

Centre for Emergency Preparedness and Response (CEPR)

2005
Report of Activities



Public Health
Agency of Canada

Agence de santé
publique du Canada

Canada 

Our mission is to promote and protect the
health of Canadians through leadership, partnership, innovation and
action in public health.

Public Health Agency of Canada

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Table of Contents

Executive Summary	2
Director General’s Message	4
Marking five years of growth and progress	4
Section I - Where We’ve Come From	6
The Creation of CEPR -2000	6
CEPR Consolidation	7
Section II - What we do	9
Office of the Director General	9
Office of Management and Administrative Services	11
Office of Emergency Preparedness	13
Office of Emergency Response Services	15
Office of Laboratory Security	18
Office of Public Health Security	21
Section III - The Agency’s CEPR in 2005 — the Year at a Glance	24

Executive Summary

2005 was a year of internal renewal and external leadership for the Public Health Agency of Canada's Centre for Emergency Preparedness and Response, as it reorganized key activity areas in laboratory security, public health security and emergency response, while expanding its national Emergency Preparedness and Response partnership and networking base with a view to developing a more integrated national health emergency management system across Canada.

Providing national leadership

The Public Health Agency of Canada continued its national leadership role in EPR coordination in 2005 by teaming up with the Public Safety and Emergency Preparedness Canada to co-host the 5th *National Forum on Emergency Preparedness and Response*, which brought EPR partners together to discuss ways of building a more integrated national health emergency management system.

The National Forum efforts were complimented by three additional national coordination initiatives in 2005: the development of a strategic action plan by the Public Health Agency of Canada's CEPR regional coordinators to promote greater intergovernmental collaboration in emergency preparedness and response; a national consultation workshop on the development of a National Health Incident Management System (NHIMS); and ongoing dialogue on the development of a federal/provincial/territorial Memorandum of Understanding on *Mutual Aid in an Emergency Affecting the Health of the Public*.

Preparedness and response exercises

The Centre played a key role in improving Canada's preparedness and response capacities in the face of public health security threats through its participation in two key exercises: the National Forum Exercise *Coherence Trecedim*, which addressed emergency planning and response management issues that could arise during the course of an influenza pandemic; and the *TOPOFF 3 — TRIPLE PLAY* counterterrorism exercise, which enabled Canada to assess its ability to act quickly, in concert with international partners, in the event of a terrorist attack or other major emergency.

Modernizing emergency stockpiles and building surge capacity

The forward-looking strategic review of the Agency's National Emergency Stockpile System (NESS) continued in 2005 with the development of a strategic risk and threat analysis document by the Agency's National Emergency Stockpile System (NESS) working group. The document is being used as a framework to design and plan a modern-day stockpile based on threat and casualty scenarios for natural and human-caused disasters and as a guide for the NESS procurement strategy. NESS also responded to the requests of expert groups such as the federal/provincial/territorial Pandemic Influenza Committee (PIC) to begin building a 20 percent federal surge capacity above and beyond current provincial and territorial stockpile levels to help respond to pandemic-type emergencies in Canada.

Revamping the national quarantine program

The passage of the new Quarantine Act in May 2005 ushered in a series of initiatives to revamp the CEPR's national quarantine program, including: consultations with key federal, provincial, local and industry partners across the country prior to bringing the Quarantine Act into force; developing standard operating procedures to support the new Quarantine Act; and integrating quarantine services into Avian Influenza and pandemic planning initiatives to ensure a robust capacity for dealing with emerging infectious diseases.

Leadership in biosafety and biosecurity

The Public Health Agency of Canada's CEPR Office of Laboratory Security (OLS) built on its reputation for leadership and innovation in 2005 by restructuring its core biosafety activities to respond to increasing stakeholder needs and expectations. The result of the restructuring is an OLS that is more flexible, more focussed and more responsive than ever to national and international stakeholder requirements.

As a World Health Organization (WHO) Collaborating Centre in Biosafety, the Agency's OLS continued to play a leadership role in global public health security in 2005 by providing biosafety and biocontainment information and advice to national health authorities around the world through the WHO. The Agency's OLS also participated in important international public health security initiatives such as the Global Health Security Action Group (GHSAG), serving as the lead on biosafety and Environmental Sampling within GHSAG's Laboratory Network sub-group and chairing a special GHSAG working group on Environmental Sampling.

Enhancing health security response

Reorganization was a priority for the Agency's Office of Public Health Security (OPHS) in 2005 as it repositioned key resources to provide a stronger, more centralized public health security response capacity for the Agency's CEPR. As part of this repositioning, the OPHS assumed responsibility for the Agency's CEPR's state-of-the-art Emergency Operations Centre, taking significant steps to integrate EOC activities with longstanding OPHS responsibility areas such as Counter-Terrorism Coordination, Global Public Health Intelligence and Travel Medicine. By doing so, the Agency's OPHS became the central locomotive for crisis response — both nationally and internationally — in 2005.

Continued leadership and growth

The combination of internal renewal and external leadership in 2005 has placed the Agency on a solid footing to advance EPR network building initiatives in 2006. Foremost among these initiatives will be continued efforts to expand the Centre's EPR partnership base to a growing number of national voluntary organizations and professional health organizations across Canada. By continually expanding and strengthening these partnerships, the Agency will be better placed than ever to respond to public health aspects of natural and human-caused emergency events in Canada.

Director General's message

Marking five years of growth and progress

In today's unpredictable public health environment, Canadians want to know that governments are prepared and ready to respond to all kinds of health emergencies — from floods and fires to terrorism and infectious disease outbreaks.

Making sure governments work together quickly and effectively during health emergencies is the role of the Public Health Agency of Canada's Centre for Emergency Preparedness and Response (CEPR). As the federal coordinating centre for public health safety, the Agency's CEPR works with local, provincial and territorial governments to respond to any type of public health emergency, at any time, anywhere in Canada.

Since its creation in the summer of 2000 the Agency's CEPR has faced its share of emergency challenges: the aftermath of September 11, the emergence of SARS and Avian Influenza, and ongoing preparation for and response to natural disasters, both at home and abroad.

Looking back with pride

Through five years of challenge, professionals have consistently risen to the occasion, going above and beyond the call of duty to protect the health safety of Canadians. At the end of 2005, I believe our dedicated team of EPR experts — including doctors, nurses, scientists, other professionals and support staff — can look back on their accomplishments with considerable pride.



Dr. Ronald K. St-John, Director General

Growing into our leadership role

The progress over the past five years can be traced through three distinct phases. Our initial phase, from our Agency's Centre creation in July 2000 to the end of 2001, was a time of significant adjustment and adaptation, as we responded to a rapidly changing public health security environment. Our second phase, through 2002 and 2003, was a time of tremendous growth, as we expanded our staff, consolidated programs and services, and steadily improved our response capacities. Our third phase of development, through 2004-2005, saw the Agency's CEPR strengthen its "all-hazards" approach to emergency management, while evolving into a more mature, more sophisticated and more professional organization. Today, it is recognized as a national leader in health emergency management and coordination across Canada.

