



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Review of the Agency's Readiness Activities for the
2010 Olympic and Paralympic Winter Games
As of November 10, 2009

Audit Services Division
Approved by the Chief Public Health Officer
on February 2, 2010

Canada

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Executive Summary

1. **Overall Conclusion:** Our overall opinion on the Public Health Agency of Canada's (PHAC) readiness for the 2010 Olympic and Paralympic Winter Games (Games) is positive. In addition, local, provincial, and other federal government departments and agencies, as well as PHAC staff are also generally confident that PHAC is ready for the Games. The evaluators of Exercise Gold have provided further confirmation about readiness.
2. A review does not constitute an audit. This report provides a moderate level of assurance with respect to PHAC's readiness as of November 10, 2009. However, a key limitation is that we are expressing an opinion on whether the Agency will be ready 80 days from now. This is not a guarantee.
3. **Objective:** The purpose of this review is to inform senior management of any concerns regarding PHAC's readiness for the Games; and to identify areas requiring attention.
4. **Background:** One of the critical Government of Canada (GoC) roles during the Games will be to address any potential health risks from natural events, disease outbreaks and disasters, to accidents or criminal and terrorist threats.
5. Although the Government of British-Columbia and local authorities are responsible for front line response to an emergency or disaster during the Games, PHAC is responsible for providing assistance should the emergency exceed local and provincial resources. PHAC is also responsible for enforcing the *Quarantine Act*. As well, PHAC is expected, subject to the responsibilities of other key federal departments and stakeholders, to use its resources to help provide a secure environment during the Games.
6. **Relationships with Partners and Stakeholders:** PHAC is largely meeting the expectations of its partners and stakeholders. Roles and responsibilities are sufficiently clear, and with one exception beyond PHAC's control, gaps or issues that remain are being addressed. There obviously is some concern that the H1N1 flu virus could impact on staffing or otherwise prove very challenging, but none that PHAC has been remiss in its preparations. The only significant issue or gap is that the British Columbia Center for Disease Control (BCCDC) and Vancouver Coastal Health (VCH) asked that the Microbiological Emergency Response Team (MERT) share its Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) protocols on the handlings of potentially dangerous pathogen samples during the Games. However, this will not occur as the protocols have been classified on grounds of national security.
7. **Risk identification and assessment:** These are at the core of PHAC's mandate and expertise. They are also fundamental to PHAC's operational capacities and for defining required surge capacities.

8. From the perspective of the need to mitigate security risks, the Coordinator for the 2010 Olympics and G8 Security in the Privy Council Office (PCO) expects all departments with security responsibilities during the Olympics to have prepared a threat assessment, a risk assessment (combining probability and severity or magnitude of the event), a mitigation strategy to address the identified risks, and to have developed relevant contingency plans.
9. The Agency is in the process of developing the relevant risk impact and threat assessments. Although ideally this would have been done several months ago, PHAC's plan is to complete them before the Olympics.
10. **Human Resource (HR) Issues:** Many issues and needs have been addressed. There is still important work to be done with respect to training, staffing, obtaining security clearances, overtime, and leave policy. For example, the training of new surveillance officers who have not yet been hired will have to take place.
11. **Work and Operational Planning:** The potential impact of H1N1 remains an uncertainty, which in turn impacts operational planning. Employee scheduling should be realistic, sufficiently detailed, and ideally available in real time. Much work has been done in this area to ensure PHAC is well prepared. However, identifying surge capacity needs and resources remains an ongoing issue.
12. **Information Management/Information Technology (IM/IT):** Well functioning IM/IT is critical for Games readiness. There is a general need for connectivity, remote access, network operations, and to do so in a secure environment in most instances. While some issues remain, these are being addressed. However, we have concerns about obtaining a timely resolution response in case of significant service interruptions. In addition, the Agency has not invested in an IM/IT contingency plan for its critical services.
13. **Financial Reporting and Resource Allocation:** The \$3.6 million allocation from Treasury Board does not cover all the additional costs PHAC will incur with respect to the Games. The current estimated shortfall is about \$5 million. The funding shortfall is not, however, an impediment to Olympic readiness since funding requirements has been covered through internal reallocation. As well, PHAC must be able to provide a reliable summary of its expenditures on the Games. Significant progress has been made in this area.

Summary of Recommendations:

Actions Required Now:

- *Surge gaps and replacement resources need to be clearly identified.*
- *Since not all risks can be fully mitigated, it is important to be transparent about trade-offs between services and activities that might have to be curtailed. We recommend that these trade-offs be clearly identified in the work being done in the Business Impact Analysis and Threat and Risk Assessment.*
- *An approved protocol must be developed to clarify how MERT and CBRNE partners will, or will not, share classified information on CBRNE during the Games.*
- *PHAC should have a contingency plan in case training and staffing for additional surveillance officers has not been completed.*

Actions Required for Future Major Events

- *We recommend the Agency employ project management tools that enable management to monitor progress and gaps in real time.*
- *We recommend an independent evaluation of MERT.*
- *We recommend that the Agency strengthen its financial planning and reporting practices for major events.*
- *The Agency should develop and implement an IM/IT contingency plan to deal with significant service interruptions.*

Management Response

14. Management agrees with the findings and recommendations. Its comments follow each recommendation in the text.

Background

Introduction

15. On July 2, 2003, the International Olympic Committee (IOC) awarded the 2010 Olympic and Paralympic Games to Vancouver/Whistler, Province of British Columbia, from February 12-28, 2010 and March 12-21, 2010 respectively. The Games are expected to attract more than 6,500 athletes, 250,000 spectators and officials from more than 80 countries, as well as 25,000 volunteers, 10,000 media representatives and 3 billion television viewers worldwide.
16. The magnitude of this event, coupled with the influx of athletes, workers, tourists and dignitaries, raises health and security concerns. Local, provincial and territorial governments provide front line response to emergency situations. However, the federal government can be called upon to provide assistance if the emergency exceeds the resources of those jurisdictions. The federal government is also active in enforcing federal legislation, as well as monitoring and preparing for health emergencies so that incidents can be avoided or the effects minimized.
17. One of the critical GoC roles during the Games will be to address any possible health risks from natural events, disease outbreaks, disasters, accidents, and criminal and terrorist threats.
18. PHAC received Treasury Board (TB) approval for funding of \$3.6 million over and above normal on-going expenditures related to Olympic preparedness for involvement in both security and non-security aspects of the Games. Total expenditures in PHAC are expected to be about \$7 million higher than this.

PHAC's Involvement in the Games

19. All levels of government in Canada are involved in preparing for and responding to an emergency or disaster. While the Government of British Columbia (BC) and local authorities are responsible for providing front line response to emergency situations, PHAC can be called upon to provide assistance if the emergency exceeds the resources of those jurisdictions. PHAC is also active in enforcing the *Quarantine Act* as well as monitoring and preparing for health emergencies so that incidents can be avoided or the effects minimized.
20. In the case of the Games, PHAC is expected to be prepared, subject to the responsibilities of other key federal departments and stakeholders, to provide rapid response to and consequence management of health events to ensure a secure environment during the Games. Services include, but are not limited to:

- Public Health Surveillance System;
 - Provision of Medical Equipment and Supplies;
 - Emergency Training;
 - Laboratory Services;
 - Quarantine (PHAC will be specifically responsible for providing additional quarantine officers to screen incoming passengers at the Vancouver International Airport.);
 - Emergency Operations Centre;
 - BC/Yukon Region;
 - Health Emergency Response Teams;
 - Public Information on Health Risks; and
 - Mass Gathering Evaluation and Protocols;
21. To assist in preparing for the Games, PHAC participated in three incremental and intensive exercises: Bronze, Silver and Gold. These exercises tested a 'whole of government' approach and operational readiness for the Games.

