



Correctional Service
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SAFETY, RESPECT
AND DIGNITY
FOR ALL

LA SÉCURITÉ,
LA DIGNITÉ
ET LE RESPECT
POUR TOUS

Audit of National Emergency Preparedness

Internal Audit

378-1-285

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Executive Summary

The Audit of National Emergency Preparedness was included in the 2012-2015 Risk-Based Audit Plan. The audit objectives were:

- to provide reasonable assurance that a management framework is in place for CSC's emergency preparedness plans and that the framework meets Treasury Board (TB) and departmental requirements, and
- to measure compliance of existing plans with legislation, policy and Correctional Service Canada (CSC) Directives.

Background

The *Emergency Management Act*¹ defines emergency management as “the prevention and mitigation of, preparedness for, response to and recovery from emergencies.” This audit focused its efforts on the emergency preparedness component of this definition.

At CSC, the National Emergency Preparedness Program is situated in the Security Branch which is part of Correctional Operations and Programs sector. The Departmental Security Division, which reports to the Director General of Security Branch, is responsible for CSC's National Emergency Preparedness Program. As Director of this division, the Departmental Security Officer has a national role at CSC to support operational units regarding emergency preparedness. At CSC, operational units have developed individual plans to respond to their specific needs in terms of emergency preparedness. In order to do so, mandatory requirements and guidance framework are provided to CSC via Government of Canada legislation, and TB policies and standards. Within CSC, the Commissioner's Directives (CDs) provide operational-level direction.

The audit was national in scope, including all five regions and National Headquarters. It was conducted using audit methodologies that included interviews with CSC staff, examination of documents and testing of a representative sample of CSC emergency preparedness plans.

Conclusion

Overall, the audit team concluded that with regard to CSC's National Emergency Preparedness Program, a management framework is in place. With respect to governance, CSC meets the legislative requirements and the policies and standards of TB. Roles and responsibilities of CSC staff with regard to national emergency preparedness are set out and well defined and the mandatory training is provided. CSC meets its reporting requirements to Public Safety.

¹ Emergency Management Act (S.C. 2007, c. 15) <http://laws-lois.justice.gc.ca/eng/acts/E-4.56/index.html>



The audit team also found in its examination of a sample of emergency plans, including both contingency and business continuity plans, they generally contained required information, with the exception of some cases of missing documentation.

Nonetheless, there are areas within the management framework of the emergency preparedness program and within the emergency plans themselves, where improvements can be made. These improvements can address the risk to the organization that the emergency plans will not be effective in the event of a situation. Specifically:

- An overall communications strategy is missing, in particular for those employees who are not directly involved in the management of emergencies or the implementation of emergency plans.
- CD 600 does not have reporting requirements for the mandatory testing of emergency plans, for both contingency and business continuity plans.
- The format and content of some emergency plans were different from the majority of emergency plans due to a lack of fulsome guidance.

Office of Primary Interest Response

The Correctional Operations and Programs Sector agrees with the audit findings and recommendations as presented in the report. We have prepared a detailed action plan to address the issues raised in the audit. More details on the actions to be taken have been provided for each recommendation. All actions to address recommendations are to be implemented by March 2014.



Statement of Assurance and Conformance

This engagement was conducted at a high level of assurance.

In my professional judgment as Chief Audit Executive, sufficient and appropriate audit procedures have been conducted and evidence gathered to support the accuracy of the opinion provided and contained in this report. The opinion is based on a comparison of the conditions, as they existed at the time, against pre-established audit criteria that were agreed on with management. The opinion is applicable only to the area examined.

The audit conforms to the Internal Auditing Standards for Government of Canada, as supported by the results of the quality assurance and improvement program. The evidence gathered was sufficient to provide senior management with proof of the opinion derived from the internal audit.

Date: _____

Sylvie Soucy, CIA

Chief Audit Executive



1.0 Introduction

The Audit of National Emergency Preparedness was included in the 2012-2015 Risk-Based Audit Plan as emergency preparedness was identified as an area of risk to the organization.

Background, Legislative and Policy Framework

The management of emergencies is a core responsibility of the Government of Canada shared by all federal government institutions. Public Safety Canada is the lead department in this area.

The *Federal Policy for Emergency Management* (the *Policy*) provides further detail in section 2.1 explaining that: “A key function for the Government of Canada is to promote the safety and security of Canada and Canadians. Threats and risks have become more complex, which has led many governments to increase their focus on emergency management issues. This complexity stems not only from the diversity of natural-hazards impacting modern societies but also includes transnational threats such as consequences of terrorism, globalized disease outbreaks, climate change, interdependent critical infrastructure, and attacks on information systems or networks. When these events happen, they can result in significant human and economic losses.”