Counting our achievements

What are our major achievements over the past five years? The development of the landmark National Framework for Health Emergency Management ranks as one of our most significant accomplishments. Others include: the development of the National Emergency Transportation Strategy; the revamping of our National Quarantine Program; the creation of a strong regional presence across the country; and the establishment of the influential annual National Forum on Emergency Management, which has become the forum of choice for federal, provincial and territorial (FPT) emergency management, public health, and health emergency management practitioners in Canada.

Looking forward with confidence

The plans to build on this impressive track record in coming years by expanding and strengthening its partnership base, and by continually enhancing its response capacity in order to minimize the impacts of natural and human-caused disasters on the health of Canadians.

With its dynamic vision for expanded emergency preparedness and response partnerships across Canada, and its ever-growing leadership and coordination capabilities, the Agency is better placed than ever to live up to its motto:

"Always prepared, ready to respond"



Dr. Ron St. John
Director General
Centre for Emergency Preparedness and
Response

Section I

Where we've come from

The Creation of the Health Canada's CEPR -2000

In July 2000 Health Canada created the Centre for Emergency Preparedness and Response (CEPR) to act as the single coordinating point for public health security within Health Canada and among various levels of government across the country.

From the outset, it was tasked to deal with public health risks associated with a broad range of emergencies, including:

- natural events and disasters such as floods, earthquakes, fires and highly dangerous infectious diseases; and
- human-caused disasters such as accidents or criminal and terrorist acts involving explosives, chemicals, radioactive substances or biological threats.

The CEPR Mandate:

To maintain the safety and national health security of Canadians through emergency preparedness and response, and protection from all hazards, including natural and human-caused disasters.

At the same time, the HC's CEPR strengthened its ability to develop federal contingency standards for the delivery of public health care in crisis situations, to act as the Health Canada lead on terrorism issues, to provide advice to federal, provincial and territorial partners on health emergency preparedness and response, and to develop and maintain national emergency response plans for Health Canada.

CEPR's Legislative, Regulatory and Policy Base

- The Emergencies Act
- The Emergency Preparedness Act
- Emergency Preparedness Policy
- The Quarantine Act and Regulations
- Workplace Hazardous Materials Information System
- Nuclear Safety and Control Acts
- Transportation of Dangerous Goods Act
- International Health Regulations
- Canada Labour Code
- The Quarantine Act and Regulations
- The Department of Health Act — Human Pathogens Importation Regulations

CEPR Consolidation 2001-2002

Much of the initial efforts were focussed on consolidating resources and examining the balance between its resource base and its new mandate. These efforts were complemented by increased staffing and the development of a comprehensive business plan to identify operational gaps and to search for new sources of funding.

Business Planning

The business planning process, launched in the Spring of 2001, began with a review of the federal government, national and international emergency preparedness and response environments, followed by an examination of the mandate, responsibilities, organizational structure and resource levels. This process assisted the Centre in ensuring that its organizational structure was sound and that it possessed the skill sets, competencies, and decision-making capacities it required to adequately prepare for and respond to public health emergencies.

Making public health security a priority at the federal level

Outreach and coordination initiatives across the federal government in 2001-2002 helped to reformulate relationships with strategic public health security partners, including the Department of National Defence, the Office of Critical Infrastructure Protection and Emergency Preparedness, Transport Canada, Revenue Canada and Citizenship and Immigration Canada.

Strategic relationship building lay at the core of the forward-looking approach, designed to allow the HC's Centre to be more proactive in informing the federal emergency response community of the health implications of natural or human-caused disasters and in ensuring that public health is viewed as a top priority in disaster response.

Acceleration of CEPR Activities – September 11th and beyond

The events of September 11, 2001 led the HC's Centre to fast-track its staffing, budgetary and business planning activities. These accelerated activities included a 50 percent increase in personnel between September and December 2001, the rapid completion of the business plan, a three-fold increase in the budget, and a comprehensive infusion of financial resources for fiscal 2002-2003.

Recognition of Health Canada's CEPR Leadership

In the aftermath of September 11, 2001, the CEPR took a greater leadership role in promoting and advancing emergency preparedness and response coordination at the national level. In recognition of this role, the Centre was identified by Health Canada's Deputy Minister in January 2002 as the department's single focal point for emergency preparedness and response activities.

The Centre's leadership role was further enhanced in March 2002 when a special task force of the Federal, Provincial and Territorial Ministers of Health released 31 recommendations for ensuring a strong, coordinated emergency preparedness and response capacity across Canada's health sector. The CEPR was named lead partner in 16 of the recommendations and as a collaborative partner in the remaining 15 recommendations.

Positioning for the future

By the end of fiscal 2001-2002 the successful staffing, business planning and coordination initiatives, along with greater recognition of its leadership capabilities among public health security partners, placed the Centre in a strong position to complete its consolidation and to build on key strategic partnerships in 2002-2003.

Capacity building in 2002-2003

The HC's CEPR took significant steps forward in capacity building in 2002-2003 with its completion of a number of internal consolidation activities and its active participation in the development of important national initiatives aimed at increasing integration of emergency preparedness and response activities across Canada. These internal and external initiatives reflected the growing leadership role in protecting and enhancing public health security in Canada.

Leadership within the Public Health Agency in 2004

The HC's CEPR's move to the Public Health Agency of Canada (PHAC) in 2004 provided the Centre with an expanded emergency preparedness and response platform, serving both PHAC and Health Canada, which together form the federal health portfolio. This platform has enabled them to carry out its national leadership and coordination role in strengthening emergency preparedness and response collaboration across the country.

Outreach and partnership building in 2005

2005 saw the Agency's CEPR build on earlier consolidation and capacity building efforts by reaching out to the broader emergency preparedness and response community. This outreach included a significant expansion of EPR partnerships, as well as several initiatives aimed at developing a more collaborative, cohesive and comprehensive network of EPR players at all levels and across all jurisdictions.

Section II

What we do

Director General's Office

Greater outreach, collaboration and integration were the goals for the Director General's Office in 2005, as it worked to expand its EPR partnership base to an increasing number of non-governmental organizations, professional health organizations and national voluntary organizations across Canada. The Director General's Office was also busy in 2005 building consensus among EPR stakeholders on the most effective means of integrating and coordinating health emergency management across federal, provincial and territorial responsibility areas.