About the Review

Objective

22. The purpose of this review is to inform senior management of any concerns about PHAC readiness for the 2010 Olympic and Paralympics Winter Games (Games); and to identify areas requiring attention.

Scope

23. The review focused on PHAC activities in the following areas:
- Security and non-security activities specifically identified in the TB submissions; and
 - Support functions important both for PHAC's ongoing activities, and in terms of readiness for and participation in the conduct of the Games themselves.
24. The review criteria are presented in Appendix A and were derived from the TB submissions, the Results-based Management and Accountability Frameworks (RMAF) and the Risk-based Audit Frameworks (RBAF) for the Games.
25. The review does not directly address activities within the Health Portfolio (HP) for which Health Canada (HC) has responsibility.

26. A key limitation of this review is that our conclusion offers an opinion on whether the Agency will be ready 80 days after the completion of the review on November 10, 2009. It does not assure a particular outcome or provide a guarantee.

Approach and Methodology

27. A review does not constitute an audit. This review provides a moderate level of assurance with respect to PHAC's readiness as of November 10, 2009. It also identifies several issues which do not directly impact on PHAC's readiness for the Olympics but are relevant for PHAC's participation in future large events.
28. This review was conducted in accordance with the TB Policy on Internal Audit. A review provides a lower level of assurance than an audit because the auditor is not required to seek supporting or independent evidence or to study and evaluate internal controls. As a result, a review will not normally include procedures such as physical inspection, observation of entity procedures, confirmation from external parties and in-depth examination of documents. Finally, analytical procedures performed during a review engagement are less extensive than analytical procedures performed during an audit.

Review Findings

Governance Structure

29. PHAC participates in all relevant committees established to coordinate the federal government readiness activities. These include the following:
- 2010 Olympic and Paralympic Winter Games Essential Federal Services (EFS) Committee (Director General (DG) Level);
 - Deputy Ministers Working Group on Olympic and G8 Security;
 - Deputy Ministers and Heads of Agency Steering Committee;
 - Assistant Deputy Ministers Representative Working Group (RWG);
 - Director General's Essential Federal Services Committee; and
 - Assistant Deputy Ministers' Emergency Management Committee Subcommittee for the 2010 Vancouver Olympics and Paralympic Games.
30. More detailed information on roles and responsibilities of the committees can be found in Appendix B.
31. PHAC's CEPR was assigned the HP lead for overall coordination of the Games. A governance structure was designed to ensure activities related to the Games are coordinated through committees that include representation from PHAC's Infectious Disease and Emergency Preparedness Branch (IDEP),

Communications Directorate, Health Canada's Regions and Programs Branch Public Affairs Consultations and Communications Branch, Healthy Environments and Consumer Safety Branch, Health Products and Food Branch, First Nations and Inuit Health Branch and British Columbia Regional Offices. To coordinate all this, a 2010 Secretariat was created and is managed by CEPR in conjunction with HC's 2010 Olympic Coordination Office.

32. Within PHAC, a Working Group involving all parts of the Agency with Olympic Activities was established and began meeting in 2009. The Working Group reports to the 2010 Secretariat which in turn reports to the DG of CEPR. Now meeting monthly, the group provides an opportunity to update management on progress and gaps on all outstanding issues. The November agenda, for example, included reports on 17 different areas.
33. The governance structure provides a forum for communication, both horizontally and vertically. We are satisfied that the Working Group structure provides PHAC with a forum for alerting senior management of progress, possible problems, and emerging issues.

Relationships with Federal Departments and Provincial and Local Authorities

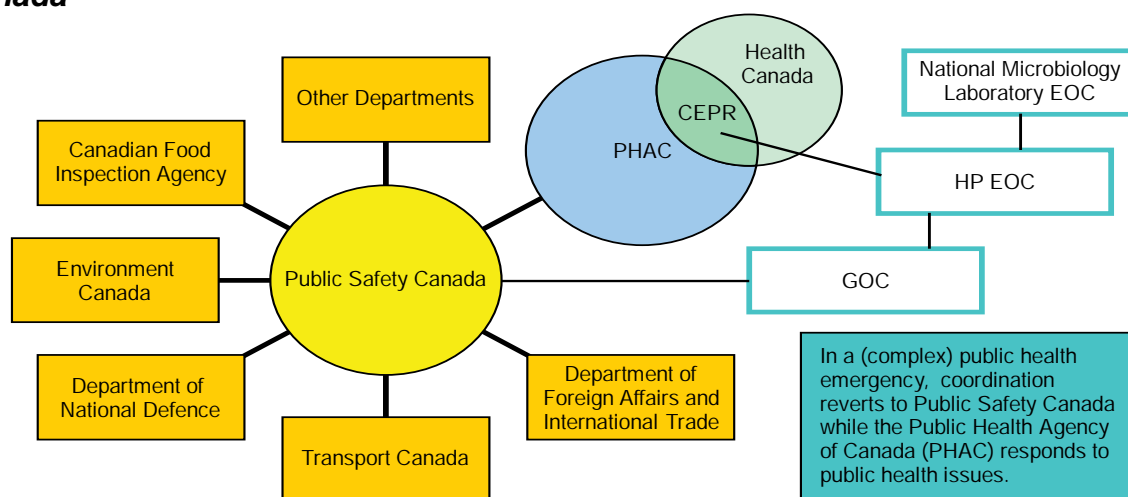
34. Working well with relevant departments is essential for achieving PHAC's expected contributions to Olympic readiness. The same applies with respect to working with stakeholders outside the federal government. Ineffective coordination of federal support is a key risk in managing the HP responsibilities for the Games. To examine this risk, we selected the following as among the most important relationships in terms of assuring that PHAC contributions are in alignment with expectations; that roles and responsibilities are clear and understood; and that expectation gaps, if any, are being addressed.
35. We conducted interviews with representatives of these entities and, where available at the federal level, examined committee minutes and related documentation.
 - Federal Departments and Agencies
 - Health Canada (HC);
 - Public Safety Canada (PSC);
 - Royal Canadian Mounted Police (RCMP);
 - Canadian Border Service Agency (CBSA); and
 - Canadian Heritage (PCH)
 - Other levels of Government

