



Santé
Canada

Final Audit Report
Audit of Emergency Preparedness

March 2011

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Executive Summary

Emergency management activities include preparedness, prevention, response, and recovery from emergencies. Preparedness is the phase of emergency management where decisions and measures are taken *before* an emergency. Health Canada's Office of Emergency Preparedness within the Regions and Programs Branch provides the departmental coordination focal point for emergency preparedness. Operating out of the same Branch, the Psychosocial Emergency Preparedness and Response Team provides a national psychosocial emergency response function to provide support to federal personnel exposed to traumatic stress resulting from a disaster or major event.

The objective of the audit was to assess Health Canada's Emergency Preparedness management control framework, with emphasis on governance, accountability, risk management, and performance management.

Office of Emergency Preparedness

The Office of Emergency Preparedness coordinates the development of emergency preparedness plans and policies; it develops departmental exercises, training, and evaluations, in order to strengthen and integrate the emergency management roles and responsibilities of all branches across the Department and works towards cultivating a greater emergency management culture within Health Canada. The Office of Emergency Preparedness also coordinates with the Public Health Agency of Canada, other partners across government, as well as with international partners on emergency management.

There is a clear governance structure at the Health Portfolio level however at the departmental level; Health Canada is in the process of reviewing and aligning its emergency management responsibilities. A draft *Health Portfolio Emergency Preparedness Policy* was developed in 2007, however, it needs to be updated to reflect recent changes to the federal policy.

A Health Portfolio Emergency Response Plan has been developed and approved by Health Canada in February 2010. While it is supported by a number of branch and function specific plans, it is not complete. There is a need for a department-wide emergency preparedness risk identification and assessment project that will support the development of branch and "function specific" plans in order to meet legislative and policy requirements. This will also support the development and delivery of long term training plans and exercises to test emergency response plans.

Lastly, there is a need to identify measureable performance indicators for monitoring and reporting purposes. This should include the requirement to report on the Health Portfolio's level of preparedness to respond to health emergencies.

Although the Office of Emergency Preparedness has experienced several organizational changes in recent years, the Office is utilizing pragmatic approaches with the aim of moving forward on departmental emergency preparedness issues. Continued efforts to

strengthen the emergency preparedness internal controls will assist the Department in fulfilling its emergency management responsibilities.

Psychosocial Emergency Preparedness and Response

Health Canada has established a national psychosocial emergency response team of 20 experts who are available to support the needs of federal government employees exposed to traumatic stress in the wake of a disaster or major event. They have provided training for personnel and an online community website for the sharing of information that has been noted as a major success. However, there is a need for the development of measureable performance indicators for the function that will be monitored and reported.

1. Introduction

1.1 Background

During an emergency or disaster, one of the key functions of government is to help protect the health and safety of Canadians. At the federal level, Public Safety Canada is the lead department and houses the Government Operations Centre which is the hub of the federal emergency management system. It is an advanced centre for monitoring and coordinating the federal response to an emergency.

The goal of emergency preparedness activities is to ensure that a federal department is ready and able to respond quickly and effectively in the event of an emergency. This work is guided by the *Emergency Management Act*, which came into force June 1, 2009 and the *Federal Policy for Emergency Management*, which became effective December 10, 2009.

For emergencies involving public health, the Public Health Agency of Canada is the federal lead while Health Canada is the federal lead for the *Federal Nuclear Emergency Plan*, which encompasses preparedness and response activities for radiological and nuclear emergencies. Health Canada also has emergency management responsibilities for the health protection of on-reserve First Nations and Inuit populations south of 60; federal emergency responders; health protection and quarantine response for conveyances and ancillary services; technical advice and support on chemical, radiological, and nuclear, drinking water and food events. Other responsibilities include the quality, safety, efficacy, and approval of human health products and veterinary drugs; and pesticide exposure and associated risks.

The Emergency Preparedness and Occupational Health Directorate is responsible for both the Office of Emergency Preparedness and the Psychosocial Emergency Preparedness and Response function. Both functions report separately within the Directorate but within the Regions and Programs Branch.