National Forum on Emergency Preparedness and Response

The Public Health Agency of Canada's Centre for Emergency Preparedness and Response teamed up with Public Safety and Emergency Preparedness Canada to co-host the 5th *National Forum on Emergency Preparedness and Response* in Quebec City in November 2005. The Forum brought together more than 150 stakeholders from across health emergency management, emergency social services, public health, and public safety and emergency management organizations to discuss ways of building a more integrated national health emergency management system. The Forum also explored ways of better recognizing and integrating non-governmental organizations, professional health organizations and national voluntary organizations into Canada's national health emergency management system as valued EPR partners.

Emerging Priorities and Issues

The 2005 *National Forum on Emergency Preparedness and Response* focused on a number of key EPR themes and issues, including:

- Emerging understanding that *resilient, healthy populations* are a key to enhancing preparedness in Canada;
- recognizing that increased attention must be given to enhancing the capacity of *people and communities* to withstand health risks of all types;
- increasing awareness of the need to support the non-governmental sector as a means of enhancing preparedness and response capacity in Canadian communities; and
- acknowledging that government and non-governmental organizations must work together to resolve outstanding
- volunteer issues as personal liability and insurance.

Increasing EPR collaboration with the Voluntary Sector

With their knowledge, networks, experience and expertise, health-related national voluntary organizations such as the Canadian Red Cross, the Salvation Army and St. John Ambulance are well positioned to play an effective role in assisting governments to prepare for and respond to emergency preparedness and response challenges, particularly at the community level. This is why EPR collaboration between governments and national voluntary organizations is a priority for the Public Health Agency of Canada.

During 2005, the Director General's Office collaborated with PHAC's Office of the Voluntary Sector (OVS) and national voluntary health organizations to develop and publish a *Voluntary Sector Framework for Health Emergencies*. The Framework envisions a strong, committed voluntary sector with the capacity to deliver critical services to Canadians in a health emergency. It identifies voluntary sector roles and responsibilities in health emergencies and encourages participating voluntary sector organizations to assess their potential contributions in health emergency response.

Toward a National Health Incident Management System (NHIMS)

In conjunction with the Public Health Agency of Canada and Manitoba Health's Office of Disaster Management, held a September 2005 national consultation workshop in Winnipeg on the development of a National Health Incident Management System (NHIMS). The prospective system will strengthen nation-wide planning and coordination before, during and after a national emergency event. Workshop participants highlighted the development of common protocols and operating procedures for ensuring effective linkages between federal, provincial and territorial EPR officials, while taking into account the needs, priorities and unique characteristics of respective jurisdictions.

Federal/Provincial/Territorial Coordination

Regional Coordinators – Emergency Preparedness and Response

In 2005, the regional coordinators continued their work with the Healthy Environments and Consumer Safety (HECS) EPR committee and with general relationship building under the Health Portfolio umbrella. They also developed a five-year vision and strategic plan that has been incorporated into the PHAC Regional Strategic Action Plan, and which forms a key strategic direction in the overall Strategic Plan.

This forward-looking planning allows the regional coordinators to take a more collaborative approach in pursuing the Agency's mandate on behalf of the federal health portfolio. Regional coordinators have also played a major role in promoting and coordinating pandemic influenza planning in their respective regions.

Emergency Social Services (ESS)

The DGO's Emergency Social Services area was active in a number of key initiatives aimed at increasing the effectiveness of emergency social service delivery nationally and internationally in 2005. Highlights include:

- supporting the Council of Emergency Social Services Directors in its efforts to develop provincial and territorial ESS policies and procedures;
- collaborating with government and non-governmental partners to develop pandemic ESS preparedness strategies;
- collaborating with the University of Manitoba, PSEPC and the Red Cross in an applied research project assessing community-based approaches to increase preparedness and resiliency to climate change and severe weather events;
- consulting with international NGOs on the development of psycho-social programming for survivors of natural disasters; and
- collaborating with the American Red Cross in assessing the psycho-social impacts and longer-term recovery needs of people affected by Hurricane Katrina.

Legal and Regulatory Affairs

The Legislative and Regulatory Affairs Group (LRAG) supports and coordinates the development of legislative and regulatory policy and leads the process for promulgating legislative and regulatory instruments.

Biosafety of Human Pathogens and Toxins

In light of today's international threat and risk environment, enhancing the *Human Pathogen Importation Regulations* is a high priority for the Legislative and Regulatory Affairs Group (LRAG). Building on its 2004 comprehensive biosafety proposal for the possession of human pathogens, the LLAG collaborated with the Office of Laboratory Safety in 2005 on the development of policy aimed at producing a comprehensive legislative framework for human pathogens and toxins.

International Health Regulations

In the past few decades, infectious diseases have re-emerged as a growing threat to global health security. Both newer diseases such as SARS and BSE, and older ones, such as tuberculosis and influenza, have had serious impacts for Canada and the world.

In response, the World Health Organization (WHO), with important technical input and assistance, revised its International Health Regulations (IHRs) in May 2005 to broaden their scope and establish an internationally agreed upon framework for countries to report possible public health emergencies of international concern. The LLAG began work on plans to implement these new International Health Regulations in 2005.

Memorandum of Understanding on Mutual Aid

In collaboration with the Office of Federal/Provincial/Territorial Coordination and the Emergency Preparedness and Response Network Expert Group of the Pan-Canadian Public Health Network Council, the LLAG made significant progress in drafting a Federal/Provincial/Territorial Memorandum of Understanding on Mutual Aid in an Emergency Affecting the Health of the Public. The MOU, a key priority for the Pan-Canadian Public Health Network Council, is a statement of commitment and intent on the part of F/P/T governments to common principles for providing assistance to one another during a public health emergency.

Canada's New Quarantine Act

Canada's new *Quarantine Act* received Royal Assent on May 12, 2005, offering additional protection to Canadians at Canada's points of entry by providing the Government of Canada with new authorities and modern tools to respond rapidly and effectively to the heightened risk of global disease transmission. The Agency's Centre for Emergency Preparedness and Response is responsible for the administration and enforcement of the new *Quarantine Act* on behalf of the Minister of Health. With this responsibility in mind, the LLAG worked throughout 2005 on the development of numerous implementation activities — including a specialized training curriculum for federal enforcement officials — in preparation for the new *Act* coming into force in late 2006.

Looking ahead

The primary goal of the Director General's Office in 2006 is to strengthen the Office's business processes, with the goal of better coordinating cross-centre activities, particularly in the areas of strategic program and policy coordination.

Office of Management and Administrative Services (OMAS)

While the Agency's CEPR prides itself on providing superior products and services to clients and stakeholders, it is the Office of Management and Administrative Services (OMAS) that makes optimal performance possible thanks to skilled management of human, financial and material resources.

OMAS maintains the emergency preparedness and response capacity by looking after every aspect of the day-to-day operations — from administration and interdepartmental collaboration to information technology and budget management. In 2005, OMAS's effective coordination of administrative and support functions contributed significantly to the ability to ensure Canadians' safety and health security.