- British Columbia Ministry of Health;
 - British Columbia Centre for Disease Control (BCCDC); and
 - Vancouver Coastal Health (VCH)
36. In summary, PHAC is largely meeting the expectations of its partners and stakeholders. Roles and responsibilities are sufficiently clear, and with one exception beyond PHAC's control, gaps or issues that remain are being addressed. The nature of the relationship and significant outstanding issues are noted below.
37. **Health Canada:** As described above, HC participates with PHAC in the Health Portfolio. From a Health Portfolio perspective, all outstanding issues that have the potential to affect operations during the Games have been or are being addressed. This relationship was described as excellent and the quality of communication was also praised. As in all aspects of Olympic readiness, surge capacity is being addressed but remains a risk due to the potential impact of H1N1 – or some other event – both in terms of demands on staff time as well as the potential impact of illness among staff. There was some concern expressed that the HP Emergency Response Plan is still in draft form, but approval is expected soon.
38. **Public Safety Canada:** The Minister of Public Safety Canada has a key role to play both as Minister responsible for PSC and the RCMP. The PSC Minister is responsible for exercising leadership relating to emergency management in Canada by coordinating emergency management activities among government institutions and in cooperation with the provinces and other entities as per the *Emergency Management Act*.
39. PSC is responsible for coordinating an all-hazard approach to emergency preparedness and response on behalf of the Government of Canada. In this role, staff at PSC provides policy advice to the Minister for the Canada-BC 2010 Olympic and Paralympic Security Cost Sharing Agreement and for supporting the RCMP during the planning and implementation phases. The approach is to build on existing plans and arrangements, such as the Federal Emergency Response Plan and the timely passage of situation information.
40. For the purposes of this review, the relationship of PHAC to the Government Operations Centre managed by PSC is of key importance. According to the draft 2.2 (Nov 2008) HP Annex to the Mass Gathering Plan:
- *In order to fulfill its purpose, the Health Portfolio Emergency Operations Center (HP EOC) must work on a regular basis with a host of internal and external partners. Regarding internal connectivity for HP related activities during the 2010 Winter Games, the HP EOC will have direct connectivity, both by non-secure and secure means, with the National Microbiology*

Laboratory (NML) Emergency Operations Center (EOC), the Regional OCC and Health Canada's Business Continuity Centers (HC-BCC). On a federal level, the HP EOC will have direct links with the Government Operations Centre, managed by Public Safety Canada, and, potentially, with other partners such as the RCMP, CBSA, the Canadian Food Inspection Agency (CFIA) and so on, depending on the situation.

41. The HP relationship within the Emergency Management Framework for Canada is illustrated in Figure 1.

Figure 1: HP relationship within the Emergency Management Framework for Canada



42. The relationship is functioning well. PSC has no concerns with respect to possibility of not being able to rely on PHAC commitments and assurances from CEPR and HP EOC.
43. **Royal Canadian Mounted Police:** The RCMP's most important relationship to PHAC for the Games is in terms of embedding PHAC's MERT with its CBRNE team for detecting possible bio/disease/pathogen terror attacks. The RCMP is also involved with PHAC on various security related committees and as the lead for the security related RMAF and RBAF.
44. The RCMP has no outstanding issues and views its relationships with PHAC as excellent. It appreciates, for example, that PHAC has provided training to the CBRNE response team; and in that role is "truly part of the team" and always show up "game ready".
45. **Canadian Border Service Agency:** CBSA assists the Agency in the administration of the *Quarantine Act* and the Quarantine Regulations established

- there-under. CBSA relies on PHAC's Quarantine Service to identify risks posed by travellers presenting possible infectious diseases symptoms. If there is an emergency that results in significant congestion at the border, the "Plan for Movement of People and Goods During and Following an Emergency" outlines a process for prioritizing the cross-border movement of people and goods (including supplies and equipment, emergency responders and medical personnel) during an emergency that involves massive congestion at the border. This plan involves coordination with all federal departments as well as with provincial, territorial, municipal and local government departments and agencies involved in the movement of people and goods across international borders.
46. There is a good working relationship and no expectations gaps. There is a concern that H1N1 could impact on staffing or otherwise prove very challenging, but no concern that PHAC has been remiss in its preparations.
47. **Canadian Heritage:** The 2010 Federal Secretariat within Canadian Heritage facilitates and supports a 'whole of government approach' to ensure the delivery of high quality Games, and to maximize the sustainable social and economic benefits for all Canadians offered by hosting the Games. Its 2010 Federal Secretariat works with federal departments and agencies and stakeholders to "leverage the Games as an opportunity to advance public policy objectives, establish lasting legacies, and derive maximum benefit for all Canadians." PCH is also responsible for the development of the overall RMAF and RBAF for the non-security aspects of the Games and coordination of accommodation and access requests.
48. PCH anticipates no significant issues with respect to PHAC and Olympic readiness. We agree.
49. **British Columbia Ministry of Health:** Like the federal government, BC is using emergency management structures to prepare for and manage the Games as a planned mass gathering. Among them are:
- BC Ministry of Health Services, and its Emergency Management Unit (EMU) are leading a planning process across the health sector which involves a number of committees. This includes an Executive Steering Committee and a 2010 Integrated Health Emergency Planning Committee;
 - BC Ministry Healthy Living and Sport, which is responsible for managing public health emergencies such as an influenza pandemic, and the ActNow initiative, which will deliver a broad range of health promotion activities connected to hosting the Games; and
 - Day-to-day coordination across health agencies during the Games using emergency management structures and process. This will include coordination with other agencies at the Provincial Regional Emergency Operations Centre in Surrey.

50. If the province requires assistance, it will follow normal channels to engage the Health Portfolio through the Ministry of Health Services Emergency Management Unit.
51. In summary, the relationship is good. We observed no evidence of expectations gaps.
52. **British Columbia Centre for Disease Control:** BCCDC is an agency of the BC Health Services Authority that focuses on preventing and controlling communicable disease and promoting environmental health in BC. It is the provincial central point of contact for PHAC and HC in BC. It provides expert advice to the BC Ministry of Health, the Provincial Health Officer and the Regional Health Authorities. It has a mandate to coordinate and lead the public health response to outbreaks and other emergencies in the province and is responsible for the recently completed reference level laboratory for the province: a "Containment Level 3" facility.
53. In general BCCDC is satisfied with its relations with PHAC. It has, for instance, accepted to embed a Field Epidemiologist from PHAC for the Games. However, BCCDC was concerned that MERT had not integrated its testing with the local public health authorities who have the legal authority and responsibility for taking public health action in BC. BCCDC's position was that it therefore needs agreements with MERT about testing protocols for confirmation of testing, including a process and protocol for confirmatory testing. In their view, this would better respect provincial jurisdiction for local public health, use where appropriate and available, existing BCCDC laboratory facilities, and conform to the legal authority of the local MHO and BCCDC for communicating to the public on local public health risks and issues. In discussion, MERT indicated to BCCDC that the protocols would be shared. MERT recently indicated, however, that samples will be provided to BCCDC only if the test result is urgently required and that protocols will not be shared because they are classified for national security reasons. MERT will, however, give BCCDC training on detection and identification of specific organisms. MERT also provided assurance that it does not plan to communicate with the public.
54. The protocol classification issue was communicated only in October 2009 after many months of discussion. Clearly more consistent and timely dialogue on such issues would have been preferable.
55. With respect to Quarantine, BCCDC was concerned about coverage at sea ports and about the ability to detain people for a prolonged period (over 8 hours) if needed. According to PHAC's Quarantine Service, however, there are good working relationships with local authorities; there are officers on call; and there is no indication to date that cruise ships will be docking during the Games.
56. **Vancouver Coastal Health:** VCH is charged with providing public health services to the Vancouver Organizing Committee (VANOC) for the Games and

the community.