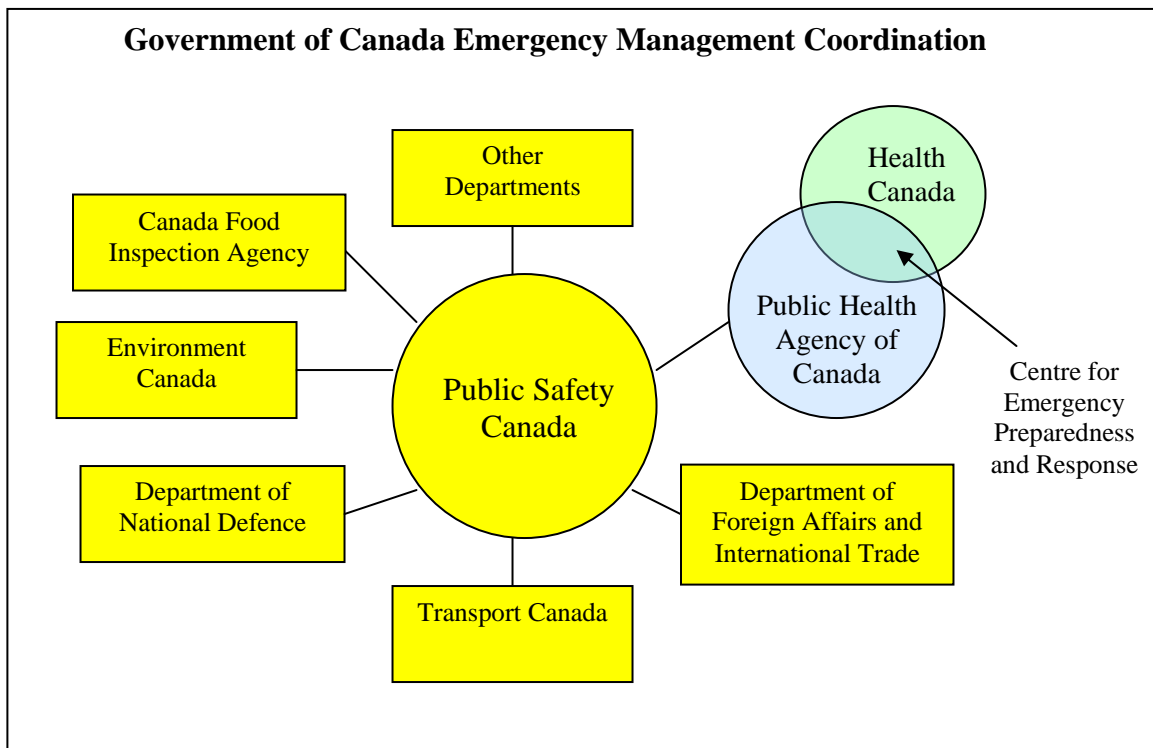
1.1.1 Office of Emergency Preparedness

The Office of Emergency Preparedness is Health Canada's focal point for emergency management. It coordinates the development of emergency preparedness plans and policies; it develops departmental exercises, training and evaluations, in order to strengthen and integrate the emergency management roles and responsibilities of all branches across the Department and works towards cultivating an emergency management culture within Health Canada. The Office of Emergency Preparedness also coordinates with the Public Health Agency of Canada, other partners across government, as well as with international partners on emergency management. Its operations and maintenance expenditures for fiscal year 2009-10 were approximately \$50,000 and operated with 4 staff and total expenditures were approximately \$400,000.

1.1.2 Psychosocial Emergency Preparedness and Response

Health Canada has established a national psychosocial emergency response team (PSERT). The members of this team are engaged by Health Canada via standing offer. The PSERT is comprised of 20 experts in the field of psychosocial disaster response and emergency management, to enable Health Canada to meet its mandate to respond to the needs of federal employees, managers, and responders exposed to traumatic stress in the wake of a disaster or major event. In this function, PSERT provides psychosocial support, guidance, and triage during and following traumatic incidents. Additionally, Psychosocial Emergency Preparedness and Response management provides pre-event resiliency training to federal managers and responders as well as onsite, pre-incident presence for events such as the Olympics and G8/G20.

