

Public Health Agency of Canada

Centre for Emergency Preparedness and Response (CEPR)


2006 Report of Activities



Public Health
Agency of Canada

Agence de la 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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Executive Summary

2006 was a year of transition and strategic re-alignment for the Public Health Agency of Canada's Centre for Emergency Preparedness and Response as it reorganized key activity areas to increase operational efficiency and pursue a more strategic approach to emergency management collaboration and coordination.

Strategic re-alignment of resources

CEPR reorganization saw the dissolution of the Office of Public Health Security (OPHS), with the Public Health Agency of Canada Emergency Operations Centre moved to the Office of Management and Administrative Services, E Team software and Geospatial Information Systems moved to the Office of Emergency Preparedness, and the health surveillance function was incorporated into the Office of the Director General. The reorganization also led to the creation of the Office of Program and Business Coordination (OPBC), which is responsible for CEPR strategic program development. The OPBC is expected to play an important role in the ongoing development of a robust national health emergency management system.

National Forum on Emergency Preparedness and Response

Externally, the Centre's progress toward an ever more proactive and influential role in emergency preparedness and response (EPR) coordination was capped with its highly successful co-hosting of the 6th National Forum on Emergency Preparedness and Response in Vancouver at the end of 2006. The Forum proved to be a watershed event, facilitating, for the first time, dialogue on EPR issues and problems common to multiple sectors within a framework that affects EPR thinking across jurisdictions. The Forum was particularly effective in advancing discussion on the best means of expanding EPR system resiliency in face of public health safety and security challenges.

Expanding national EPR collaboration

The National Forum's identification of common strategic priorities for EPR practitioners was mirrored by the Centre's efforts to identify strategic approaches to EPR collaboration, while supporting Agency efforts to address health disparities and strengthen overall public health capacity. These approaches include: greater involvement of non-traditional partners (including vulnerable populations) in the emergency management process; building on the Agency's health promotion/health determinants model to develop greater resiliency in times of health emergencies; and developing an expanded vulnerability/resiliency framework for national health emergency management, in collaboration with the provinces and territories.

Canada's new Quarantine Act

In 2006, the Centre's Legislative and Regulatory Affairs (LRA) Group made a significant contribution to PHAC efforts to increase preparedness for public health emergencies by playing a central role in the development of Canada's new Quarantine Act, which became law in December 2006. The new legislation caps a two-year effort by the LRA to modernize the centuries-old piece of legislation. It provides the Government of Canada with new authorities and modern tools to respond rapidly to a heightened risk of global disease transmission by preventing travelers suffering from serious communicable diseases from entering or leaving the country. The CEPR's National Quarantine Division provided front-line support for the new legislation by staffing and maintaining quarantine stations at Canada's major points of entry and by developing new operating procedures and training for Quarantine Officers and Quarantine partners across Canada.

Successful emergency training

The Agency's ability to prepare for and respond to public health emergencies was also enhanced this past year through a series of comprehensive training initiatives coordinated by the CEPR's Office of Emergency Preparedness (OEP). The Office's National Forum exercise, Coherence Trecedim II, was particularly effective in advancing collaborative communication among governmental and non-governmental partners and in clarifying roles and responsibilities during the management of pandemic influenza.

Strategic Review of NESS

No national health emergency management system is complete without the capability to deploy all-hazards emergency medical expertise and resources at any time, to any part of the country. In 2006, the CEPR's Office of Emergency Response Services (OERS) completed an important strategic review of its National Emergency Stockpile System (NESS), including an evaluation of NESS content and functionality in light of new and emerging public health threats such as pandemic influenza, climate-induced natural disasters and the re-emergence of infectious diseases and readily transmittable diseases such as tuberculosis. The review will help ensure the system's ongoing development as a modern, highly responsive emergency stockpile system.

The OERS also came a step closer to developing additional all-hazards federal surge capacity in 2006 by drafting an operational framework for its proposed Health Emergency Response Team (HERT), and by working with national authorities on the development of appropriate mechanisms for engaging HERT medical and social service volunteers across the country.

Leadership in global health security

In a global public health environment in which the distinction between “domestic” and “international” health events is becoming increasingly blurred, the Public Health Agency of Canada is committed to a proactive role in strengthening international public health capacities. The CEPR’s Office of Laboratory Security (OLS), long a prominent player on the international biosafety scene, built on its leadership role in global public health security in 2006 by contributing to the Global Health Security Initiative, an international partnership established to address the threat of chemical, biological, radiological and nuclear terrorism, as well as pandemic influenza. The OLS also made a significant contribution to the Global Health Security Action Group (GHSAG) laboratory network and assisted Foreign Affairs and International Trade Canada with Canadian implementation of the Biological Toxins and Weapons Convention.

Continued leadership and growth in 2007

The combination of internal re-alignment and strategic EPR outreach and coordination at national and international levels enabled the CEPR to build on its well-established EPR leadership role in 2006. Key priorities for 2007 are to expand the Centre’s domestic and global collaborative capacities, as well as its strategic policy and program coordination.

Director's message

A year of consolidation and transition

2006 will be remembered as a year in which the Public Health Agency of Canada, Centre for Emergency Preparedness and Response (CEPR) came to full maturity under the capable direction of long-time Director General Dr. Ron St. John.