57. In terms of its relationship with PHAC, VCH still has concerns about coordination of a bio terrorism response but has left resolution of the issue to BCCDC. Therefore, the security classification of the exchange of protocols which is supposed to take place between MERT and BCCDC leaves an expectation gap with respect to this issue for VCH as well. Notwithstanding, there are no significant outstanding issues.
58. **Vancouver Organizing Committee:** VANOC is the not-for-profit corporation responsible for the planning, organizing and staging of the Games. PHAC has many interactions with VANOC. In terms of ensuring public health and safety during the Games, VANOC is responsible for organizing all aspects of medical/health services related to the Games and implementing doping controls.
59. With regards to the coordination of medical response for the Olympic and Paralympic venues, the Government of British Columbia agreed in 2008 to purchase an EMU for Whistler at a cost of \$5 million. In support of this, PHAC has agreed to allocate a \$1 million operations grant to VANOC. The EMU, which was delivered to VANOC in the summer of 2009, has the same capability as a typical modern urban hospital emergency operating room including emergency surgery capability. There are no major outstanding issues with VANOC.

PHAC 2010 Olympic Related Activities

Public Health Surveillance System

60. In order to identify infectious disease outbreaks in a timely manner, including those potentially caused by bio-terrorism agents, it is necessary to create a surveillance system that includes both the medical facilities within Olympic venues as well as community medical sites. While the province of BC and local public health authorities will primarily be responsible for creating a surveillance system, PHAC will provide assistance as required in the form of expertise, databases and the positioning and staffing of mobile laboratories in Whistler and Vancouver. This arrangement will provide on-site capacity for the timely diagnosis of bio-terrorism associated infectious agents and pre-empt the need for rapid transportation of specimens to Vancouver and/or Winnipeg.
61. The Global Public Health Intelligence Network (GPHIN) plans to provide 24/7 surveillance of global public health events relevant to the Olympics, perform media monitoring and report on potential threats and disseminate this information to public health officials through a secure website. GPHIN will increase monitoring six months prior to and one month after the Games as well

as being staffed 24/7 during the Games.

62. **Staffing and Training:** The plan has not been fully implemented because GPHIN is not yet operating with its full complement. Approval was received in late October to hire additional staff. Depending on how long the process takes, there is a low risk that training will not be concluded in time for the Olympics.
63. **Protocols and Plans** The Agency will be required to prepare and disseminate to the Games surveillance team (including local, provincial, and other federal government departments and agencies as well as stakeholders such as VANOC) daily status reports summarizing relevant public health events including significant risks identified by PHAC program managers. These types of reports are currently being tested through pilots. We have been informed that a database to massage information contained in the reports has not yet been developed. When ready, this database will be used to track the response to the event by the Agency and all relevant parties. Various existing models have been assessed. There is a possibility that this component will not be ready in time for the Games, although a prototype should be ready. If it is not ready, an existing reporting mechanism will be used.
64. PHAC will also be required to perform risk assessments on health reports produced by the province. There are now plans to recruit staff to assist with the task of producing a consolidated report.
65. There is an overall risk that surveillance activities may not be delivered as planned, affecting both coverage and timeliness of the reports.
66. **Recommendation:** *PHAC should have a contingency plan in case training and staffing for additional surveillance officers has not been completed.*

Management Response: Agreed. With respect to preparation of officers who are identified to be mobilised to the field to support epidemiology and surveillance activities: a final round of field training will take place before the end of the calendar year.

PHAC will use its rosters of skilled technical resources to identify appropriate staff to support epidemiology and surveillance activities.

Provision of Medical Equipment and Supplies

67. BC and local public health authorities will primarily be responsible for providing medical services during the Games. The Office of Emergency Response Service (OERS) will provide equipment and medical supplies to assist and augment capacity in the Vancouver/Whistler area during the Games.

68. There are no significant issues. Work is proceeding in a manner which is satisfactory to all parties.

Emergency Training

69. The Office Emergency Preparedness(OEP) in CEPR will provide:
- Training to Federal/Provincial/Territorial (F/P/T) health responders in the roles and responsibilities described in the 2010 Olympics/Paralympics contingency plan;
 - Chemical-Biological-Radiological-Nuclear training for local and provincial responders;
 - Training of new quarantine officers;
 - Training of laboratory workers; and
 - Training of the Health Emergency Response Team.
70. A great deal of activity is currently underway. Job shadowing was used to increase the cadre of trained staff in July and August. Section-specific training was scheduled for October for evaluation in Exercise Gold. In September, Emergency Preparedness and Response (EPR) training was delivered to BC regional and National Capital Region staff. As well, schedules and courses have been developed, and courses and participating staff identified.
71. PHAC staff is confident that all required training can be delivered. Our concern is that this will require continual monitoring, especially if H1N1 flu has a direct impact on staff or takes away from the time allocated for training.

Laboratory Services and Microbiological Emergency Response Team

72. The Office of Laboratory Security, CEPR and the National Microbiology Laboratory are expected to:
- Position and staff a mobile laboratory in Whistler, BC, as well as one in Vancouver. Each MERT lab is to be capable of rapidly processing environmental specimens using Polymerase Chain Reaction technology in order to detect the presence of biological agents. This arrangement will provide on-site capacity for the timely diagnosis of bio-terrorism-associated infectious agents and pre-empt the need for rapid transportation of specimens to Vancouver and/or Winnipeg;
 - Have the federally-led eight-member Emergency Response Assistance Team on stand-by. Members of this team will work in the province of BC. This team will assist if the transportation of Risk Group 4 pathogens is necessary. As well, a field epidemiologist will be assigned

- to each lab.
 - Manage the supply of Laboratory Response Network reagents from the US Center for Disease Control and Prevention (CDC) to BCCDC and other provincial laboratories;
 - Provide surge capacity for the initial screening of bio-threat agents in a clinical setting; and
 - Provide bio-terrorism reference and support services for the provincial laboratories including BCCDC.
73. MERT is a key element of the Chemical Biological Radiological Nuclear Explosives Response Team. It is responsible for supporting the RCMP led Joint National CBRNE Response Team by providing on-site, rapid identification of human and zoonotic bio-terrorist agents as well as developing agent-specific forensic evidence for attribution and criminal prosecution.
74. More specifically, MERT is expected to provide:
- On-site, real-time rapid diagnostic assessment of bio-threat agents;
 - Advice to Canadian Forces and RCMP on identification of samples and appropriate sampling methodology;
 - Support to international community as part of the Global Outbreak Alert and Response Network; and
 - Support to provincial authorities following a request from the provincial Chief Medical Officer of Health.
75. Defence Research and Development Canada (DRDC), the Forensic Identification Research Operations Support Services of RCMP and PHAC submitted a funding proposal under the Canadian Research and Technology Initiative Pan Cluster Technology Acquisition Project to procure a mobile laboratory for PHAC. The amount received for the acquisition was \$1.79 million. The laboratory has been acquired and will operate during the Games.
76. **Human Resources:** There are issues of staffing and backup. The most serious relates to the leader of MERT, a research scientist with acknowledged expertise in the area. We were told his expertise is unique in Canada and, therefore, his contribution is essential to any program designed to counter bio-terrorism. Succession planning is difficult in this situation. We were told that the team contains the absolute minimum number for operations and that training will be completed in December. We did not, however, have the time or information to assess the validity of this concern.
77. **Contracts for Reagents:** Eight contracts for the supply of reagents to be used for testing potential bio-threats have to be written. We have been informed that the reagents are ready, but that the contracts are not yet in place.
78. **Classified Information:** As noted above BCCDC has jurisdictional concerns

with respect to whether MERT has legal authority to be the first recipient of samples, and the integration of their plans with those of PHAC. However, as also noted the protocols will not be shared because they have been classified for national security reasons. For the same reason, intelligence or information acquired by MERT that was shared with NML, Regional Operations Coordination Centre (ROCC), or HPEOC in the Exercise Gold may be restricted as deemed necessary by the RCMP and kept confidential during the Olympics.