To ensure surge capacity for PSERT, Psychological First Aid training has been provided to approximately 100 counsellors within its 700-member national counselling network. During fiscal 2009-10, Psychosocial Emergency Preparedness and Response operated with 2 staff, a budget of \$135,000 and an additional \$35,000 for contracting 20 responders.



During a disaster, an organization can be impacted from an Emergency Management and/or Business Continuity Management perspective. Emergency management focuses outward on the Department's responsibilities to its staff and Canadians during an emergency. Business continuity management looks inward to the functioning of the Department and focuses on "a collection of procedures, strategies and information for use

to maintain or restore critical services in the event of an emergency or disaster." An audit on Health Canada's Business Continuity Planning was also completed in 2010-11.

1.2 Objective

The objective of the audit is to assess Health Canada's Emergency Preparedness management control framework, with emphasis on governance, accountability, risk management, and performance management.

1.3 Scope and Approach

The audit examined the governance framework for emergency preparedness and psychosocial emergency response including the policy and planning completed to deliver on the functions' mandate. The audit also examined the function's risk management practices in relation to risk identification, assessment and response. Lastly, the audit examined the training, tools, and other resources in place to support delivery.

The period under examination was from April 1, 2008 to March 31, 2010. The audit criteria were derived from the Government of Canada *Emergency Management Act*, the *Federal Policy for Emergency Management*, as well as the Treasury Board of Canada Secretariat's *Core Management Control Guidance*. The examination phase included document reviews, interviews, and a compliance analysis with Government of Canada expectations.

The audit did not examine the joint health portfolio functions that are delivered through the Public Health Agency of Canada, as the Agency's function was recently audited internally. Nor did the audit examine specific issues related to chemical, biological, radiological, nuclear or explosive emergencies as this was covered by the Office of the Auditor General in 2009.

1.4 Statement of Assurance

In the professional judgement of the Chief Audit Executive, sufficient and appropriate procedures were performed and evidence gathered to support the accuracy of the audit conclusion. The audit findings and conclusion are based on a comparison of the conditions that existed as of the date of the audit, against established criteria that were agreed upon with management. Further, the evidence was gathered in accordance with the *Internal Auditing Standards for the Government of Canada* and the *International Standards for the Professional Practice of Internal Auditing*.

2. Findings, Recommendations and Management Responses

2.1 Governance and Accountability

Audit Criteria: *There is a governance framework with a strategic direction linked to the mandate and clear roles and responsibilities.*

The Emergency Preparedness and Occupational Health Directorate of the Regions and Programs Branch is responsible for both the Office of Emergency Preparedness and the area of Psychosocial Emergency Preparedness and Response. Both report separately within the Directorate.

Office of Emergency Preparedness

The *Federal Policy for Emergency Management* requires that departments “establish internal structures to provide governance for departmental emergency management activities and make those consistent and interoperable with government-wide emergency management governance structures.” The Office of Emergency Preparedness within the Regions and Programs Branch provides a focal point for the Department's responsibility under the existing legislation and policy. The Office coordinates the development of emergency preparedness plans and policies to ensure Health Canada is “ready” for an emergency, and that it can effectively interact with its health portfolio partner and across government to deliver on its mandated health-related services.

JEPC Health Canada Participating Branches

Healthy Environments and Consumer Safety
Chemicals, Air and Water Directorate
Research and Radiation Directorate

First Nations and Inuit Health Branch
Business Planning and Management Directorate

Health Products and Food Branch
Office of Management and Program Services
Policy, Planning and International Affairs Directorate

Corporate Services Branch
Facilities and Security Directorate

Public Affairs Consultation and Communications
Branch
Public Affairs and Strategic Communications
Directorate

Regions and Programs Branch
The Emergency Preparedness and Occupational
Health Directorate

Chief Financial Officer Branch

Health Canada interacts with its health portfolio partner via the Joint Emergency Preparedness Committee (JEPC). The Committee was created to oversee the coordination of joint emergency preparedness activities between the Public Health Agency of Canada and Health Canada. This includes the development of emergency preparedness and response policies, plans and exercises of common interest.