Dr. St. John, who recently retired from the Centre, oversaw a series of initiatives this past year to consolidate CEPR progress and ensure the Centre's ongoing leadership in health emergency management. These initiatives — including a strategic realignment of CEPR resources and the adoption of increasingly innovative approaches to emergency coordination — stand the Centre in good stead as it moves through 2007 and beyond.

Those of us charged with building on Dr. St. John's legacy know that continued success hinges on our ability to identify risks and opportunities and take appropriate action to increase national emergency preparedness and response (EPR) capacities. This process begins with vigorous consultation across our entire network of EPR partners and stakeholders.

The most striking example of the CEPR's dynamic consultative approach was our groundbreaking *2006 National Forum on Emergency Preparedness and Response*. The Forum, which fostered unprecedented dialogue on EPR issues across multiple sectors and jurisdictions, bodes well for the Public Health Agency of Canada as it works to enhance our country's ability to anticipate, prepare for and respond to any type of natural or human-caused public health emergency.

From a leadership perspective, it has been gratifying to see the Centre's dedicated EPR professionals spearhead so many remarkable successes in 2006, including: key innovations in emergency planning and training; the development of vital EPR legislative and regulatory tools; the enhancement of domestic "all-hazards" emergency response capabilities; and the provision of outstanding leadership and direction in global public health security.



Dr. Howard Njoo, Director General

As this report demonstrates, the CEPR's experience, expertise and dynamic consultative approach greatly enhanced the Public Health Agency of Canada's ability to manage emergency preparedness and response challenges in 2006. In the coming year, the Centre will continue to play an important leadership role in building a dynamic, robust and collaborative national emergency management system to serve the health safety and security needs of Canadians.

Dr. Howard Njoo
Director General
Centre for Emergency Preparedness and Response
Public Health Agency of Canada

Section I

Where we've come from

The Creation of the 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, the CEPR 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.

At the same time, the 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.

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.

The CEPR Legislative, Regulatory and Policy Base

- Federal Policy for Emergencies
- Transportation of Dangerous Goods Act
- The Emergencies Act
- World Health Organisation International Health Regulations
- The Emergency Preparedness Act
- Canada Labour Code
- The Quarantine Act
- Workplace Hazardous Materials Information System base documents
- Human Pathogens Importation Regulations
- The Department of Health Act

CEPR Consolidation 2001-2002

Much of the CEPR 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 Centre's 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 the CEPR 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 CEPR forward-looking approach, designed to allow the 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 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 CEPR business plan, a three-fold increase in the CEPR budget, and a comprehensive infusion of financial resources for fiscal 2002-2003.

Recognition of 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 CEPR's 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 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 CEPR's growing leadership role in protecting and enhancing public health security in Canada.

Leadership within the Public Health Agency in 2004

The CEPR 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 the CEPR 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 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.

Transition and re-alignment in 2006

2006 was a year of significant transition for the CEPR as it reorganized key activity areas and expanded its networking capabilities and collaborative relationships with key emergency preparedness and response partners and stakeholders across government, NGO and voluntary sectors. In line with its growing strategic approach to EPR issues, the Centre created the Office of Program and Business Coordination (OPBC), which is tasked with promoting program development, enhancing CEPR's liaison and coordination capacities, and identifying and acting on new opportunities in emergency preparedness and response.

Section II

What we do

Director General's Office

The Director General's Office (DGO) is responsible for the leadership and overall strategic direction of the CEPR, including business and strategic planning and performance measurement. The DGO also acts as a link to other units within the Public Health Agency of Canada and to other federal agencies, the provinces and the territories.

Public health security leadership

The DGO's oversight of internal reorganization and restructuring and its proactive approach to external coordination, collaboration and networking helped the CEPR become a more efficient, effective and responsive organization in 2006 — one that is better positioned than ever to contribute to the Agency's mandate of protecting the health of Canadians through leadership, partnership, innovation and action.

Developing health security partnerships

Through outreach and coordination initiatives involving the entire federal government, the DGO maintains strong relationships with strategic public health security partners, including the Department of National Defence, Public Safety Canada, Transport Canada, the Canada Border Services Agency, Foreign Affairs and International Trade Canada, and Citizenship and Immigration Canada.

Ongoing strategic relationship-building on the part of the DGO in 2006 allowed the CEPR to proactively inform the federal emergency response community of the health implications of natural or human-caused disasters, and to ensure that public health is viewed as a top priority in disaster response activities at the federal level.

Liaison and collaboration

Spearheading liaison activities is an essential part of the DGO's role in developing and nurturing intersectoral linkages to address natural and human-caused threats across the entire spectrum of emergency preparedness and response activities — from prevention, mitigation, preparedness and detection to response, recovery and post-situational review. This consultative approach reflects the Public Health Agency of Canada's conviction that no one jurisdiction or level of government can succeed alone in preparing for and responding to national public health emergencies. Collaboration is the key to successful outcomes.

In this context, the DGO's challenge is to provide the strategic direction and coordination to forge greater collaboration among health authorities across Canada and to build better integrated and more effective mechanisms for addressing public health emergencies, both nationally and internationally.

National health emergency management system

The ODG contributed to the development of Canada's national health emergency management system in 2006 through increased collaboration with federal, provincial and territorial partners. This includes the development of the National Framework for Health Emergency Management, and continuing progress on a National Health Incident Management System to strengthen nation-wide planning and coordination before, during and after a national emergency event.