79. **Recommendation:** *An approved protocol must be developed to clarify how MERT and CBRNE partners will, or will not, share classified information on CBRNE during the Games.*

Management Response: Agreed. PHAC is working on establishing the proper standard Operating procedures (SOPs) for information sharing to be used during such events.

80. **Operational Readiness of Labs:** The ultimate and overall risk is that the laboratories themselves will not be ready. Staff believe that this risk is extremely low and that placing a contract for air sampling is the only remaining major outstanding issue. To confirm, we invited RCMP to comment on whether their expectations were being met. Their positive response reinforces our assessment that there are no significant readiness issues concerning MERT and PHAC's role with respect to CBRNE.

81. **Future Funding Issues:** A significant ongoing issue for PHAC is that this activity involves expenditures many times greater than the original allocation from TB. This will have future financial impacts with respect to PHAC's role in CBRNE for upcoming mass gathering events. Since this review is concerned primarily with whether PHAC will be ready for the Games, we have not assessed the reasonableness of either the increased funding requirements or the staffing levels except insofar as they impact on readiness. We have assumed that staffing levels, for instance, are based on a well founded operational analysis and encountered no suggestion that the levels were either too high or too low. However there has been no independent evaluation of the activity or the associated risk assessment. Such an assessment would include a review of HR issues, program relevance and effectiveness. The overall purpose would be to assist the Agency in its decisions about the future role of MERT.

82. **Recommendation:** *We recommend an independent evaluation of MERT.*

Management Response: Agreed. An independent evaluation would be useful to assist the Agency in its decisions about the future role of MERT. This project will be considered in the development of the Agency's 2010-2015 evaluation plan.

Quarantine

83. Under the *Quarantine Act*, the Centre for Emergency Preparedness and Response's Office of Quarantine Services must ensure that sufficient resources are in place to address the health issues posed by the influx of large numbers of travellers from around the world, and that assessment of these travellers is conducted in a timely and efficient manner.
84. For the Games (excluding Paralympic games, where the regular schedule of quarantine services will be maintained), the Office of Quarantine Services intends to increase its current capacity through deployment of Quarantine Officers from other regions to cover the expected increased traffic at the Vancouver airport. This temporary relocation of staff will enable the Quarantine Services to respond to the additional need of support from our stakeholders and the increase in passenger load at ports of entry in BC while maintaining a 24/7 service. No additional staff will be deployed at the five other major airports that house Quarantine Stations.
85. To cover the expected increase of visitors arriving at the Vancouver Airport, four additional staff will be deployed to Vancouver. At the time of writing, schedules had not been finalized, due in part to the need to realign staff at the other airports in Canada. Issues of bilingual coverage are being addressed.
86. We noted that the plan to deal with passengers from international flights showing signs of respiratory problems or symptoms of other communicable diseases does not prepare for an event where isolating more than 20 travellers for more than about eight hours becomes necessary. While there are facilities to quarantine a small number of passengers for several days or more, and to isolate even an entire plane load for up to about eight hours, there are no firm contingency plans that have been exercised for larger numbers, or longer quarantine periods. We were informed that while such an event could have a potentially high impact, the probability is extremely low. Although airport authorities have discussed a spectrum of options to respond to this eventuality, these have not been exercised, and therefore their validity is unknown.
87. We noted that in terms of being extremely low probability, but potentially high impact, a long term quarantine of large numbers resembles the risk profile of a bioterrorist event – low probability but high impact. As previously noted, large resources are being devoted to deal with a very low probability, high impact bioterrorism event compared to very minimal resources planning for an event requiring extensive quarantine. While we have seen no formal justification for taking such different approaches, we noted that taking extraordinary precautions against a bio-terrorist event might have a deterrent effect that can actually reduce the very low probability even further, as compared to an "accidental" event which will not have any lower probability of occurring because of the precautions taken.

88. Apart from the absence of a risk assessment, specifying the planning assumptions and level of risks, all other outstanding issues have been or are in the process of being addressed.

Emergency Operations Centre

89. CEPR's EOC functions as the focal point for the management of all health events and emergencies in coordination with the federal government Operations Centre. The EOC is maintained in a constant state of readiness to deal with public health emergencies. The HP EOC provides the physical and technical means to support event management services for the Health Portfolio. In that sense it is the portfolio's overall strategic level emergency operations centre.
90. Regarding internal connectivity for HP related activities during the Games, the HP EOC will have direct connectivity, both by non-secure and secure means, with the NML EOC in Winnipeg, the ROCC in Vancouver and Health Canada's Business Continuity Centers. On a federal level, the HP EOC has direct links with the Government Operations Centre managed by Public Safety Canada and, potentially, with other federal departments and agencies, depending on the situation.
91. PHAC will elevate the EOC to 24/7 operational status to monitor events prior to, during and after the Games (January to March 2010) to ensure immediate support capacity to any health emergency or natural or other disasters that may occur. This will involve operations in Ottawa in collaboration with a Regional Coordination Centre in Vancouver and with additional involvement with other government departments in the event of an emergency.
92. A number of issues are in the process of being dealt with and are expected to be completed before the Games. They include:
- Ensuring interoperability and secure connectivity;
 - The concept of operations – which outlines the identification and communication of roles and responsibilities for all three EOC's. A draft exists in Appendix A to the HP Mass Gathering Public Health Plan for the Games but until approval, this remains a work in progress. The due date for "completion" (it is an evergreen document up to and including the time of the Games) is now January.
 - HR issues—including scheduling, accommodation, and overtime, including measures to identify and mitigate risk of burnout; and
 - The need to acknowledge to stakeholders that capacity is not adequate to deal with a third major event, in addition to H1N1 and the Games.

93. We are not aware of additional actions that should be taken but for which there are no plans.

BC/Yukon Region

94. PHAC's BC/Yukon Regional Office is the local platform for both planning and regional services delivery of PHAC's Games activities, including the Vancouver ROCC. The Regional Office represents the Agency on a number of local Games planning bodies that will become interdepartmental and intergovernmental operational groups. Examples include several Pacific Federal Council committees and the BC Ministry of Health's Integrated 2010 Health Planning Group. Prior to and during the Games, the Regional Office will engage in and monitor activities at numerous levels in the region to inform all of the Agency's 2010 activities and ensure collaboration of service delivery at the local level.
95. Outstanding issues being addressed include the need to complete required training, obtaining all required clearances, and working on various HR issues such as deployment agreements, adherence to collective agreements, and making provision for worker care.
96. The Regional Office is fully engaged and respected by local, provincial, and other federal government departments and agencies and stakeholders.