A review of the Committee documentation identified that it has up-to-date terms of reference which clearly detail the mandate, responsibilities, and committee membership. Primarily, the Committee makes recommendations to senior management on policies and/or measures to enhance the overall state of emergency preparedness and response. At Health Canada this information is brought to the Executive Committee. Health Canada's Executive Director of Emergency Health Planning, Preparedness and Response is co-chair for the Committee. In addition, the Committee is to consist of one representative at the

Director General level from areas mandated to address significant emergency management activities (see previous text box). The committee is intended to meet every 1-2 months. Between March 5th, 2009 and July 7th, 2010 (17 month period) the Committee met six times.

Despite having the Joint Emergency Preparedness Committee as the key governing body for the Health Portfolio, the integration of emergency preparedness and response activities and coordination of those activities within the Department requires continued focus, especially in relation to clarifying the roles and responsibilities in emergency preparedness and response. This integrated approach will facilitate the continued development of a more collaborative and connected emergency management cadre within the Department. Overall, departmental emergency management has implications not only on emergency preparedness, but also on business continuity planning and departmental security. Coordinated efforts in governance, roles and responsibilities and risk identification, assessment and response can further strengthen the emergency management culture at Health Canada.

The November 2010 *Lessons Learned Review* relating to the H1N1 Pandemic recognized that key structures, resources, relationships, plans and tools were in place. It noted that the coordination of decision making and information sharing was complex, challenging and time consuming and it would be helpful for future response efforts to continue to clarify structures, roles and responsibilities. The Office of Emergency Preparedness is in the process of reviewing the committee structure for emergency management. The review will consider both the internal and external perspectives in order to establish a more integrated approach.

The *Federal Policy for Emergency Management* notes a requirement to have a sustainable capacity to meet the goals outlined in individual emergency management plans, based on priorities, needs analysis and capability requirements. Financial management, as it applies to the Federal Emergency Response Plan, follows the established Treasury Board guidelines on expenditures in emergency situations. Under these guidelines, ministers are accountable to the central financial agencies and to Parliament for the emergency-related expenditures of their respective departments, crown corporations, or other government institutions. The costs of support actions in each department will be funded on an interim basis by reallocations from, or commitments against, available program resources. Departments may seek to recover these extraordinary costs.

The Office of Emergency Preparedness has recently become permanently funded. In the past, funding for the program was provided out of the Deputy Minister's reserve for fiscal 2009-10 and there was a commitment to fund it from the reserve for 2010-11. Becoming funded will permit the Office to conduct the necessary departmental risk identification and assessment exercise and take corrective actions to align the function with Government of Canada expectations. It will also allow the function to: develop staff; assist branches and regions towards development of emergency plans; and develop/participate in table-top exercises to test preparedness. There were similar findings in the 2010 PHAC Emergency Management Audit where they noted concerns that the Centre for Emergency

Preparedness and Response has only notional budgets approved for 2010-11 and that this practice is not conducive to sound financial management and planning.

Recommendation 1

It is recommended that the Assistant Deputy Minister, Regions and Programs Branch partner with the Assistant Deputy Minister, Corporate Services Branch to better align their respective emergency management responsibilities in building a culture of emergency management across the Department.

Management Response

Management agrees with the recommendation.

In collaboration with the Assistant Deputy Minister, Corporate Services Branch (CSB), the Assistant Deputy Minister, Regions and Programs Branch (RAPB) will work to reconfigure Health Canada's emergency management framework and governance by establishing a new committee that would incorporate the Department's internal security functions with its external emergency management functions.

Psychosocial Emergency Preparedness and Response

Psychosocial Emergency Preparedness and Response is managed by the Manager of Emergency and Trauma Response Management Services who reports to the National Director, Employee Assistance Services. The National Director reports to the Director General of the Emergency Preparedness and Occupational Health Directorate within the Regions and Programs Branch.

The national Psychosocial Emergency Responder Team provides pre-event/resiliency building training for employees and/or managers to mitigate the risk of longer-term psychosocial impacts in the wake of a traumatic event. They are supported as needed by 100 specially-trained trauma counsellors, who can deliver psychosocial support, guidance, and triage to federal employees and managers involved in a traumatic event. Based on their assessment of the situation, these professionals use the appropriate clinical approach for the population's needs. The intervention can either take place in a group setting or one-on-one.