Director General's Office

Mutual aid agreement

National cooperation in emergency response was further enhanced in 2006 with the completion of a Federal/Provincial/Territorial Memorandum of Understanding on the Provision of Mutual Aid in Relation to Health Resources during an Emergency. The agreement facilitates greater resourcing cooperation among jurisdictions when responding to public health emergencies in Canada.

Innovative approaches to emergency preparedness and response

Throughout 2006 the Director General's Office directed its attention to a series of EPR objectives aimed at supporting the Agency's drive to increase public health capacity at all levels. These objectives include:

Enhancing community EPR involvement

There is increasing awareness among EPR practitioners at national, provincial and territorial levels that their activities must support local emergency response capacities, which means reaching out to non-traditional partners (including vulnerable populations) and inviting their input into the emergency management process.

Applying a health promotion model

Within the Agency, it is acknowledged that the best means of bringing community EPR stakeholders together is to build upon a strong health promotion model. This model aims to create stronger, healthier and more resilient communities in which locally based organizations combine their expertise with intimate knowledge of the community to help develop appropriate health emergency management programs.

Expanding the vulnerability/resiliency framework

The development of an expanded vulnerability/resiliency framework for health emergency management collaboration with the provinces and territories is an excellent means of building more resilient communities. Ideally, this framework would be used to formulate emergency response guidelines and protocols aimed at maintaining people's health and safety during disasters. They would also foster greater EPR resiliency by placing increased emphasis on health promotion, health protection, and health-related social and community development.

Re-alignment and enhanced business coordination

Keeping abreast of the challenges in an increasingly complex public health security environment and making corresponding changes is an important part of the DGO's leadership role. In 2006, the DGO initiated significant structural changes to help maximize operational efficiencies and ensure the CEPR's ongoing effectiveness as the health portfolio's coordinating centre for public health security.

The first change involved the dissolution of the Office of Public Health Security (OPHS), with its contingent parts assigned to other areas of the Centre to make more effective use of specific skills and expertise. Thus, the Emergency Operations Centre was moved to the Office of Management and Administrative Services, the E Team software and Geospatial Information Systems programs were moved to the Office of Emergency Preparedness, and health surveillance was incorporated into the Director General's Office. A second initiative saw the creation of the Office of Program and Business Coordination (OPBC) to facilitate program development and assist other areas within the CEPR in identifying and acting on emerging EPR opportunities.

Global health surveillance

Recent public health emergencies demonstrate that a communicable disease outbreak in one country can quickly evolve into a public health event of international concern. This is why the provision of global health surveillance to identify and track possible threats to public health is a key priority for the Public Health Agency of Canada.

Since 1997, public health authorities in Canada around the world have relied on the CEPR's Global Public Health Intelligence Network (GPHIN) for authoritative, accurate and timely information on potential public health threats. The network, developed by the Government of Canada in collaboration with the World Health Organization (WHO), has proven itself to be an invaluable tool for investigating, verifying and mitigating global public health threats. GPHIN also provides support to mass gathering events by monitoring for any potential public health threats during each event.

As an advanced global early warning system, GPHIN is 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.

In 2006, GPHIN added a ninth language (Portuguese) to a worldwide media monitoring capability that already featured English, French, Spanish, Russian, Arabic, Farsi, Chinese (Traditional), and Chinese (Simplified). GPHIN also added a team of analysts to cover evening and night shifts in 2006, resulting in the provision of 24/7 analytical coverage to meet the needs of PHAC, the WHO and other users worldwide.

Looking ahead

Key priorities for the Office of the Director General in 2007 include:

- continued coordination of the activities of key emergency preparedness stakeholders;
- promotion of evidence-based emergency preparedness practices across the country;
- continued development of policies and strategies to establish a more integrated and comprehensive approach to managing health emergencies;
- further development of a national health incident management system; and
- ongoing clarification of the federal, provincial and territorial components of the national health emergency management system.

DID YOU KNOW?

GPHIN

The CEPR's *Global Public Health Intelligence Network* (GPHIN) provides around-the-clock monitoring of global public health threats by continuously scanning over 20,000 global media sources, including radio and television, 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 Canadian and international GPHIN users, including the World Health Organization. In addition, each of GPHIN's 15 multidisciplinary and multilingual analysts reviews hundreds of news reports daily in his or her specialty language, looking for possible reporting trends and assessing their potential health implications.

Office of Program and Business Coordination (OPBC)

Managing risk, maximizing opportunity

The Office of Program and Business Coordination (OPBC) was created in 2006 with a mandate to facilitate program development within the CEPR, to advise and guide CEPR technical and program areas, and to assist them in aligning their programs with Public Health Agency of Canada priorities. The Office is also instrumental in guiding initiatives through government bureaucracy, and in ensuring that all necessary consultations have occurred before initiatives are implemented.

Strategic policy liaison and coordination

The OPBC represents the Centre on PHAC policy and informational committees and maintains awareness of other PHAC and government projects through the development of networks of contacts. The OPBC is also tasked with important policy liaison activities — both within the Agency and among key federal, provincial and territorial EPR partners.

In addition, the OPBC is home to the Federal/Provincial/Territorial Coordination and Emergency Social Services Unit and the Legislative and Regulatory Affairs Group, which undertake collaborative initiatives with stakeholders and partners outside the Public Health Agency of Canada.