Executive Services

As the focal point for coordination of a broad range of emergency response programs and services, OMAS's Executive Services Unit is the link to the offices of the Deputy Chief Public Health Officer (DCPHO) and the Chief Public Health Officer (CPHO). Executive Services also coordinates collaboration with other federal government departments, provincial and territorial governments and non-governmental organizations.

High-volume service and high-quality products

In 2005, Executive Services enhanced its ability to provide high-volume service and high-quality products by streamlining information requests and reporting through the "single-window" of the DCPHO, Infectious Diseases and Emergency Preparedness Branch (IDEPB). The single-window approach sees the DCPHO's office act as a screening board for internal and external information requests, allowing Executive Services to better control the flow of requests, as well as the quality, content and timeliness of information being passed on to the DCPHO, CPHO, Deputy Minister and Minister. The end result is more informed and effective policy and programming decisions.

Throughout 2005, Executive Services' combination of high-volume service and high-quality information products allowed to enhance its visibility and reputation for excellence within the Public Health Agency and among key national and international emergency preparedness and response stakeholders.

A key 2005 priority for Executive Services has been to communicate the Agency's Centre's mandate and broad strategic and operational objectives to colleagues within the Public Health Agency of Canada and to a growing number of emergency preparedness and response partners across the federal government. This important communication objective was achieved by consistent use of key messages through departmental briefing notes, Cabinet notes and Ministerial speeches.

DID YOU KNOW?

Emergency Response Management

The Office of Management and Administrative Services coordinates emergency responses by staffing and managing the Agency's Emergency Operations Centre (EOC). The OMAS Director, acting as the EOC Coordination and Logistics Lead, brings together experts from the Centre's various offices, or from within the Public Health Agency of Canada, to assess an emergency and coordinate the Centre's response. In 2005, OMAS participated in a pandemic influenza exercise which assessed the capacity to mobilize a full complement of EOC emergency coordination teams on short notice. The exercise also measured the time required to mobilize its initial emergency coordination team "on site" at the EOC.

Finance, Administration and Human Resources

In 2005, OMAS's Financial, Administrative and Human Resources section provided a wide range of support services in a challenging and fluid emergency operations environment. On the fiscal side, OMAS finance staff spent considerable time mapping out budget parameters for the various offices and providing monthly budget reports, while introducing spending curves to provide office directors with accurate, easily comprehensible breakdowns of their respective office budgets. Staffing actions were also a priority for the Finance, Administration and Human Resources section in 2005 as the Agency's CEPR expanded its employee base to 180 — a three-fold increase over the Centre's initial staffing complement of 55 in July 2000. During the coming year, Finance and Administration will be busy preparing to receive additional funding from various sources and to allocate the funding to designated areas.

Information Management

During 2005, OMAS's Information Management area, which maintains a centralized Records Office, was busy with the ongoing implementation of the records into the official records filing system of the Public Health Agency of Canada. This exhaustive process will include meeting with approximately 180 employees across the CEPR's six offices, incorporating employees' respective files into the new Records Information Management System data tracking system, and explaining to employees how the system helps them to better access and manage working files.

Information Management staff also worked closely with the Agency's Emergency Operations Centre's (EOC) E-Team project team in 2005 to ensure that the records filing system meets PHAC's agency-wide record management policy and guidelines for file accountability, storage, search, function and retention.

Information Management is also tasked with coordinating responses to requests under *Access to Information* and *Privacy* legislation.

Business Planning

The OMAS Business Planning unit took another step closer to a fully integrated business planning model in 2005 with the continuation of key performance measurement and risk management strategies in a number of program areas, including the National Office of Health Emergency Response Teams (NOHERT), the National Emergency Stockpile System (NESS), Emergency Social Services, Emergency Preparedness, and the Office of Laboratory Security.

Incorporating the diverse and complex functions into one seamless decision-making framework is a significant ongoing challenge, but one that must be met if the Centre is to maintain its national leadership role in emergency preparedness and response.

Looking Ahead

OMAS's 2006 priorities include:

Executive Services: ongoing training for employees tasked with responding to *Question Period* and *Briefing Note* requests, as well as increasing awareness among CEPR staff of how to handle protected and classified information.

Information Management: retrieval of all stored Agency's CEPR documents, with the objective of sorting for retention or disposal, according to Treasury Board guidelines.

Finance, Administration and Human Resources: develop a comprehensive, forward-looking Human Resources staffing plan to meet the growing personnel requirements.

Office of Emergency Preparedness (OEP)

In 2005 the Office of Emergency Preparedness (OEP) played a leadership role in assessing and improving Canada's preparedness and emergency response capacities in the face of public health security threats ranging from pandemic influenza outbreaks to CBRN incidents. In the area of counter-terrorism, emphasis was placed on addressing preparedness issues and better integrating federal public health, emergency response, policing and security intelligence functions in the event of a large scale emergency in Canada.

Planning and Exercises

National Forum Exercise Coherence Trecedim

The Agency's OEP, with the collaboration of Public Safety and Emergency Preparedness Canada, designed and executed the National Forum Exercise *Coherence Trecedim* in November 2005. The one-day exercise, carried out in collaboration with federal/provincial/territorial partners across the country, addressed emergency planning and response management issues that could arise during the course of an influenza pandemic over a variety of areas. Exercise participants included those involved in planning and response management for a pandemic, such as staff that work in the areas of public health, public information, public safety, emergency management, and health care. The exercise helped participants identify preparedness issues and clarify respective roles and responsibilities in the event of a serious public health safety threat.

TOPOFF 3 — TRIPLE PLAY

In today's complex global security environment, effective operational coordination among allied governments is crucial to successful counterterrorism efforts. Testing Canada's coordination capacities was the goal of the April 2005 counterterrorism exercise *TOPOFF 3 — TRIPLE PLAY*. The three-day international exercise, which featured collaboration among OEP staff, EPR partners from 13 federal departments and two provinces, and officials from Great Britain and the U.S. Department of Homeland Security, enabled Canada to assess its ability to act quickly, decisively and effectively in concert with international partners in the event of a terrorist attack or other major emergency. *TOPOFF 3* builds on the successful 2003 *TOPOFF 2* exercise, which helped strengthen cross-border emergency response procedures between Canada and the United States.

National Counter-Terrorism Seminar

Held in conjunction with the *TOPOFF 3* international counterterrorism exercise, the June 2005 *National Counter-Terrorism Seminar* brought together officials from the Public Health Agency of Canada, Public Safety and Emergency Preparedness Canada, the RCMP and the Canadian Security Intelligence Service to identify issues in national emergency preparedness and response coordination. Participants also examined ways to better integrate public health, policing and security intelligence functions in the event of a terrorist attack against Canada.