When and where required, follow up and referrals to additional psychosocial services are offered to employees to allow them to effectively manage the psychosocial effect of the event. Upon request, the team can also serve as surge capacity for provincial and municipal authorities in providing advice, information and support to them and their employees.

2.2 Emergency Management Act and Policy

Audit Criterion: *The Department complies with the Government of Canada Emergency Management Act and Federal Policy for Emergency Management.*

Office of Emergency Preparedness

The *Federal Policy for Emergency Management* is based on the *Emergency Management Act* and identifies the specific responsibilities for departments. The policy also identifies specific requirements related to governance, the identification and assessment of risks, and the development of emergency management plans.

A draft Health Portfolio Emergency Preparedness Policy was developed in 2007 outlining objectives, key elements for emergency response, authorities, roles and responsibilities at the portfolio, department and branch levels. While it is comprehensive, this policy has not been formally approved or fully implemented. The policy would benefit from an update to reflect the *2009 Federal Policy for Emergency Management* and the policy could be strengthened by adding the branch specific emergency preparedness responsibilities.

As outlined in the remainder of the audit report, there are areas where activities could be strengthened to put Health Canada in compliance with the Act and the Federal Policy. The *2010-11 Strategic and Operational Plan* for the Office of Emergency Preparedness has also identified priorities and challenges that support these findings.

Recommendation 2

It is recommended that the Assistant Deputy Minister, Regions and Programs Branch work with the Health Portfolio partners to update and approve the Health Portfolio Emergency Preparedness Policy.

Management Response

Management agrees with the recommendation.

Revision of the Health Portfolio Emergency Preparedness Policy (HPEPP) has begun as a part of the Joint Emergency Preparedness Committee (JEPC) work plan for 2010-2012.

2.3 Risk Management

Audit Criteria: *Risks are identified, assessed and mitigating strategies are in place.*

Office of Emergency Preparedness

The *Federal Policy for Emergency Management* requires the identification of risks that are within or related to the responsibilities of a department. Risk management is a systematic process that includes the practices and procedures used to identify and manage the risks. The audit notes areas where better risk management could be occurring to help in the delivery of the program. This includes the Office of Emergency Preparedness risk assessment, and the development and maintenance of branch and region emergency plans.

In 2006, there was a detailed department-wide self assessment of residual risk for emergency preparedness. While the Department has identified and assessed its corporate risks around emergency preparedness, the emergency preparedness function would benefit from updating its risk identification and risk assessment. Furthermore, the inclusion of emergency preparedness as more than a mitigating factor in the corporate risk profile could contribute to the development of an emergency management culture across the Department.

In 2008 a Comprehensive Review of emergency management projects noted that risk was neither regularly assessed nor proactively managed on a consistent cross-program basis and noted the need for a formalized approach and process for identifying, assessing, and monitoring risk. There were similar findings in the 2010 Public Health Agency's *Emergency Preparedness and Response Audit* and a recommendation was made for the Agency to develop a long term, comprehensive risk and threat assessment and an "all hazards" risk management plan to support emergency preparedness and response efforts and address legislative obligations.

Health Canada's Office of Emergency Preparedness plans to conduct a department-wide identification and assessment initiative that will provide information on emergency preparedness gaps within each Branch.

Development and Maintenance of Plans

The *Federal Policy for Emergency Management* requires the development of emergency management plans related to the federal institution's area of responsibility that address mitigation/prevention, preparedness, response, and recovery. Well developed plans take into account lessons learned from previous training and post-incident exercises, and include public communication provisions to enable effective collaboration and timely decisions throughout all stages of an emergency.

A Health Portfolio Emergency Response Plan was developed and approved by Health Canada in February 2010, but various Annexes, dealing with specific functional plans, were still under development. Much of the plan content is aligned with the Public Safety Canada Guide; however, additional work will need to be done to fully conform. While the Department has a corporate Emergency Response Plan, Health Canada will have to develop branch and region specific emergency management plans. As mentioned, the Office of Emergency Preparedness will also have to conduct a risk identification and assessment.