Federal/Provincial/Territorial Coordination and Emergency Social Services

The Federal/Provincial/Territorial Coordination and Emergency Social Services Unit continued to support the development of a more integrated and comprehensive national health emergency management system in Canada in 2006 by collaborating with both governmental and non-governmental partners to strengthen planning, response and recovery capacities.

A key success for the Unit in the past year was its co-hosting of the 6th National Forum on Emergency Preparedness and Response. The Forum proved to be a watershed event, facilitating, for the first time, discussion of EPR issues and problems common to multiple sectors within a framework that affects EPR thinking across jurisdictions.

National Forum on Emergency Preparedness and Response

The CEPR and the Public Health Agency of Canada teamed up with Public Safety Canada to co-host the 6th National Forum on Emergency Preparedness and Response in Vancouver in December 2006. The Forum brought together more than 250 stakeholders from across health emergency management, emergency social services, public health, and public safety and emergency management organizations to address the challenges of Building System and Community Resiliency in Canada.



Office of Program and Business Coordination (OPBC)

Emergency preparedness and resilient populations

Continuing its tradition of serving as a critical venue for raising awareness of and action on new EPR issues and trends, the 2006 National Forum explored the emerging understanding that resilient, healthy populations are a key to enhancing emergency preparedness in Canada, and that increased attention must be given to enhancing the capacity of people and communities to withstand multiple health risks.

Turning stakeholders into partners

Forum participants, including EPR policy experts, researchers and practitioners, emphasized the need to recognize and support the resiliency that people bring to emergency situations. Although a greater number of seniors, for example, may have physical health problems, they also have tremendous capacities based on experience, wisdom, knowledge and skills acquired over their lifetimes. In this respect, seniors, along with members of other vulnerable populations, should be seen as part of the solution rather than part of the problem faced by emergency managers.

This inclusive approach ensures that emergency management programming remains consistent with the needs of Canada's shifting demographics, and culturally compatible with Canada's diverse communities.

DID YOU KNOW?

Emergency Social Services

The Federal/Provincial/Territorial Coordination and Emergency Social Services (ESS) Unit is responsible for assisting people in their recovery from a disaster or national emergency through a national ESS preparedness, response and recovery program. The program addresses people's physical, emotional and social needs by providing emergency clothing, lodging, food and personal psychological services, along with registration, inquiry and reception services. The ESS unit also supports provincial, territorial and municipal governments in planning and developing their own ESS programs.

Addressing the needs of vulnerable populations

In 2006, the Federal/Provincial/Territorial Coordination and Emergency Social Services Unit held a series of consultations and workshops on emergency preparedness and vulnerable populations (i.e. seniors, persons with disabilities, children) to develop a more coordinated and collaborative mechanisms for addressing the needs of vulnerable and at-risk populations in emergencies. This included collaboration with the Public Health Agency of Canada Division of Aging and Seniors and the World Health Organization on the organization of two international workshops focusing on seniors and older persons in disasters.

Additional achievements

Additional achievements for the Federal/Provincial/Territorial Coordination and Emergency Social Services Unit include the completion of the Federal/Provincial/Territorial Memorandum of Understanding on the Provision of Mutual Aid in Relation to Health Resources during an Emergency, and coordination of a national roundtable (in collaboration with professional health organizations involved in psychosocial and disaster mental health planning) to identify priorities for the development of a more integrated framework to manage the emotional and behavioural impacts of emergencies.

Looking ahead

Key priorities for the Federal/Provincial/Territorial Coordination and Emergency Social Unit in 2007 include:

- co-hosting of 2007 National Forum on Emergency Preparedness and Response, in Halifax, Nova Scotia;
- developing a national vulnerability/resiliency framework;
- developing a framework for psychosocial planning and response;
- completing the National Health Incident Management System, in collaboration with the Expert Group on Emergency Preparedness and Response;
- completing the Real Time Pandemic Exercise Proposal, in collaboration with the CEPR's Office of Emergency Preparedness; and
- developing a national strategy on surge capacity, in collaboration with the Council of Health Emergency Management Directors.

Legislative and Regulatory Affairs Group

Legal preparedness is an essential component of public health risk management in Canada. The Office of Program and Business Coordination's Legislative and Regulatory Affairs (LRA) Group focuses on updating and strengthening legal tools to help prevent the introduction and spread of communicable diseases in this country.

These tools include the recently modernized Quarantine Act, which gives Quarantine Officers more authority to respond to evolving health threats, and the enhanced legislative framework for human pathogens (Human Pathogens Importation Regulations), which will provide a comprehensive biosafety legislative regime for the possession of human pathogens, including related biosecurity aspects and domestic controls.

Canada's new Quarantine Act

Canada's new Quarantine Act became law in December 2006, capping a two-year drive to modernize this centuries-old piece of legislation. The OPBC's Legislative and Regulatory Affairs Group was busy throughout 2006 working on the development of Bill C-42, a bill to amend section 34 of the Quarantine Act. Preparation for the implementation of the new Quarantine Act included the development of statutory instruments, such as Orders in Council, necessary to bring the new Act into force.

Other Achievements

Additional achievements for the Legislative and Regulatory Affairs Group in 2006 include: the preparation of Cabinet documents to support the development of a new legislative framework for human pathogens and toxins; work on the implementation of the new International Health Regulations (2005) across the Public Health Agency of Canada, other federal departments, provincial and territorial governments, and local public health authorities; the preparation of relevant statutory instruments to formalize the transfer of medical supplies from the CEPR's National Emergency Stockpile System to New Orleans in support of recovery efforts in the wake of Hurricane Katrina; the provision of legislative and regulatory guidance and policy advice to the CEPR's Office of Laboratory Security; and the negotiation of a federal/provincial/territorial Agreement on Mutual Aid during a Public Health Emergency with F/P/T legal representatives.

