1 hammering me with questions, and I am kind of upset
2 with them afterwards because I feel they are being
3 mean to me.

4 But all joking aside, it is really
5 important, right, because you have a lot of -- and,
6 you know, I look at -- and I don't know whether
7 they get media training, but I look at some of the
8 folks, like Dr. Williams who did these press
9 conferences, and he is a bit of a veteran, and they
10 have done incredibly well in the media. But you
11 know what? Like that is tough. If you have got
12 somebody who has never done any of that, and
13 because of the nature of the emergency, they get
14 thrown into that, and they have never been prepped
15 in that, in an emergency situation, you are not
16 setting that organization up for success. And I
17 think the reputational element is one we put a lot
18 of effort into.

19 JOHN CALLAGHAN: And I take it just the
20 way you have talked, that the idea and the
21 investment in preparedness starts at the board
22 level and goes right on down through management; is
23 that fair to say?

24 JAMES SCONGACK: Yeah, so our board
25 will get internal audit reports on this. We will

1 do our own oversight reports on this. Obviously
2 our regulator challenges it. In fact, there is a
3 lot of times where we have invited board members to
4 come and observe.

5 We have had some drills which, you
6 know, I won't share the contents of them, where we
7 allowed board members to actually join in right on
8 my entire drill and give us feedback after; Hey,
9 what did you think? How did James do on that? How
10 did Lynn do on that? How did the CEO do on that?

11 And that is helpful as well because we
12 also want to learn what are the things they are
13 going to be interested in as well, right? So when
14 we are thinking about that, we are ahead of it.

15 So yeah, it is a culture of drilling,
16 but you also have to get a culture of pushing
17 people out of their comfort zone in the training,
18 right, because, you know, if you don't expose those
19 people to that media onslaught -- like we even do
20 fake social media. Like, you know, we bring in a
21 company that comes in and gives us all this fake
22 social media, and how would you respond to that?
23 What stuff do you prioritize?

24 The other thing that is important is
25 your stakeholder communications, right? So when we

1 do a drill, we actually will do mock stakeholder
2 calls. Have we notified these stakeholders?
3 Because what happens is you get so busy. Have you
4 forgot about notifications? Have you forgot about
5 things?

6 And so, John, it has got to be
7 rigorous, and I know nobody ever does these things
8 and says later, Man, that was not a good exercise.
9 But it is tough to do when we are all busy, to say,
10 Hey, I'm going to go spend a day doing this, you
11 know, but you do it. And when you do it, you never
12 regret it.

13 JOHN CALLAGHAN: Okay. Thank you,
14 James.

15 I don't know if any of the other
16 Commissioners have questions?

17 LEAD COMMISSIONER FRANK MARROCCO:

18 I don't think so. It doesn't seem like
19 it.

20 But, James, thanks very much for what
21 was really quite an interesting presentation, and
22 it was a presentation in an area where we really
23 haven't heard a lot. We have seen a lot of
24 responses, but we didn't have a structure against
25 which we could measure what we were hearing.

1 And you, at least from the perspective
2 of Bruce Power, have given us a lens that allows us
3 to look at it and maybe feel a little more
4 confident now that we have some sense of what
5 things should look like.

6 So thank you very much, and thank you
7 for the amount of time you put into it, and we will
8 try to do what we are supposed to do with the
9 information.

10 JAMES SCONGACK: Sure, and if there is
11 anything else you think about, let me know. And,
12 you know, the other person you could reach out to,
13 if this is an area you wanted to dig in more, is
14 the Office of the Fire Marshal in terms of
15 emergency management Ontario. They are involved in
16 most of these drills that I am talking about in
17 Bruce Power. So if you wanted to get a sense of
18 how actually the government is involved in those,
19 that may be an area you want to look at if in fact
20 it is valuable, so I just leave that with you.

21 Thanks for doing this. I'm happy to be
22 a part of it, and I want to thank you for the work
23 you are doing here. And, you know, this is never
24 about -- you know, I'm just sharing with you some
25 experiences at Bruce Power. Take them for what

1 they are worth. You know, maybe there is some gems
2 in there, maybe there is not, but, you know, this
3 is always about trying to get better, so I
4 appreciate what you are doing, and I look forward
5 to reading the final report as an Ontarian as well.

6 LEAD COMMISSIONER FRANK MARROCCO:

7 Thank you.

8 COMMISSIONER ANGELA COKE: Thank you.

9 COMMISSIONER JACK KITTS: Thank you.

10 LEAD COMMISSIONER FRANK MARROCCO:

11 Bye-bye.

12 JAMES SCONGACK: Bye-bye.

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15 -- Adjourned at 10:41 a.m.
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1 REPORTER'S CERTIFICATE

2
3 I, DEANA SANTEDICOLA, RPR, CRR,
4 CSR, Certified Shorthand Reporter, certify:

5 That the foregoing proceedings were
6 taken before me at the time and place therein set
7 forth;

8 That all remarks made at the time
9 were recorded stenographically by me and were
10 thereafter transcribed;

11 That the foregoing is a true and
12 correct transcript of my shorthand notes so taken.

13
14
15
16 Dated this 5th day of February, 2021.

17
18
19 

20
21 _____
22 NEESONS, A VERITEXT COMPANY

23 PER: DEANA SANTEDICOLA, RPR, CRR, CSR
24
25

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