Training

Chemical-Biological and Radio-Nuclear (CBRN) Awareness & Basic On-line Courses

The Agency's Office of Emergency Preparedness collaborated with Public Safety and Emergency Preparedness Canada's Canadian Emergency Management College (CEMC) in 2005 to launch the on-line component of the *CBRN Awareness* and *Basic Level* training courses.

The *CBRN Awareness* course provides individuals who may be in a position to recognize a CBRN incident (i.e. public transit operators and mail room staff) with information on how to recognize potential CBRN threats, protect themselves, and alert those who need to respond. The *Basic Level* training course provides a broad range of first responders, including firefighters and emergency medical and public health personnel, with training on how to recognize potential CBRN threats and incidents, protect themselves, and respond accordingly (i.e. assess the situation, and call in specialists, as required).

Tier 1 Laboratory Bioterrorism Recognition Course

The Agency's OEP collaborated with the Canadian Public Health Laboratories Network to design and develop an interactive and easily accessible *Tier 1 Laboratory Bioterrorism Recognition Course* on the Internet in 2005.

DID YOU KNOW?

Emergency Preparedness

Emergency preparedness is composed of three major activities: planning; training and exercises. Planning is the discipline of identifying and describing the processes and procedures needed to respond to various types of emergencies, while training is the process of imparting that information to the appropriate response staff. Finally, exercises are the means of measuring the effectiveness and appropriateness of the planning and training activities, or of evaluating the capacity to respond to an emergency situation. Exercises can range in size from a discussion of roles and responsibilities to a "real-time" field-level exercise in which participants use all the equipment, materials and actions necessary to respond to a real emergency.

The course, which is also offered in-person on an ongoing basis, was introduced in 2004 to enable Tier 1 laboratories to better recognize bacterial and viral agents of terrorism in a laboratory setting. Both on-line and "train-the-trainer" versions of this course are aimed at laboratory personnel across Canada.

Health Portfolio Emergency Operations Centre Volunteer Training Program

Staff conducted numerous training sessions in 2005 to ready health portfolio volunteers to staff the Emergency Operations Centre (EOC). The training consists of initial EOC orientation, followed by hands-on sessions to familiarize volunteers with specific roles within the EOC and to provide them with the skills necessary to ensure their readiness to respond during exercises and emergencies. Thanks to this program, 140 volunteers from across the Public Health Agency of Canada and Health Canada are now fully trained to seamlessly assume EOC line positions in the event of an emergency.

Looking ahead

Priorities for 2006:

- to expand on-line and web-based delivery of emergency planning, training and exercise tools;
- to better integrate planning and training functions so that lessons learned from each activity can be used to support and enhance the capacity to respond in the event of an emergency;
- to expand the capacity to develop and implement exercises to evaluate and train first responders in emergency response roles and responsibilities; and
- to strengthen collaboration and cooperation among federal/provincial/territorial, non-governmental and international emergency preparedness and response stakeholders.

Office of Emergency Response Services (OERS)

Improving national surge capacity, modernizing emergency stockpiles and responding to natural disasters at home and abroad kept the Agency's CEPR's Office of Emergency Response Services (OERS) running at full capacity in 2005. The Office's efforts helped solidify its status as a state-of-the-art response hub for "all-hazards" emergency response in Canada.

Strategic Review of National Emergency Stockpile System (NESS)

The forward-looking strategic review of the National Emergency Stockpile System (NESS) continued in 2005 with the development of a strategic risk and threat analysis document by the Public Health Agency of Canada's National Emergency Stockpile System (NESS) working group, in collaboration with the Integrated Threat Assessment Committee (ITAC), Public Safety and Emergency Preparedness Canada and provincial and territorial representatives.

The document is being used as a framework to design and plan a modern-day stockpile based on threat and casualty scenarios for natural and human-caused disasters and as a guide for the NESS procurement strategy.

The all-hazards strategic review, slated for completion in late 2006, also involves an evaluation of stockpile systems, an examination of NESS content and functionality, and a needs/gaps analysis designed to enhance NESS's ability to assist local, provincial and territorial authorities when they find themselves overwhelmed by a given event.

DID YOU KNOW?

Emergency Medical Response

NESS contains supplies for treatment centres ranging in size from small field medical units right up to a large hospital, including beds and blankets, pharmaceuticals and a range of antibiotics. The stockpile includes 165 emergency/mobile hospitals, each with 19 tons of supplies and 200 cots. These hospitals — each of which fills an entire Hercules transport aircraft and requires 30,000 square feet for set up — are positioned throughout the country and can be deployed on short notice (within 24 hours) to be placed in existing buildings such as schools and community centres.

Building surge capacity

In 2005, NESS responded to the requests of expert groups such as the federal/provincial/territorial Pandemic Influenza Committee (PIC) to begin building a 20 percent federal surge capacity above and beyond current provincial and territorial stockpile levels to help respond to pandemic-type emergencies in Canada. To achieve this goal, NESS management was busy throughout the year procuring additional antibiotics and antiviral medications, as well as personal protective equipment and other critical supplies, for delivery to provincial and territorial emergency response authorities should a pandemic-type event occur.

NESS 2005 operational highlights:

- In January, NESS issued \$1.5 million worth of emergency medication, supplies and equipment for transport to tsunami-affected areas in Southeast Asia, including a wide array of antibiotics, pain-relief medications, blankets, linens, flashlights, generators, water tanks and water purification tablets.
- In June and July, NESS issued emergency supplies, including beds and blankets, to Saskatchewan social services authorities following flooding of the Saskatchewan River and forest fires near Meadow Lake, Saskatchewan.
- In early September NESS issued blankets, cots, bath towels, gloves, gowns, needles and dressings in support of relief efforts in Louisiana and Mississippi in the aftermath of Hurricane Katrina.
- In late September NESS issued beds to Newfoundland emergency social service authorities following flooding in Stephenville, Newfoundland.
- In October NESS issued beds and blankets to accommodate members of the James Bay Coast Reserve (Kashechewan), who were evacuated to the Sudbury, Ontario area following contamination of drinking water in their community.

DID YOU KNOW?

24-hour response capacity

The National Emergency Stockpile System (NESS) maintains a national 24-hour response capacity through stockpiling of emergency supplies at a central depot in Ottawa, eight federal warehouses across Canada and 1,300 pre-positioned supply centres, the latter under the combined management of the provinces and the federal government.

Quarantine Services

The Agency continues to maintain and support Quarantine Services at six Canadian airports, through which approximately 94 percent of all international airline travellers arrive in Canada.

Quarantine Services' Accomplishments in 2005 include:

- passage of Bill C-12, the new *Quarantine Act*, in May 2005;
- conducting consultations with key federal, provincial, local and industry partners across the country prior to bringing the *Quarantine Act* into force;
- developing Standard Operating Procedures to support the new *Quarantine Act*;
- developing a comprehensive Training Program for Quarantine Officers, Environmental Health Officers and customized training packages for Peace Officers (RCMP and Local Police) and Canadian Border Services Agency Officers ; and
- integrating Quarantine Services into Avian Influenza and pandemic planning initiatives to ensure a robust capacity for dealing with emerging infectious diseases.