Health Emergency Response Team (HERT)

97. The OERS, within the CEPR, will pre-position a HERT for emergency medical response for the period surrounding the Games. The HERT will be available to supplement health care resources in the communities by providing health services capacity and ensuring the ability to deal with the consequences of a natural disaster, a terrorist incident or other emergencies that may require supplementary mass casualty response. This service is needed in Whistler due to its relative isolation from Vancouver-based treatment facilities and given the scale of the event and the limited resources in place within the community. Additionally, given the large influx of visitors expected in Vancouver during the Games, the HERT may be needed to provide emergency health care at the community level for mass casualty incidents which exceed provincial capacity.
98. A Rapid Response Team is to be on call. Current plans call for teams of six to be on rotation for 55 days. A Medical Response team will be prepared for deployment should the need arise (approximately 64 medical and support specialists). The composition of an advance team and the review of its anticipated activities and call up procedures for the medical response team were tested during the last Exercise Silver. Finally, a Medical Response

Capacity for surge support for any out of area events may be made available upon request from the Province/Territory. In lieu of providing medical personnel directly, PHAC has provided a grant of \$1 million to VANOC to assist with the costs of personnel (medical professionals and support staff) and to staff the Medical Mobile Unit that will provide surgical services in Whistler.

99. National Office for Emergency Response Teams (NOHERT) is also deploying an advance team to Vancouver to participate in surveillance, risk assessment, risk management and contingency planning during the games.
100. NOHERT will have a basic HERT available to deploy to Vancouver in the event of a provincial request for assistance and, should the province request the deployment of a HERT, the advance team will be in place to facilitate deployment.
101. All significant issues have been or are being addressed.

Public Information on Health Risks

102. PHAC received \$72,000 for IDEP Branch "to work to minimize the impact of specific health risks during the Games by working with HC and BC in providing information to the public on identified risks and prevention strategies." In fact, the costs of communication activities related to the Games and H1N1 will be much greater than this. One reason is that while the additional funds are to provide "public information on health risks", PHAC's plans are oriented towards the use of existing platforms to promote health and the benefits of physical activity as well as the development of communications protocols in an emergency.
103. A Health Portfolio Crisis and Emergency Communications Protocol which dictates communication strategies to be taken should there be an event with public health implications around Games time is in place. We are informed that the guidelines have been, and will continue to be further improved using lessons learned from 2010 Exercises and the H1N1 experience.
104. A Health Portfolio 2010 Winter Games Communications Framework, as well as health promotion, e-communications, internal communications and media relations strategies, have been drafted, circulated for comment, and are presently in approval stages. Given the H1N1 outbreak, a strategic risk communications strategy (including public affairs, social marketing, media relations, internal communications, and e-communications elements) will be developed. The objective will be to outline specific proactive communications activities to be undertaken before and during Games time to promote the prevention of the spread of infectious diseases.

105. Outstanding issues include what PHAC's role will or will not be in the Canada pavilion in Vancouver; the need for further planning for adequate surge capacity; the development of related contingency plans, especially in view of current high urgency of the H1N1 pandemic; and, completion of additional staffing actions that are currently underway.

106. In interviews, there was general appreciation for the contributions of communications for both the health promotion and emergencies aspects. Protocols and relations with stakeholders and with local, provincial, and other federal government departments were well tested and confirmed in Exercise Gold. However, and as noted above, most tools to disseminate public information on health risks are yet to be finalized.

Mass Gathering Evaluation and Protocols

107. Under the *Emergency Management Act*, federal departments are required to prepare emergency response plans and procedures to address threats and risks that occur within departmental mandates. As the HP leads during a public health emergency, PHAC is required to develop an HP Mass Gathering Public Health Plan to address the health requirements for this event. The plan will cover pre-event, event and post-event activities.
108. The draft HP Mass Gathering Public Health Plan and 2010 Appendix includes information flow/procedures to ensure effective collaboration, coordination and liaison with the Agency managers and health stakeholders at all levels. It was approved by the Health Portfolio 2010 Olympic DG Steering Committee in September 2009. However, as of the date of writing, it was still not formally approved at the ministerial level.

Common and Horizontal Issues

Roles and Responsibilities Clear and Understood

109. Clearly defined roles, responsibilities, and approval processes are required. Many opportunities for improvement were identified in Exercise Silver. An after-action report and improvement plan were completed. However, the Improvement Plan did not report on actions actually taken. As a result, we cannot report how much of this plan was implemented.
110. Exercise Gold held in early November 2009 was designed to confirm whether roles, responsibilities and approval processes functioned well and as intended. In general, participants and evaluators reported that they did, but minor adjustments still need to be made.

Risks Identified and Organizational Impacts Planned For

111. Risk identification and assessment is at the core of PHAC's mandate and expertise. It is also fundamental to PHAC's operational capacities and for defining what surge capacities are required. Operationally, PHAC and the HP have used the Hazard, Risk and Vulnerability Analysis tool developed by the BC Ministry of Public Safety. While we did not see explicit examples of how this tool has been used in practice by PHAC, it has been described by the BC Auditor General as "comprehensive, yet simple to use." It is also referred to in a draft Concept of Operations: "In essence, the increased risk includes the potential for terrorist activity; mass gatherings at competition venues and live sites; significant use of temporary structures; scrutiny of the international media; and increased demand for some healthcare staff employed at Games venue."

In addition, there are risks to public health due to flu and other infectious diseases.

112. We expected to see these risks identified, supported, and incorporated into operational plans. In general, we observed that they were identified though it was difficult to see a difference in level of expected preparations between requirements for operational readiness for events deemed to be likely (e.g. a flu epidemic) versus events deemed to have a very low probability (e.g. a bio-terrorist event).
113. From the perspective of the need to mitigate security risks, the expectations of the Coordinator for the 2010 Olympics and G8 Security in the PCO are fundamental and include the preparation of a threat assessment, a risk assessment (combining probability and severity or magnitude of the event), a mitigation strategy to address the identified risks, and the development of contingency plans.
114. The Agency is in the process of developing the relevant risk impact and threat assessments. Although ideally this would have been done several months ago, we note that PHAC's plan to complete them before the Games is on schedule. A business impact analysis is being conducted in November, to be followed by a threat and risk assessment. This may result in a requirement for increased planning and controls to mitigate the effects an event/emergency may have on Games services.
115. With respect to CBRNE and similar security related threats and risks, the threat and risk assessments are not PHAC's responsibility but those of the relevant police and security agencies. We noted that even with the very low probability of an event, a risk assessment may require a high level of resources to ensure readiness because the severity of the event itself would be great. This is a decision that is outside of PHAC's area of responsibility.
116. **Recommendation:** *Since not all risks can be fully mitigated, it is important to be transparent about trade-offs between services and activities that might have to be curtailed. We recommend that these trade-offs be clearly identified in the work being done in the Business Impact Analysis and Threat and Risk Assessment.*

Management Response: Agreed. The PHAC Facilities and Security Management, BCP program has completed an Agency wide Business Impact Assessment (BIA), Threat Risk Assessments (TRA) are in the process of being conducted.

The 2010 Winter Games Secretariat will adopt the BCP program BIA and TRA process to address 2010 Winter Games critical services.