Looking ahead

Key priorities for the Legislative and Regulatory Affairs Group in 2007 include:

- finalizing the Framework for Cooperation Agreement for the Quarantine Act with provincial, territorial and local health authorities;
- finalizing and coordinating implementation activities of the Quarantine Act and Bill C-42, an Act to Amend the Quarantine Act;
- leading the implementation of the International Health Regulations (2005);
- continuing to support the development of new legislation for human pathogens and toxins; and
- supporting the development of other memoranda of agreement on behalf of the Centre for Emergency Preparedness and Response.



Regional Coordinators

National Forum 2006 Forum national 2006

Building System and
Community Resiliency
in Canada

Renforcer le système
et la capacité de
récupération des
collectivités au Canada

PHAC

Public Health Agency
of Canada

ASPC

Agence de santé
publique du Canada

PSEPC

Public Safety and Emergency
Preparedness Canada

SPPCC

Sécurité publique et
protection civile du Canada

The National Forum on
Emergency Preparedness
and Response
December 12-14, 2006
Vancouver, British Columbia

Le Forum national
sur les mesures et les
interventions d'urgence
du 12 -14 décembre 2006
Vancouver (Colombie-Britannique)



Gouvernement
du Canada

Government
of Canada

DID YOU KNOW?

National Forum

Since its inception in 2001, the annual *National Forum on Emergency Preparedness and Response* has built greater common understanding of EPR issues, fostered a broader “health” perspective of emergency management, bridged informational gaps between policy makers, researchers and emergency management practitioners, and 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.



Office of Management and Administrative Services (OMAS)

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

Maintaining response capacity

OMAS maintains the Centre's emergency preparedness and response capacity by looking after every aspect of the CEPR's day-to-day operations — from administration and human resources to information holdings, information management, information technology and budget management. In 2006, OMAS effective coordination of administrative and support functions contributed significantly to the CEPR's 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 Executive Services Unit is the CEPR's link to the offices of the Deputy Chief Public Health Officer (DCPHO) and the Chief Public Health Officer (CPHO). Executive Services also coordinates CEPR collaboration with other federal government departments, provincial and territorial governments and non-governmental organizations.

High-volume service and high-quality products

Throughout 2006, Executive Services' combination of high-volume service and high-quality information products allowed the CEPR to enhance its visibility and reputation for excellence within the Public Health Agency of Canada and among key national and international emergency preparedness and response stakeholders.

A key priority for Executive Services has been to communicate the 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 is achieved through consistent use of key messages through departmental briefing notes, Cabinet notes and Ministerial speeches.

2006 OMAS highlights

In 2006 OMAS staff provided support to CEPR programs in meeting their respective daily budget, contract and human resource requirements. OMAS staff also provided financial and human resource expertise toward the development of the Agency's Avian and Pandemic Influenza Treasury Board Submission. Other key activities included the preparation of CEPR monthly financial situation reports, the preparation and classification of work descriptions, and ongoing support to CEPR staff for information holdings. The Office also played a significant logistical and coordination role for the CEPR as it co-hosted the highly successful 6th National Forum on Emergency Preparedness and Response in Vancouver in December 2006.

An important OMAS human resource initiative this past year was the creation of 14 new pandemic positions in areas ranging from quarantine enforcement to federal/provincial/territorial coordination. The distribution of key pandemic positions across the CEPR enhances the Public Health Agency of Canada ability to anticipate, prepare for, and effectively respond to pandemic health threats, and is indicative of OMAS proactive approach to staffing areas of high public health security importance.



Office of Management and Administrative Services (OMAS)

Emergency Operations Centre

The Agency's Emergency Operations Centre (EOC) is the central command and coordination platform for emergency response for the Public Health Agency of Canada and Health Canada. The EOC has been central to the Health portfolio's response to countless emergencies (such as SARS and Avian Influenza) and is a vital component of important emergency response exercises. In 2006, the EOC successfully supported activations for an Avian influenza outbreak in Turkey (January), a suspected case of Avian influenza in Prince Edward Island (June), and the outbreak of British Columbia wild fires (September). The EOC also activated for training and exercises, including quarterly communications exercises for the Global Health Security Action Group (GHSAG), and a pandemic exercise for the 2006 Asia Pacific Economic Cooperation (APEC) intergovernmental forum.

Emergency response coordination

The Office of Management and Administrative Services coordinates CEPR emergency response by overseeing the pool of PHAC volunteers who participate in EOC emergency response operations. In times of emergency, the OMAS Director, acting as the EOC Chief, Coordination and Logistics Group, brings together experts from the CEPR, the Public Health Agency of Canada and Health Canada to help assess the situation and assist in emergency response coordination.

EOC redesign

In 2006 OMAS initiated EOC redesign and upgrade planning aimed at increasing the Centre's capacity to operate as a 24-7 information gathering, risk assessment and risk management hub for the Public Health Agency of Canada. The new design will replace the existing projection system with a video wall arrangement complete with expanded video conferencing functions to increase the Centre's communications capabilities.