National Office of Health Emergency Response Teams (NOHERT)

The NOHERT program successfully completed a number of measures in preparation for the establishment of the first Health Emergency Response Team (HERT) in Ottawa in late 2007. These measures include: the hiring of new NOHERT program team members; the acquisition of team medical equipment; and the development of new operations, training and life-cycle support manuals for all HERT equipment.

Looking Ahead

OERS priorities for 2006 include:

National Emergency Stockpile System (NESS)

- completion of the NESS strategic review and development of a final report with recommendations for enhancing NESS's capacity to respond to modern-day threats;
- continued procurement of antibiotics, personal protective equipment and other critical supplies to build a 20 percent federal surge capacity to respond to pandemic-type emergencies in Canada; and
- maintaining NESS in a state of readiness to support provincial and territorial capacities to respond to natural and human-caused disasters.

Quarantine Services

- delivery of training to Quarantine Officers, Environmental Health Officers, Peace Officers (RCMP and Local Police), and Canadian Border Services Agency Screening Officers, in preparation for implementation of the new *Quarantine Act*;
- development of an Operations Manual to support Quarantine Officer training and daily Quarantine Service operations;
- development of a Quarantine Database to create a file-processing system for secure storage of collected information on the administration of the Quarantine program;
- Canada-wide consultations with marine partners to establish quarantine services at key marine ports in Halifax, Montreal, Quebec City, Vancouver, and at other outlying ports. These services will allow monitoring of population movement and assessment and isolation of ill travellers arriving and departing from these ports; and
- Canada-wide consultations with key federal/provincial/territorial/local and industry partners on the implementation of the new *Quarantine Act*.

NOHERT

- ongoing development of a comprehensive engagement program for HERT members, in conjunction with Treasury Board;
- completion of the HERT recruiting documentation and communication plan;
- completion of procurement of all equipment and supplies for the establishment of the first HERT unit in Ottawa (in late 2007);
- completion of the NOHERT Concept of Operations;
- continued work with key partners to establish cross-border licensing agreements for HERT physicians and nurses;
- completion and execution of the NOHERT Training Plan for all component teams within NOHERT and within the Ottawa HERT Unit; and
- completion of the exercise design for the Ottawa HERT Unit Validation Field Exercise (to be held in Kingston, Ontario in the spring of 2007)

Office of Laboratory Security (OLS)

Renewed focus on core activities in 2005

The Agency's CEPR's Office of Laboratory Security (OLS) built on its reputation for leadership and innovation in 2005 by restructuring its core biosafety activities to respond to increasing stakeholder needs and expectations.

The restructuring, aimed at producing a more unified and enhanced collection of biosafety and biosecurity services, sees the Office's Biosafety Division divided into four specialized divisions: Biocontainment Engineering; Biocontainment; Biosafety Services; and Importation and Regulatory Affairs.

These new divisions complement the work of the OLS's other two divisions, which are responsible for Laboratory Safety and Emergency Bioterrorism Response. The result of the restructuring is an OLS that is more flexible, more focussed and more responsive than ever to national and international stakeholder requirements

Director's Office — 2005 activity highlights

Leadership in global public health security

As a World Health Organization (WHO) Collaborating Centre in Biosafety, the OLS Director's Office continued to play a leadership role in global public health security in 2005 by providing biosafety and biocontainment information and advice to national health authorities around the world through the WHO. The Director's Office also contributed advice and expertise to the WHO's Global Polio Eradication Program and the Pandemic Influenza Biosafety Program.

Collaboration in international biosafety

The Government of Canada recognizes that health security in this country is enhanced by Canada's participation in important international public health security initiatives such as the Global Health Security Action Group (GHSAG). In 2005, the OLS served as the lead on biosafety and Environmental Sampling within GHSAG's Laboratory Network sub-group and chaired a special GHSAG working group on Environmental Sampling.

The OLS also played an important role in *the Global Partnership Program Against the Spread of Weapons and Materials of Mass Destruction* by providing technical advice to Foreign Affairs Canada in its efforts to assist in the control the spread of weapons and materials of mass destruction in Russia and the former Soviet Union.

Transportation safety

In 2005, the Director's Office also continued to manage the Transportation of Dangerous Goods Program (including training, advice, guidance and inspection), which assists Transport Canada in its efforts to ensure compliance with Canada's *Transportation of Dangerous Goods* regulations.

Biocontainment Engineering

The OLS continued to expand its capacity in biocontainment in 2005 by bringing in additional staff to meet increasing stakeholder demand for certification and re-certification of containment laboratories. The certification process involves review of design documents, as well as engineering advice, consultation on laboratory design, construction and operations, and final site inspections.

Biocontainment Division

Laboratory certification

The OLS's Biocontainment Division was extremely busy throughout 2005, responding to increased demand for review, inspection, certification and re-certification of laboratory containment facilities across Canada. The Division certified 140 facilities in 2005, while providing ongoing information and expertise to more than 3,500 Level 2, 3 and 4 Canadian laboratories.

In 2005, the OLS continued to provide advice on the construction and renovation of more than 100 domestic containment facilities (levels 3 and 4) within commercial, government, university and hospital settings. Similar containment advice was also provided to foreign containment facilities in 2005.

DID YOU KNOW?

Laboratory certification

In the last ten years, OLS laboratory certification in Canada has grown by more than 400 percent, from 25 facilities in 1996 to 140 facilities in 2005

Biosafety Services

Biosafety training and resources

In 2005, the Biosafety Services Division was active in biocontainment training, including: the provision of a Containment Level 3 training course and the production of a special training video on the operation of a Level 3 containment facility; the generation of biosafety advisories on topics such as SARS, the West Nile Virus and Avian Influenza; and the production and monitoring of *Material Safety Data Sheets* for infectious agents.

DID YOU KNOW?

Biosafety services

The Office of Laboratory Security's *Material Safety Data Sheets* were among the most popular web materials accessed by visitors to the Public Health Agency of Canada web site in 2005, as measured in terms of visitor "hits". For two months during the year, the *Data Sheets* (<http://www.phac-aspc.gc.ca/msds-ftss/index.html>) were the most visited area of the entire PHAC site.

Laboratory Safety Division

In 2005, the OLS's Laboratory Safety Division maintained responsibility for training, advice, guidance and inspections related to the *Transportation of Dangerous Goods Program* and the *Radiation Safety Program*.

Elsewhere in laboratory safety, the Division was responsible for compliance, advice and guidance for laboratory waste management and for the *Workplace Hazardous Materials Information System*.