H1N1 Flu Virus

117. H1N1 is a major challenge that impacts PHAC and likely on the Games. A number of actions have been taken during the summer and fall to anticipate and mitigate its impacts. As an example, the physical capacity of the EOC has been expanded and there are facilities in place to deal with two events simultaneously. There is confidence that a robust communication structure and linkages are in place for the Games. 2010-specific planning is being led by CEPR to anticipate and mitigate the risks of a pandemic H1N1 resurgence affecting the Games. Scenarios are being discussed and responses are being developed to address most circumstances.
118. PHAC's business continuity plan (BCP) deals with contingencies of up to 15-20% of staff unable to work. Clearly, there will be negative impacts on surge capacity if absences exceed this level. We noted that for several activities, PHAC staff has explicitly noted (e.g. MERT) that staffing will be barely sufficient for anticipated levels of activity. However, we did not see plans that described how or if an activity will be conducted if a high percentage of employees are unable to work.

Human Resources Issues Addressed

119. HR is critical to Olympic readiness. Identifying staffing, accommodation, travel, backing up, training, accreditation and security clearances, and employee health and safety requirements must be done adequately if HR issues are not to become large risks for the Agency. HR issues include the following:
 - **Overtime** It is important to estimate the cost of overtime, and identify employees willing to work overtime when required. Estimates of the overtime have been made, but we have not seen evidence for how much of this is a contingency estimate and how much has been scheduled.
 - **Back-up and Key people succession** .We were told plans are being developed to identify the appropriate staff for MERT.
 - **Staffing** This is an issue in several areas – new staff is being hired, some for permanent positions, some on term basis. Staffing is still on-going for the Communications Directorate, MERT, EOC, and GPHIN.
 - **Leave Policy.** Given the needs for surge capacity and possible impacts of H1N1, it may be preferable to limit approval of discretionary leave until the end of March in order for the Agency to be in a position to meet its operational requirements. These issues are still being discussed.
 - **Training.** Much of the required training has been scheduled or completed. Some is still to come, e.g. GPHIN.
 - **Secret clearances and Accreditation** These are being processed on a priority basis where required.

- **Psycho-Social Issues.** In a stressful emergency situation, there can be issues related to stress, family responsibilities, and others. While we heard mention of these issues, we did not see clear plans for dealing with these eventualities.

Use of Feasible and Appropriate Work and Operational Plans

120. Surge requirements are in the process of being specified. One definition of surge capacity is that it is a measure of the ability to expand acute medical care capabilities for an increased volume of patients. Within PHAC, it is also used as a term to express the degree to which the Agency has the capacity and resources, including human resources, to respond to emergencies. While we heard the term frequently, we only occasionally heard it attached to an actual number of staff required in a certain place at a certain time. As well, it is essential that scheduling should be sufficiently detailed. Although much work has been done in this area, planning, training, and identifying surge capacity needs and resources remains an ongoing challenge, particularly in the context of the H1N1 pandemic.
121. In every Olympic related activity we have reviewed, there was a high level of confidence that everything that needs to be done will be done in a timely fashion. However, we observed few detailed operational or work plans because most were still being developed or finalized. So, for example, while we were informed that there is a plan for obtaining staff and equipment to meet high expectations for mobile labs and lab services, we did not actually see it. We did observe some plans and schedules for the EOC's, for Quarantine, National Emergency Stockpile System (NESS), for HR issues such as staffing, succession planning, backup, and overtime, among others.
122. Management has indicated that it is undertaking the following actions:
 - Final adjustments to the various Concepts of Operation;
 - Implementation of the data base which will enable tracking and monitoring of the various activities being undertaken by PHAC;
 - Detailed estimation of human resources and surge capacity, plus a tool to enable scheduling of shifts; and
 - Working with Office of Public Health Practice on health surge capacity.
123. We cannot confirm that this has all happened. We can confirm that these issues are known and are being addressed. One exception is that with respect to a database for overall project management, a project was initiated to help with identifying what needs to be done when, a colour coded "readiness grid" that would provide this information at a glance. While in theory this would have provided a real time status of the various activities and help identify where there are gaps, delays, areas of concern as well as what is on schedule, this database was not completed.

124. **Recommendations:**

- *We recommend that surge gaps and replacement resources be clearly identified.*
- *We recommend that for major events, the Agency employ project management tools that enable management to monitor progress and gaps in real time.*

Management Response: Agreed. PHAC will use its skills-based rosters to identify appropriate resources to support surge requirements for response activities

The Agency will develop and implement project management tools that will assist in monitoring activities and managing the deployment of resources for future major events.

Information Technology (IT) Needs Addressed

125. Well functioning IM/IT is critical for Olympic readiness. There is a general need for connectivity, remote access, network operations, and in most instances to do so in a secure environment. In our interviews with program managers, and our review of recent minutes of the Working Group, IM/IT was not mentioned as a significant issue. As well, it was reported that IM/IT in the emergency management structure functioned well in the Gold exercise, and no major adjustments were required. While some issues remain, these are being addressed.
126. We have concerns about the Agency's capacity to obtain a timely resolution in case of significant service interruptions. This reflects the fact that the Agency has not invested in an IM/IT contingency plan for its critical services, therefore some risk remain.
127. **Recommendation:** *The Agency should develop and implement an IM/IT contingency plan to deal with significant service interruptions.*

Management Response: Agreed: The Agency is currently in the process of developing a plan that is operationally and financially feasible and reassessing its agreements with service providers such as Public Work and Government Services Canada (PWGSC) and Health Canada (HC).

Financial Issues Resolved

128. PHAC and HC received Treasury Board approval for funding for involvement in both security and non-security aspects of the Games. The additional funding allocated to PHAC totals \$2.7 million for non-security activities and \$900,000 for security activities over two fiscal years, ending in 2010. These amounts are intended to cover additional expenditures over and above what PHAC would normally spend.
129. The allocation from Treasury Board of \$3.6 million does not cover all the additional costs PHAC will incur with respect to the Games. These costs include training, exercises such as Silver and Gold, IM/IT hardware, software, and related peripherals and connectivity, costs of additional staff and consultants, overtime, accommodation, medical supplies and equipment for NESS, equipments and staffing of the mobile labs.
130. Management initiated a challenge process to more accurately validate these additional costs. The current estimated shortfall is about \$5 million. This does not include \$1.79 million funding received from the CBRNE Research & Technology Initiative (CRTI) Defence and Research and Development Canada for a mobile laboratory. The decision was taken to cover the shortfall through internal reallocations. As a result, the funding shortfall is not an impediment to Olympic readiness.
131. With respect to financial reporting, PHAC must be able to provide a summary of its expenditures on the Games. Financial codes have been established to capture expenditures on the Olympics. For accurate reporting, it is essential that the correct coding be used consistently. We did not verify, whether this is actually done.
132. **Recommendation:** *We recommend that the Agency strengthen its financial planning and reporting practices for major events.*

Management Response: Agreed. CFO will undertake an analysis to identify root causes of the shortfall and any related financial reporting issues in order to implement best practices for similar events.