Currently, the Department does not have a central repository for Departmental Emergency Plans. Currently, these "evergreen" documents are held in reserve in the respective branches. The Office of Emergency Preparedness has access to these reports, as required, through interaction with the Branch counterpart however, there is no comprehensive listing of completed plans, their location or when they were last reviewed. The audit did find subject specific plans such as the Federal Nuclear Emergency Plan and the Chemical Emergency Response Plan and a plan for the Northern Region. Moreover, there are also

the various Business Continuity Plans for functions and branches that could include relevant information for Branch Emergency Preparedness risk identification.

Despite there being some subject plans in place, it is apparent that current emergency preparedness is largely “event driven”. This was also noted for Health Canada’s partner agency. Recently, the focus has been on responding to large scale events such as the Olympics and the G8/G20 conference. Consequently, the Department has been risk managing as events arise. Notwithstanding the fact that these “real life exercises” are a true test of the Department’s capacity to deliver emergency preparedness services, overall Health Canada will benefit from developing some fundamental plans to meet the Act and Policy requirements.

The Health Portfolio Policy identifies the need to “*review existing plans to ensure they meet the requirements of the policy, as well as ongoing maintenance of plans over time to ensure they reflect evolving policy contexts; and ensure that plans are validated through emergency exercises and tested on a regular basis.*” In order to further develop the departmental emergency management culture, a focus on identifying operational requirements for Emergency Preparedness, the risks associated with fulfilling these requirements, and the plans to meet them would be required.

Recommendation 3

It is recommended that the Assistant Deputy Minister, Regions and Programs Branch work with other Assistant Deputy Ministers to conduct an emergency preparedness risk identification and assessment initiative in order to identify actions to be taken to meet legislative and policy requirements.

Management Response

Management agrees with the recommendation.

The Executive Director, Emergency Health Planning, Preparedness and Response (EHPPR), through the Office of Emergency Preparedness (OEP) will begin working with Health Canada branches to conduct a department-wide identification and assessment initiative that will provide information on emergency preparedness areas within each Branch.

The Executive Director, EHPPR, will work with the Health Portfolio partner to develop a threat and risk assessment and a strategic emergency management plan framework.

Communication

The *Federal Policy for Emergency Management* notes the requirement that emergency management plans include public communication provisions to enable effective collaboration and timely decisions throughout all stages of an emergency. In 2003, the Department developed, in conjunction with the Public Health Agency, the *Crisis and Emergency Communications Guidelines* which were updated in 2008. The document

provides a strategy, guiding principle roles, and responsibilities for dealing with both emergency and crisis communications. It includes interactions with the provinces, territories, media, and the public. There are communication provisions included in the emergency plans reviewed.

A review of the Department's Internet and Intranet found a wealth of information available to staff and the public on both emergency preparedness and psychosocial emergency preparedness and response. There are guides for employees, managers, and emergency responders on dealing with workplace trauma and mass emergencies. There was an Emergency Preparedness Week offered by the Department in May of 2010 during which employees were made aware of actions they could take to protect themselves and their families during the first 72 hours. Intranet links were provided to a variety of information relating to issues such as preparing a family emergency kit, emergency preparedness tips, and emergency management in Canada. There were also information kiosks providing hard copies of the information.

In 2008, the Senate Committee on Emergency Preparedness in Canada noted that while there is plenty of good information on government websites, there are concerns about its organization and accessibility. This is a continuing issue for Health Canada as information related to emergency preparedness is scattered in a number of locations and the links to certain specific documents are no longer working. As well, it is not clear if the information on our website is reaching its intended audience as statistics on web access are not readily available. During the audit, it was determined that Internet statistics were only available since January 2010 and they show minimal traffic on the emergency preparedness related web pages. The availability of such information would assist in the development of emergency management plans that have a communications component. It will also provide performance information on the extent to which departmental emergency information is being accessed by its intended audience and whether additional efforts would need to be done to promote the existence of the information on the web. Active monitoring and promotion of Health Canada emergency preparedness website content may lead to increased employee awareness and public outreach.