The Laboratory Safety Division also developed a new *Spill Response Training Course* in 2005. The course offers laboratory workers across the country advice and practical techniques for fast internal clean-up of chemical, biological and radio-chemical spills in order to prevent additional risks from being introduced into the workplace.

Safety Training – by the numbers

The Laboratory Safety Division dedicated a total of **67** days, or close to **3.5** months of its work schedule, to OLS stakeholders in 2005. Training offerings included:

- 9** one-day *Workplace Hazardous Materials Information System (WHMIS)* courses;
- 23** one-day *Transportation of Dangerous Goods (TDG)* courses;
- 4** four-day *Transportation of Dangerous Goods Trainers* courses;
- 5** three-day *Transportation of Dangerous Goods Recertification of Trainers* courses; and
- 4** one-day *Radiation Safety* courses.

Importation and Regulatory Affairs Division

In light of today's international threat and risk environment, enhancing the *Human Pathogen Importation Regulations* is a high priority. In 2005, the Importation and Regulatory Affairs Division collaborated with the Legislative and Regulatory Affairs Group on the development of policy aimed at producing a comprehensive legislative framework for human pathogens and toxins.

In the area of biosecurity, the Division also acted as a technical advisor to Foreign Affairs Canada on the implementation of the international *Biological and Toxins Weapons Convention*.

DID YOU KNOW?

Importation of human pathogens

The demand for permits for the importation of human pathogens to Canada has risen dramatically over the past decade, with the number of importation permits issued by the Office of Laboratory Security almost doubling from 742 in 1995 to 1,437 in 2005.

Emergency and Bioterrorism Response

In 2005, the OLS continued to expand its ability to respond to potential biological threats as a partner in the National Joint Chemical, Biological, Radiological, Nuclear (CBRN) Team, which includes the RCMP and the Department of National Defence.

In the National Capital Region, the OLS continued to provide biological triage of suspicious packages for the first-responder community in 2005, while overseeing the certification and opening of its newly renovated OLS Containment Level 3 research and response facility. The OLS's Emergency and Bioterrorism Response Division also continued to administer the Emergency Response Assistance Plan (ERAP) for national transportation emergencies involving Risk Group 4 human pathogens. In 2005, the Division hosted a highly successful training event for national ERAP trainers and local and national first responders. Regular training is essential to ensure that ERAP teams across the country continue to be prepared to respond to transportation emergencies involving Risk Group 4 human pathogens.

The Emergency and Bioterrorism Response Division also made significant progress in applied biosafety research, completing research projects to improve evidence-based biosafety and biocontainment strategies in 2005. The strategies apply to issues such as disinfection of surfaces contaminated with micro-organisms such as viruses, vegetative bacteria and bacterial spores.

Looking Ahead

Maintaining a leadership role

The OLS will continue to build on its progress in merging biosafety and biosecurity, with a view to enhancing general Public Health Agency of Canada leadership in public health security. The Office also remains committed to maintaining its own leadership role as a national and international provider of biosafety and biosecurity resources and training services.

Office of Public Health Security (OPHS)

2005 was a year of refocusing for the Office of Public Health Security (OPHS) as it reorganized its resources to provide a stronger, more centralized public health security response capacity.

The reorganization saw the OPHS transfer the National Office of Health Emergency Response Teams (NOHERT) and Quarantine Services to the Office of Emergency Response Services, while assuming management of the Emergency Operations Centre (EOC). By integrating EOC functions with the functions of longstanding OPHS responsibility areas such as Counter-Terrorism Coordination, Global Public Health Intelligence and Travel Medicine, the OPHS became the central locomotive for crisis response — both nationally and internationally — in 2005.

Emergency Operations Centre (EOC)

The EOC, which serves as an emergency response platform for both the Public Health Agency of Canada and Health Canada, has been central to the Health portfolio's response to countless emergencies (such as SARS and Avian Influenza) and a vital component of important emergency response exercises. In 2005, the EOC successfully supported the *TOPOFF 3 — TRIPLE PLAY* counterterrorism exercise. It is the hub of the Emergency Contact Network of Global Health Security Action Group communication exercises.

Based on key strategic directions for 2005-2006, the EOC upgraded its communication capabilities by increasing the capacity of the EOC control room from ten to 20 work stations. The expansion allows epidemiologists, liaison officers, communications officers, the GIS technician and the E Team software technician to work under the same roof, facilitating better communication and information sharing during emergency response situations.

The technical capacity of the EOC Control room and the Break-Out room was also increased in 2005 by adding video and teleconference capability. In addition, the EOC working area was increased by electronically connecting the adjacent boardrooms. With this last upgrade, EOC capacity increases to approximately 60 people. In order to limit equipment failure, the EOC also replaced some existing hardware and software with the latest available technology.

GeoSpatial Information Systems

Significant effort was devoted to improving the EOC's capacity to provide GIS (GeoSpatial Information Systems) in 2005. With this new mapping system, EOC's incident commanders and managers will be in a much better position to gather and share emergency-related information internally and across multiple jurisdictions. GIS will help decision makers identify public health threats, obtain the best data, plan for response and recovery, mitigate adverse conditions, and make the best possible decisions in an effective and timely manner to safeguard Canada's population.

E-Team crisis management software

In addition to increasing GIS capabilities in 2005, the EOC continued with implementation of E Team collaborative software for all stages of crisis management. The E Team software is a modular emergency management software that allows EOC managers to send and receive more accurate, consistent and complete information on all aspects of an emergency situation.

With E Team's new data management and sharing capabilities, EOC managers will be in a much better position to gather, analyze, and share emergency-related information. The software also enables the Centre to more effectively manage each phase of a crisis — from preparation through to response and recovery — and to record all the details of an event for future review. The Agency's CEPR is the first federal government entity to implement this specialized software.

A world-class facility

A final aspect of the EOC renovation is the installation of a large-scale video wall, which will allow for the display of multiple feeds at the same time (i.e. displaying the images of all the provincial and territorial representatives during a video conference). With the completion of both the GIS and E Team projects, and the installation of the new video wall, the EOC will be a world-class facility.

Global Public Health Network (GPHIN)

Since the launch of the latest multilingual GPHIN system in November 2004, GPHIN continues to make important contributions to global public health surveillance. GPHIN has maintained its place as a leader in non-traditional surveillance and as an early-warning system. It remains the primary source of informal information about potential public health threats worldwide for the Public Health Agency of Canada, the Canadian Food Inspection Agency, and international organizations such as the World Health Organization, the UN Food and Agriculture Organization and the Office of International Epizootics. Other users of the system include ministries of health around the world.

Travel Medicine Program

The OPHS's Travel Medicine Program (TMP) continued its valuable work as a front-line service provider of timely, accessible and authoritative travel health information to Canadians and their health care providers in 2005.