Business Planning

In 2006, the OMAS Business Planning Unit stepped up implementation of a fully integrated CEPR business planning model with its 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. Implementation of these strategies will assist the CEPR in integrating diverse functions into one seamless decision-making framework which will, in turn, increase the Centre's capacity to prepare for and respond to public health emergencies.

Looking ahead

OMAS 2007 priorities include:

- staffing the 14 new pandemic positions;
- finalizing phase 1 of the EOC upgrade and progressing with the development and implementation of phase 2; and
- providing high-quality EOC support and service for any CEPR emergency activation.
- Continuing to improve business planning activities
- Establishing a CEPR wide service for desktop publishing
- More active role on internal communications e.g. environmental scan



Quarantine Officers

Office of Laboratory Security (OLS)

Biosafety and biosecurity challenges

Today's unpredictable and often volatile public health security environment presents considerable biosafety and biosecurity challenges for the Public Health Agency of Canada. A significant number of these challenges — including the safe transportation of infectious substances, enforcement of human pathogen importation regulations, and the development of emergency bioterrorism response capabilities — are managed by the CEPR's Office of Laboratory Security (OLS), the Agency's centre of expertise and national regulatory authority on biosafety and biocontainment.

Laboratory review, inspection and certification

The OLS is also responsible for the review, inspection, certification and re-certification of laboratory containment facilities and for laboratory biosafety training across Canada with the goal of ensuring the public health safety and security of Canadians. In addition, the Office is tasked with overseeing Canada's contribution to global biosafety, and spends a good deal of time each year establishing and maintaining international contacts for the promotion and exchange of vital biosafety information.

Global health security leadership

In 2006 the OLS played a global public health security leadership role on behalf of the Agency by acting as a World Health Organization (WHO) Collaborating Centre in Biosafety. As an international collaborating centre, the OLS provides biosafety and biocontainment information and advice to national health authorities around the globe. The OLS also serves as the Secretariat for the International Biosafety Working Group and contributes advice and expertise to the WHO's Global Polio Eradication Initiative and to pandemic influenza biosafety programs.

Global Health Security Initiative

By taking an active part in strengthening the international public health infrastructure and enhancing global health security, the Public Health Agency is helping to protect Canadians against current and emerging global public health threats. The OLS contributed to the Agency's health protection efforts in 2006 by participating in the Global Health Security Initiative, an international partnership established to address the threat of chemical, biological, radiological and nuclear terrorism, as well as pandemic influenza. The OLS also made a significant contribution to the Global Health Security Action Group (GHSAG) laboratory network by developing concepts for an environmental sampling framework for sampling after a bioterrorist event.

Canadian implementation of the Biological Toxins and Weapons Convention

In 2006, the OLS assisted Foreign Affairs and International Trade Canada with the Canadian implementation of the Biological Toxins and Weapons Convention. The OLS was a member of the Canadian delegation to the United Nations, where substantial progress was made in improving international participation in the Convention's annual confidence-building measures report.

Enhancing laboratory response

Over the past year, the OLS continued to improve its laboratory response operations in both its first response laboratory and its mobile response units, whose technically advanced yet rugged equipment allows for rapid diagnoses in difficult field conditions. The Office also developed enhanced field-usable techniques for the identification of potential bacterial bioterrorism agents.



Office of Laboratory Security (OLS)

DID YOU KNOW?

Laboratory expertise

In Canada, more than 5,000 Level 2, 3 and 4 Canadian laboratories make use of OLS information and expertise. In 2006, the OLS made initial contact with, consulted, advised and/or certified at total of 130 Level 3 and 4 domestic containment facilities. Similar advice is also provided to operators of foreign facilities.

Regulation of human pathogens

During 2006 the OLS successfully prepared for the first international meeting of regulators of the Contained Use of Human Pathogens, which was held in Ottawa in early 2007. The seminal meeting saw the participation of representatives from the U.S. (Centres for Disease Control and Prevention), Switzerland, Britain, Australia, Japan, and Singapore, as well as the World Health Organization. This international meeting is expected to be held in the future on a regular basis.

Responding to biosafety stakeholder needs

Whether located in universities, hospitals, government departments or industrial settings, Canadian laboratories may deal with agents or organisms that, if not handled properly, could present hazards to people, animals or plants. This is why biosafety stakeholders from academia, business and government look to the Office of Laboratory Security for authoritative information, advice and practical training in areas such as: biosafety and biocontainment; the transportation of infectious substances; importation and research on human pathogens; and emergency response measures to human pathogen spills. Biosafety stakeholders also count on timely and accurate data on emerging diseases from the OLS's highly regarded and heavily consulted Material Safety Data Sheets and other user-friendly products and tools, such as biosafety advisories and guidelines.

Transportation safety

In 2006, the OLS 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. National hands-on training for health portfolio staff included instruction in infectious, hazardous chemical and radioactive substances. The OLS also developed and offered train-the-trainer courses on Transportation of Dangerous Goods Regulations for health portfolio employees.

DID YOU KNOW?

Laboratory Biosafety Guidelines

The OLS Laboratory Biosafety Guidelines provide essential technical guidance for anyone who designs, operates or works in a laboratory in which human pathogens are manipulated for diagnostic, research or developmental purposes. The guidelines reflect currently applied biosafety and biocontainment principles, confirm best practices in laboratory biosafety and assist users in identifying new biosafety priorities. In recent years, the OLS has worked hard to transform the guidelines into a practical set of risk-assessment tools to help biosafety professionals make informed decisions on emerging issues.