2.4 Training

***Audit Criteria:** The emergency preparedness and psychosocial functions provide employees with the necessary training, tools, and resources to develop capacity.*

Office of Emergency Preparedness

The *Federal Policy for Emergency Management* notes the requirement to conduct or participate in exercises to test and implement Emergency Management Plans and government wide activities, and participate in training with respect to Emergency Management/Response. The *Health Portfolio Policy for Emergency Preparedness* clearly identifies the importance of training and participation in exercises and outlines the roles and responsibilities for management and staff. The Department has had recent opportunities to participate in exercises and real life scenarios related to emergency preparedness including the 2010 Olympics, the H1N1 pandemic influenza and G8/G20. A

Deputy Minister's award was given to the H1N1 Coordination Committee recognizing their contribution in the successful management of Health Canada's response to H1N1. Working in conjunction with the committee, OEP oversaw the Department's activities related to H1N1 and coordinated the provision of surge response capacity.

Participation of Health Canada employees in emergency management training is recorded and consolidated by the Office of Emergency Preparedness in conjunction with the Public Health Agency. This data can assist in determining future training needs and the current emergency management knowledge base within the Department. There have also been recent advances by the Health Portfolio in making a shift towards online training for emergency management courses. On-line training courses can assist in meeting the demand for accessible and flexible training, while also targeting more individuals within the Department in order to build a broader base of emergency management knowledge.

The audit completed by the Public Health Agency of Canada, on Emergency Management, noted that the Agency has not yet developed a long term training and exercise plan, nor has it conducted a comprehensive training needs assessment. In addition, the Agency had not yet planned and conducted a large-scale exercise which will assist in testing and validating emergency preparedness and response plans, policies, and standard operating procedures. They noted that addressing these issues will assist the Agency in moving from its current reactive approach for training and exercise to one that is more proactive.

A similar situation exists at Health Canada, as there is no long range training plan in place to identify and deal with the departmental and Portfolio Emergency Preparedness training needs. In addition, the 2008 Comprehensive Review noted the need for training and exercises for senior management to increase the understanding of their roles and responsibilities in the event of an emergency. This would assist in fostering a stronger emergency management culture between the branches. In a recent Joint Emergency Preparedness Committee meeting, a decision was made to "re-activate" the Training and Exercises sub-committee in order to respond to the recommendations from the Agency's internal audit. Several goals have been developed including the establishment of a multi-year training plan, courses and on-site/online learning opportunities, as well as strategies for promoting emergency management training across the Health Portfolio.

Recommendation 4

It is recommended that the Assistant Deputy Minister, Regions and Programs Branch work with the Health Portfolio partners to develop and deliver a long term training and exercise plan.

Management Response

Management agrees with the recommendation.

The Executive Director, Emergency Health Planning, Preparedness and Response (EHPPR) will work in conjunction with the portfolio partner on drafting a project charter for the Portfolio training program, including the establishment of a five-year training plan, courses and on-site/online learning opportunities to build a broader base of emergency management knowledge within the Department.

Psychosocial Emergency Preparedness and Response (PSEPR)

A variety of training has been developed for response team members and PSEPR staff, including training during annual meetings, and through materials made available electronically. Management has noted that additional training opportunities would be beneficial for the contracted psychosocial responders to work together during exercises and acquire training in providing counselling over the phone and Internet in situations where they can not be physically present. In addition, each member has a “ready kit” which contains the key information needed to operate in case of an emergency. There is an online community website for personnel. There are detailed Standard Operating Procedures in place that are currently being updated to provide more guidance. There is a website for staff that contains information relating to such issues as: team member availability in case of an emergency, files of important training and operational information and a number of relevant articles for members.

The 2008 Comprehensive Review noted that the coverage achieved in education and training delivery was very high and listed this as a major success of PSEPR. However, this training of federal managers and employees is available only through either special events funding, such as Olympics, G-8/G-20 meetings, or on demand by a given department through cost-recovery (Employee Assistance Services has special net vote authority to collect revenues for provision of services within the federal public service). The PSEPR does not have enough resources through the Public Safety Initiative to adequately promote pre-event training or provide it in a systematic fashion across the public service.

PSEPR is championing, at no extra costs for Health Canada, a five year research project to advance knowledge and technology in training emergency responders. The project will create a live repository and virtual laboratory for training and research in disaster management, with special emphasis on psychosocial aspects and implications.