DID YOU KNOW?

GPHIN

The CEPR's Global Public Health Intelligence Network (GPHIN) scans over 15,000 global media sources, including radio and television, continuously on a daily basis looking for signs of infectious disease outbreaks such as SARS and Avian influenza in Asia, or Ebola in Africa, as well as other significant health threats such as chemical spills or radio-nuclear accidents around the world. If something ominous is spotted, an alert is sent immediately to all GPHIN users, including the World Health Organization. In addition, each of GPHIN's seven language analysts reviews hundreds of news reports daily in his or her specialty language, looking for possible reporting trends and assessing their potential health implications.

The TMP is active in three mandated areas: monitoring disease activity worldwide; promoting the need for personal risk assessment prior to travel to, or residing in, foreign destinations where disease outbreaks are identified; and offering recommendations for the prevention and treatment of disease for Canadian travellers and health care providers.

The Travel Medicine Program maintains a popular web site: (<http://www.phac-aspc.gc.ca/tmp-pmv/index.html>) devoted to informing Canadian travellers and health care providers and advising Canadian travellers about health risks that can occur outside of Canada, and what measures they can take to reduce those risks. While the web site's primary audience is the general public and health care providers, it is closely scrutinized by the Canadian media.

Since the SARS outbreak in 2003, there has been greater interest in information on travel health risks among the general public and the media. This is reflected in the fact that the TMP web site was consistently one of the Public Health Agency of Canada's most accessed web sites, ranking third in 2005. Recently, the TMP web site was redesigned in order to improve its flow and usability. Focus is now being placed on enhancing the web site's content.

Looking forward

In 2005, the OPHS concentrated on refocusing key activities following organizational changes earlier in the year. As a result of this refocusing, the OPHS is well placed to strengthen its core capacities in 2006, including: a more integrated Emergency Operations Centre (with GeoSpatial Information Systems and E Team Crisis Management Software); a re-vamped Travel Medicine Program web site that is more attentive to user needs; and a Global Public Health Intelligence Network that continues to build on its dynamic leadership role in global public health surveillance.

The Agency's CEPR in 2005 — the Year at a Glance

January

- The National Emergency Stockpile System (NESS) issues \$1.5 million worth of emergency medication, supplies and equipment (including a wide array of antibiotics, pain-relief medications, blankets, linens, flashlights, generators, water tanks and water purification tablets) for transport to tsunami-affected areas in Southeast Asia.
- The OLS's Emergency and Bioterrorism Response Division hosts a highly successful training event for national Emergency Response Assistance Plan (ERAP) trainers and local and national first responders. Regular training is essential to ensure that ERAP teams across the country continue to be prepared to respond to transportation emergencies involving Risk Group 4 human pathogens.

March

- The Director General's Office collaborates with the Public Health Agency of Canada's Office of the Voluntary Sector and national voluntary health organizations to publish a *Voluntary Sector Framework for Health Emergencies*, which identifies voluntary sector roles and responsibilities in health emergencies and encourages participating voluntary sector organizations to assess their respective potential contributions in health emergency response.

April

- The Office of Emergency Preparedness (OEP) tests Canada's counterterrorism coordination capacities with exercise *TOPOFF 3 — TRIPLE PLAY*. The three-day international exercise, featuring collaboration among OEP staff, EPR partners from 13 federal departments and two provinces, and officials from Great Britain and the U.S. Department of Homeland Security, enables Canada to assess its ability to act quickly, decisively and effectively in concert with international partners in the event of a terrorist attack or other major emergency.

May

- Canada's new *Quarantine Act* receives Royal Assent on May 12, 2005, offering additional protection to Canadians at Canada's points of entry by providing the Government of Canada with new authorities and modern tools to respond rapidly and effectively to a heightened risk of global disease transmission. The Agency's Centre for Emergency Preparedness and Response is responsible for the administration and enforcement of the new *Quarantine Act* on behalf of the Minister of Health.
- The CEPR provides valuable technical input and assistance to the World Health Organization (WHO) as it revises its International Health Regulations (IHRs) to broaden their scope and establish an internationally agreed upon framework for countries to report possible public health emergencies of international concern.

June

- The National Emergency Stockpile System (NESS) issues emergency supplies, including beds and blankets, to Saskatchewan social services authorities following flooding of the Saskatchewan River
- Held in conjunction with the *TOPOFF 3* international counterterrorism exercise, the *National Counter-Terrorism Seminar* brings together officials from the Public Health Agency of Canada, Public Safety and Emergency Preparedness Canada, the RCMP and the Canadian Security Intelligence Service to identify issues in national emergency preparedness and response coordination. Participants also examined ways to better integrate public health, policing and security intelligence functions in the event of a terrorist attack against Canada.

July

- The National Emergency Stockpile System (NESS) issues emergency supplies, including beds and blankets, to Saskatchewan social services authorities following forest fires near Meadow Lake, Saskatchewan.

September

- The Public Health Agency of Canada and Manitoba Health's Office of Disaster Management, holds a national consultation workshop in Winnipeg on the development of a National Health Incident Management System (NHIMS). The prospective system will strengthen nationwide planning and coordination before, during and after a national emergency event.
- In early September, the National Emergency Stockpile System (NESS) issues blankets, cots, bath towels, gloves, gowns, needles and dressings in support of relief efforts in Louisiana and Mississippi in the aftermath of Hurricane Katrina. Later in the month, NESS issues beds to Newfoundland emergency social service authorities following flooding in Stephenville, Newfoundland.

October

- NESS issues beds and blankets to accommodate members of the James Bay Coast Reserve (Kashechewan), who were evacuated to the Sudbury, Ontario area following contamination of drinking water in their community.
- The Office of Laboratory Security, which serves as the lead on biosafety and Environmental Sampling within the Global Health Security Action Group (GHSAG) Laboratory Network subgroup, chairs a special GHSAG working group on Environmental Sampling.

November

- The Public Health Agency of Canada team up with Public Safety and Emergency Preparedness Canada to co-host the 5th annual *National Forum on Emergency Preparedness and Response* in Quebec City. The Forum brings together more than 150 stakeholders from across health emergency management, emergency social services, public health, and public safety and emergency management organizations to discuss ways of building a more integrated national health emergency management system.

- The Office of Emergency Preparedness, with the collaboration of Public Safety and Emergency Preparedness Canada, executes the National Forum Exercise *Coherence Trecedim*. The one-day exercise, carried out in collaboration with federal/provincial/territorial partners, addresses emergency planning and response management issues that could arise during the course of an influenza pandemic.

December

- The Office of Laboratory Safety develops a new *Spill Response Training Course* that offers laboratory workers across the country advice and practical techniques for fast internal clean-up of chemical, biological and radio-chemical spills in order to prevent additional risks from being introduced into the workplace.