Looking ahead

The Office of Laboratory Security has identified the following priorities for 2007:

- continued assistance and guidance to Canadian containment facilities regulated by the Human Pathogens Importation Regulations;
- collaboration with the World Health Organization on the development of an international containment inspection process for vaccine production facilities; and
- the establishment of a Canadian Biosafety Training Partnership to ensure Canadian laboratory facilities receive the training and biosafety resources they require to work safely.

Office of Emergency Response Services (OERS)

The Office of Emergency Response Services (OERS) is responsible for CEPR front-line Services, including the National Emergency Stockpile System (NESS), the National Quarantine Division and the National Office of Health Emergency Response Teams (NOHERT).

In 2006, the OERS focussed on three priorities: completion of the NESS Strategic Review; further enhancement of the Quarantine Program; and preparations to have the first NOHERT team operational by late 2007.

National Emergency Stockpile System (NESS)

The National Emergency Stockpile System (NESS) is a program within the Office of Emergency Response Services. NESS maintains a stockpile of critical health and social service supplies for a 24-hour rapid emergency response capacity in support of the provinces and territories

A working group consisting of federal and provincial representatives completed a complex strategic review of NESS in December 2006. The review process involved 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 natural or human-caused disaster.

The strategic review report, which contains a risk and threat analysis developed by the working group in collaboration with the Integrated Threat Assessment Committee (ITAC), PSEPC and the provinces and territories, is being used as a framework to design and plan a modern day stockpile. The stockpile's procurement strategy is based on 64 hazards/disasters, with threat and casualty scenarios for both natural and human caused disasters.

NESS-supported disasters in 2006

In April, NESS issued emergency supplies, including beds and linens, to assist in forest- fire response in Ontario.

In June/July, NESS issued emergency supplies, including beds and blankets, to Saskatchewan social service authorities following flooding of the Saskatchewan River and provincial forest fires.

In December, NESS issued emergency supplies consisting of stretchers and blankets in support of the provincial response to a power outage in British Columbia.



Office of Emergency Response Services (OERS)

Expanding surge capacity

NESS continues to procure antibiotics, personal protective equipment and other critical supplies identified by expert groups such as the Pandemic Influenza Committee (PIC) in order to reach its goal of maintaining a 20 percent federal surge capacity above and beyond the provincial and territorial stockpile levels in support of pandemic- type events.

This stockpile will give the federal government the capacity to support provincial and territorial emergency management authorities should a disruption in their supply chain occur in responding to a pandemic event.

Quarantine Services

The OERS National Quarantine Division is responsible for the implementation and enforcement of Canada's new Quarantine Act, which aims to reduce the probability of transmission of new and emerging diseases — such as SARS and tuberculosis — into Canada.

The Division maintains quarantine stations, staffed by Quarantine Officers, at Canada's six major international airports (which account for approximately 94 percent of travel to and from Canada) and at the country's maritime ports of entry.

In 2006, the Division developed a special training curriculum for its Quarantine Officers and for quarantine partners, including the Canada Border Services Agency and the RCMP. The Office also developed special operating procedures to support the Quarantine Act, and consulted with federal partners on respective roles and responsibilities under the new legislation.

National Office of Health Emergency Response Teams (NOHERT)

The consequences of health disasters often include heavy demands on health systems to step up emergency treatment and, at the same time, maintain existing health care services. In Canada, an afflicted jurisdiction can call on its neighbours and the federal government to draw upon additional all-hazards surge capacity. With this need in mind, the National Office of Health Emergency Response Teams (NOHERT) was established within the Centre for Emergency Preparedness and Response to establish local health emergency response teams located strategically across the country.

Working with its health emergency counterparts in Canada's provinces and territories, NOHERT developed the blueprint for the HERT's basic capabilities and assessed the training, equipment supplies and emergency plans that would be the basis for the establishment of the first Health Emergency Response Team (HERT) in Ottawa in late 2007. In 2006, NOHERT achieved agreement to authorize its physicians and surgeons to work in other parts of the country — a right governed by provincial laws and statutes. NOHERT also made progress in complex human resources issues associated with management of a largely volunteer non-public-servant workforce.



Looking ahead

OERS priorities for 2007 include:

National Emergency Stockpile System (NESS)

- secure funding through a Memorandum to Cabinet to initiate a five-year project to fully implement all 30 recommendations of the NESS strategic review

National Quarantine Division

- develop regulations to support the new Quarantine Act;
- develop the marine component of the Quarantine Program;
- enhance collaboration with the U.S. Quarantine Service;
- finalize consultations with provincial and local health authorities;
- sign memoranda of understanding with quarantine partners outlining respective roles and responsibilities under the new Quarantine Act; and
- finalize the Quarantine Operations Manual and Travel Health Database

National Office of Health Emergency Response Teams (NOHERT)

- validate NOHERT's concept of operations and unit configuration in a series of practical exercises; and
- continue working with national authorities on the engagement of NOHERT volunteers.

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 features 165 emergency/mobile hospitals, each with 20 tons of supplies, which includes 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.



Office of Emergency Response Services (OERS) Ottawa Depot

DID YOU KNOW?