Appropriate Performance Measures and Evaluation Plans in Place

133. The 2010 Federal Secretariat chaired by Canadian Heritage has a non-security RMAF on behalf of the entire government. The indicators suggested by PHAC, are:
 - Standard Operating Procedure (SOPs), infrastructure and operational

- capacity for 24/7 activation of the Health Portfolio EOC from January - March 2010;
 - An increase from our current airport capacity to respond to the additional need of support from our stakeholders and the increase in passenger load at ports of entry in British Columbia;
 - Rapid Response Team on site during the Games;
 - HERT ready to be deployed during the Games;
 - Federal public health communications strategy during the Games; and
 - Public health mass gathering plan in place.
134. There is also a Security RMAF led by RCMP in collaboration with departments and agencies, including PHAC which have a responsibility for Olympic security. It encompasses a four-phased approach that addresses design and planning, operational readiness, games operations, and demobilization/de-brief. It refers to a "coordinated performance measurement and evaluation plan which focuses on measuring, evaluating, and reporting on high level, cross-cutting issues of strategic relevance to the initiative."
135. The Security RMAF has many performance indicators, most of which are activity based, such as number of equipment, spending, quality of intelligence, efficient accommodations, among others. The key performance indicators relevant for PHAC are:
- Clear roles, responsibilities and decision-making authorities; and
 - Key federal delivery departments and agencies declare operationally ready in a timely, consistent and efficient manner.
136. In view of the fact that there will be significant mass gatherings in the future, it is important that PHAC benefit from lessons learned from the Games. PHAC is a full participant in the design of both RMAF's and their associated evaluations. We also expect, as recommended in the section on MERT, that evaluations will be conducted on the performance during the Games of activities that will require significantly increased funding going forward in order to meet expectations for readiness requirements at other major future events.

Overall Conclusion

137. Our overall opinion on PHAC's readiness is positive. In addition, local, provincial, and other federal government departments and agencies, as well as PHAC staff, are also generally confident that PHAC is ready. The evaluators of Exercise Gold have provided further confirmation about readiness.
138. This report provides a review level of assurance with respect to PHAC's readiness as of November 10, 2009. However, as noted above, a key limitation is that we are expressing an opinion on whether the Agency will be ready 80 days later from the date of the report. It is not a guarantee.

Acknowledgement

139. We wish to express our appreciation for the cooperation and assistance afforded to the audit team by PHAC management and staff, as well as representatives of federal government departments and agencies, and from local and provincial officials in BC.

Appendix A: Review Criteria

Criterion 1

Roles, mandates, and responsibilities, with respect to governance, organization as well as for emergency operations, are clear within PHAC and with respect to partners and other government departments.

Criterion 2

PHAC's contributions to the Games are in full alignment with expectations and plans.

Criterion 3

PHAC's capacities to deliver are adequate.

Criterion 4

Work and operational plans are achievable, realistic and clearly defined.

Criterion 5

The level of risk and surge capacity, being planned for, is clear and understood by all.

Criterion 6

HR, IT and other project management issues are assessed and are being addressed.

Criterion 7

Performance measures are relevant and clear.

Appendix B: Roles and Responsibilities of Committees

Deputy Minister 2010 Committee

The Deputy Ministers' Coordination Committee (DM' Committee) provides executive leadership to ensure effective coordination in developing a comprehensive and coherent policy and program response to maximizing the federal government's investment in the Games. The DM Committee reviews proposals and, consistent with the Government's policy priorities, selects and recommends those initiatives that promote federal priorities and national values.

Representative Working Group (ADM level)

The Deputy Minister of each department has designated one primary contact at the Assistant Deputy Minister level to be a member of the RWG. Their role is to ensure that all areas of their department (program, policy, finance, cabinet affairs, and communications) are appropriately engaged as required on the Games file. They also represent their department at regular coordination meetings and monitor the activities of representatives from their department who participate in Issue Clusters or those on VANOC for the Games work groups. Moreover, they report to the DM Committee on the progress of the delivery of essential government services to the Games and provide recommendations concerning strategic program and policy proposals.

Essential Federal Services (DG level)

The Essential Federal Service Committee held its inaugural meeting on September 27, 2007. The Essential Federal Services Committee is established to ensure timely and diligent planning and delivery of mandated responsibilities. The primary purpose of the EFS Committee is to promote seamless planning and delivery of federal essential services, thereby ensuring sound coordination of federal support leading up to, during, and following the Games. As such, this committee will focus on operational issues related to the provision of essential federal services.

Health Portfolio Assistant Deputy Minister Steering Committee

This overarching ADM Committee, co-chaired by PHAC and HC, will report to PHAC's Chief Public Health Officer (CPHO) and Health Canada's DM. Its role is to manage policy and strategic issues at the senior management level.

Health Portfolio Director General Steering Committee

This Committee, co-chaired by PHAC and HC, reports to the HP ADM Steering Committee and provides updates on developments and addresses issues at the policy and operational levels. It also provides direction and guidance to the work of the Secretariat.

Health Portfolio 2010 Secretariat

The 2010 Health Portfolio Secretariat will be led by PHAC and ensure departmental and agency coordination at policy and operational levels. It reports to and provides support to the DG Committee. The 2010 HP Secretariat will develop briefings and other policy

material required by senior management or central agencies and oversee the delivery of essential federal services to be supplied by the Health Portfolio. Membership includes: Director of the Office of Emergency Preparedness, PHAC-CEPR; 2010 Project Manager, PHAC-CEPR, Policy Analyst (PHAC-CEPR), BC Regional Office support (PHAC), HC Representative(s) NCR and BC Region.

HP Internal Working Groups

PHAC's 2010 Winter Games Working Group and Health Canada's 2010 Olympic Network include representation from within each department and have no decision-making power. Both department specific groups would report to the 2010 Winter Games Secretariat.

Appendix C: List of Acronyms

BC	Government of British Columbia
BCCDC	British Columbia Center for Disease Control
CBRNE	Chemical Biological Radiological Nuclear Explosives
CBSA	Canada Border Services Agency
CDC	Center for Disease Control and Prevention
CFIA	Canadian Food Inspection Agency
PCH	Heritage Canada
CEPR	Center for Emergency Preparedness and Response
CPHO	Chief Public Health Officer
CRTI	CBRNE Research and Technology Initiative
DG	Director General
DRDC	Defence and Research Development Canada's
EFS	Essential Federal Services
EMU	Emergency Management Unit
EPR	Emergency Preparedness and Response
F/P/T	Federal, Provincial and Territorial
Games	2010 Olympic and Paralympic Winter Games
GoC	Government of Canada
GPHIN	Global Public Health Intelligence Network
HC	Health Canada
HC-BCC	Health Canada – Business Continuity Centers
HERT	Health Emergency Response Teams
HP	Health Portfolio
HP EOC	Health Portfolio Emergency Operations Centre
IDEP	Infectious Disease and Emergency Preparedness
IM/IT	Information Management/Information Technology
IOC	International Olympic Committee
MERT	Microbiological Emergency Response Team
NESS	National Emergency Stockpile System
NML	National Microbiology Laboratory
NOHERT	National Office for Emergency Response Teams
OEP	Office of Emergency Preparedness
OERS	Office of Emergency Response Service
PCO	Privy Council Office
PHAC	Public Health Agency of Canada
PSC	Public Safety Canada
RBAF	Risk-based Audit Framework
RCMP	Royal Canadian Mounted Police
RMAF	Results-based Management and Accountability Framework
ROCC	Regional Operations Coordination Centre
RWG	Representative Working Group
SOP	Standard Operating Procedure
TB	Treasury Board
VANOC	Vancouver Organizing Committee for the 2010 Olympic and Paralympic Winter Games
VCH	Vancouver Coast Health