2.5 Performance Management

***Audit Criteria:** The emergency preparedness and psychosocial functions have identified and reported on performance measures linked to planned results.*

Performance Indicators

The *Federal Policy for Emergency Management* expects departments to “develop and implement ongoing performance measurement strategies (measures/methodologies) that institutions will use in ensuring that credible and reliable performance data is collected to effectively support evaluation.”

Office of Emergency Preparedness

High level key success factors related to Emergency Preparedness have been developed. However, there is a need to identify more measureable performance indicators.

The Federal Policy notes the requirements to: review emergency management plans; monitor adherence to and implementation of the policy; report every two years on activities; and conduct lessons learned exercises with regard to both training and post-exercise analysis. The Department does produce *After Action Reports* on specific exercises dealing with such issues as the Olympics, the H1N1 Pandemic and the G8/G20 Exercise. However, there is no evidence that lessons learned from these individual events have been consolidated and communicated so that corrective actions could be taken. There were similar findings in the 2010 PHAC audit of Emergency Management and the 2008 Senate Report on Emergency Preparedness in Canada.

The Federal Policy also requires that departments provide information on activities as they relate to the policy every two years and this is coming due in 2011. The 2008 Comprehensive Review noted that it was difficult to evaluate the relative contribution that the departmental emergency preparedness programs made. The establishment of improved performance indicators will assist in departmental performance reporting.

Psychosocial Emergency Preparedness and Response

Within PSEPR there are measureable performance indicators for general counselling and trauma counselling that dealt with both client satisfaction and meeting service standards. However, there are no specific measures relating to psychosocial emergency preparedness and response.

Recommendation 5

It is recommended that the Assistant Deputy Minister, Regions and Programs Branch develop measureable performance indicators for both functions that are monitored and reported.

Management Response

Management agrees with the recommendation.

The Executive Director, EHPPR, will begin work on the development of departmental performance indicators for emergency preparedness and response.

The National Director, EAS, EPOHD will develop measurable performance indicators that address readiness and response (pre-incident training, information for managers and employees, and incident readiness and response) capacities for the Psychosocial Emergency Preparedness and Response Team.

3. Conclusion

Both the Office of Emergency Preparedness and Psychosocial Emergency Preparedness and Response hold key roles in fulfilling the Department's emergency management responsibilities.

Office of Emergency Preparedness

Although the Office of Emergency Preparedness has experienced several organizational changes in recent years, the program is utilizing pragmatic approaches with the aim of moving forward in resolving departmental emergency preparedness issues. There is a clear governance structure at the Health Portfolio level however; at the departmental level Health Canada is in the process of reviewing and aligning its emergency management responsibilities. While a draft Health Portfolio Emergency Preparedness Policy was developed in 2007, it needs to be updated to reflect recent Federal Policy.

A Health Portfolio Emergency Response Plan has been developed and approved and is supported by some branch and function specific plans. There is a need for a department-wide emergency preparedness risk identification and assessment project that will support the development of additional branch and function specific plans in order to meet legislative and policy requirements. This will also support the development and delivery of long term training plans and exercises to test the plans developed. Finally, there is a need to identify more measureable performance indicators that will be monitored and reported on.

Psychosocial Emergency Preparedness and Response

While Psychosocial Emergency Preparedness and Response operates with limited resources, it undertakes activities that demonstrate a continued commitment to ensuring resources are available and trained to meet their responsibilities in providing a national psychosocial emergency response function. They have engaged a national team of experts available to respond in case of emergencies, provided training and an online community website that have been noted as a major success. There is a need for the development of measureable performance indicators for the function that will be monitored and reported on.

Appendix A – Audit Lines of Enquiry and Criteria

Criteria
Governance and Accountability
There is a governance framework with a strategic direction linked to the mandate and clear roles and responsibilities.
Policy and Planning
The Department complies with the Government of Canada Emergency Management Act and Federal Policy for Emergency Management.
Risk Management
Risks are identified, assessed and mitigating strategies are in place.
Training
The emergency preparedness and psychosocial functions provide employees with the necessary training, tools, and resources to develop capacity.
Performance Reporting
The emergency preparedness and psychosocial functions have identified and reported on performance measures linked to planned results.