Health Emergency Response Teams (HERT)

The Public Health Agency leads efforts to develop Health Emergency Response Teams, made up of practicing volunteer physicians, nurses, paramedics and other medical professionals, to strengthen Canada's capacity to manage the medical consequences of a major disaster or public health emergency. When requested, PHAC's National Office of Health Emergency Response Teams (NOHERT) aims to have HERT capability running within as little as 6 hours of mobilization. The HERT core capability supports emergency medical response and mental health care, while other skills and knowledge could include trauma, paediatrics, burn treatment or decontamination, infectious disease response and other capabilities to protect Canadians in need.



Office of Emergency Preparedness (OEP)

The primary responsibility of the CEPR's Office of Emergency Preparedness (OEP) is to support the development of health-related emergency response plans for natural and human-caused disasters. The OEP works closely with partners from the Public Health Agency of Canada, Health Canada, Public Safety Canada, other federal departments, and provinces and territories to identify planning priorities and develop the plans necessary to respond to their respective mandates.

In 2006 the Office of Emergency Preparedness (OEP) gained increased recognition and support for a number of programs aimed at enhancing Canada's all-hazards preparedness and emergency response capacities in the face of public health security threats ranging from pandemic influenza to CBRN incidents. Additional developments included the maturity of the OEP training program and clearer recognition within the Public Health Agency of Canada of the developmental needs of the OEP's planning, exercise, E Team (emergency management software) and Geospatial Information Systems programs.

An all-hazards approach to emergency preparedness

For the Public Health Agency of Canada, the planning and development of uniform and robust emergency response requires careful attention to a complex interplay of domestic and international health factors. This, in turn, necessitates a comprehensive and highly collaborative approach to disaster

preparedness, response and mitigation. With these considerations in mind, the CEPR takes a proactive "all hazards" approach to emergency preparedness, working with EPR partners and stakeholders across Canada and internationally to prepare for and respond to all manner of natural and human-caused health emergencies.

National Forum pandemic exercise

The Tabletop Exercise for the 2006 National Forum on Emergency Preparedness and Response (Coherence Trecedim II) was conducted in Vancouver, B.C. in December 2006. The exercise was based on a pandemic influenza scenario, building on outcomes and gaps identified in the 2005 National Forum exercise (Coherence Trecedim I).

Coherence Trecedim II explored federal/provincial/territorial (F/P/T) and non-governmental communications processes and procedures, as well as operational aspects of roles and responsibilities associated with the management of a pandemic influenza. Emphasis was placed on public communications, mitigation of societal disruption and effective coordination among various levels of government and non-governmental organization (NGO) stakeholders. The exercise also provided a forum in which selected F/P/T and NGO decision makers were able to practice their roles and responsibilities and raise awareness of the impact of pandemic influenza in Canada.



Office of Emergency Preparedness (OEP)

Planning for Tabletop exercises

The OEP developed and tested a framework for a series of Emergency Operations Centre (EOC) tabletop exercises in 2006. The aim of the exercises, to be conducted on a monthly basis, is to more clearly define the processes, roles and responsibilities of each of the EOC functional groups within the health portfolio's Emergency Response Structure. These future tabletop exercises are also aimed at developing and refining specific Standard Operating Procedures for the roles and responsibilities of each of the functional groups, and further refining the EOC draft Concept of Operations.

Training initiatives

In 2006, the OEP training Unit adopted an online training strategy to facilitate effective delivery of training programs to a Canada-wide audience. With this strategy in mind, the training unit was busy throughout the year adapting existing courses and developing new courses for online delivery. The unit's list of online courses includes: a Tier 1 Lab Bioterrorism Recognition Course; a Chemical/Biological/Radio-Nuclear (CBRN) Health Basic Course; an Emergency Social Services Basic Course; an Emergency Health Services Basic Course; and a Surge, Sort, Support: Disaster Behavioural Health for Health Care Professionals course.

E Team project group

2006 saw the addition of the E Team project group to the Office of Emergency Preparedness. This group is responsible for the development of E Team emergency management software, which became operational within the Agency's CEPR-run Emergency Operations Centre (EOC) over the past year. EOC staff are currently enhancing and refining the software's capabilities in the public health emergency response environment. Geospatial Information Systems

The E Team project group progressed with the integration of Geospatial Information Systems (GIS) mapping technology into the Emergency Operation Centre in 2006. The integration supported the OEP's participation in an interdepartmental pilot project aimed at employing GIS to facilitate easier, more efficient information sharing among federal/provincial/territorial partners and stakeholders, in both routine and emergency response situations.

DID YOU KNOW?

E Team software

As an information management tool for emergency response situations, E Team software allows EOC managers to send and receive more accurate, consistent and complete information on all aspects of an emergency situation. The software also enables the Centre to more effectively manage each phase of a crisis (from preparation to response and recovery) and to record all the details of an event for future review.

Once fully implemented, GIS is expected to greatly assist EOC managers and incident commanders in gathering and sharing emergency-related information — internally and across multiple jurisdictions. GIS will also 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 emergency situations.

Looking ahead

Key 2007 priorities for the Office of Emergency Preparedness include:

- developing a health portfolio Emergency Response Plan;
- establishing and conducting an ongoing exercise program;
- continued development of online training opportunities;
- providing training and exercise components for E Team users; and
- integrating GIS into routine operations.

Public Health Agency of Canada

Centre for Emergency Preparedness and Response

is available at :

www.phac-aspc.gc.ca/cepr-cmiu