From an overall perspective, The *Emergency Management Act*² defines emergency management as “the prevention and mitigation of, preparedness for, response to and recovery from emergencies.” This audit focused its efforts solely in the emergency preparedness component of this definition as required in the Risk-Based Audit Plan.

Focusing on the aspect of emergency preparedness, the Government of Canada has guiding legislation, policies, guidelines and standards that provide direction as to the specific requirements of government departments and how these obligations should be met with regard to emergency preparedness. They include the:

- *Emergencies Act*;³
- *Emergency Management Act*;⁴
- *Department of Public Safety and Emergency Preparedness Act*;⁵
- *Federal Policy for Emergency Management*;⁶
- *National Security Policy*;⁷
- *Policy on Government Security*;⁸

² Ibid 1

³ *Emergencies Act* (R.S.C., 1985, c. 22 (4th Supp.)):
<http://laws-lois.justice.gc.ca/eng/acts/E-4.5/index.html>

⁴ Ibid 1

⁵ *Department of Public Safety and Emergency Preparedness Act* (S.C. 2005, c. 10):
<http://laws-lois.justice.gc.ca/eng/acts/P-31.55/index.html>

⁶ FPEM (December 10, 2009): <http://www.publicsafety.gc.ca/prg/em/fl/fpem-12-2009-eng.pdf>

⁷ Canada’s national Security Policy: <http://www.cse-cst.gc.ca/home-accueil/nat-sec/nsp-psn-eng.html>



- *Directive on Departmental Security Management;*⁹
- *Operational Security Standard–Business Continuity Planning (BCP) Program;*¹⁰
- *Security Organization and Administration Standard;*¹¹
- *Fire Protection Standard;*¹²
- *Standard for Fire Safety Planning and Fire Emergency Organization;*¹³
- *PART XVII Safe Occupancy of the Work Place;*¹⁴ and
- *Public Safety Canada Emergency Management Planning Guide.*¹⁵

National Emergency Preparedness at Correctional Service Canada

The *Federal Policy for Emergency Management* states that the “Government of Canada is to promote the safety and security of Canada and Canadians”¹⁶. Safety and security are of paramount importance at CSC; the CSC mission statement speaks to this point: “The Correctional Service of Canada (CSC), as part of the criminal justice system and respecting the rule of law, contributes to public safety by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control.” Safety and security are also linked to two of CSC’s priorities:

- The safe transition to and management of eligible offenders in the community, and
- Safety and security of staff and offenders in our institutions and in the community.

CSC is in a unique situation in that it faces numerous circumstances that call for different emergency preparedness plans. CSC has administrative buildings, institutions, district offices, and so on, resulting in a complex series of risks and ensuing emergency plans. Further, CSC is one of the few departments with responsibility for the custody of human beings.

⁸ Policy on Government Security, July 1, 2009:

<http://publiservice.tbs-sct.gc.ca/pol/doc-eng.aspx?id=16578§ion=text#cha1>

⁹ Directive on Departmental Security Management, July 1, 2009:

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=16579§ion=text>

¹⁰ Operational Security Standard – Business Continuity Planning (BCP) Program, Treasury Board:

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=12324§ion=HTML>

¹¹ Security Organization and Administration Standard, Treasury Board:

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=12333§ion=text>

¹² Fire Protection Standard, April 1, 20120:

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=17316§ion=text>

¹³ Standard for Fire Safety Planning and Fire Emergency Organization:

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=12562§ion=text>

¹⁴ PART XVII Safe Occupancy of the Work Place:

<http://laws-lois.justice.gc.ca/eng/regulations/SOR-86-304/page-95.html>

Public Safety Canada Emergency Management Planning Guide

<http://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/mrgnc-mngmnt-pnnng/index-eng.aspx>

¹⁶ FPEM (December 10, 2009): http://www.publicsafety.gc.ca/prg/em/_fl/fpem-12-2009-eng.pdf



In line with the *TB Operational Security Standard – Business Continuity Planning*, the Departmental Security Division (DSD) established a unit responsible for managing its Business Continuity and Emergency Preparedness (ECEP) Program. The program is housed in the Corrections and Operational Programs Sector, and then within the Security Branch. The DSD is responsible for the ECEP program. As Director of DSD, the Departmental Security Officer (DSO) has a national role and coordinates the various aspects of security and emergency at CSC.

In a related function, the Director, Security Operations Division is responsible for the overall management of security in institutions and how the emergency plans are triggered. The actual management of an emergency is the responsibility of the institutional and administrative heads declaring the crisis.

The organizational chart below provides a summary of the Security Branch in NHQ:

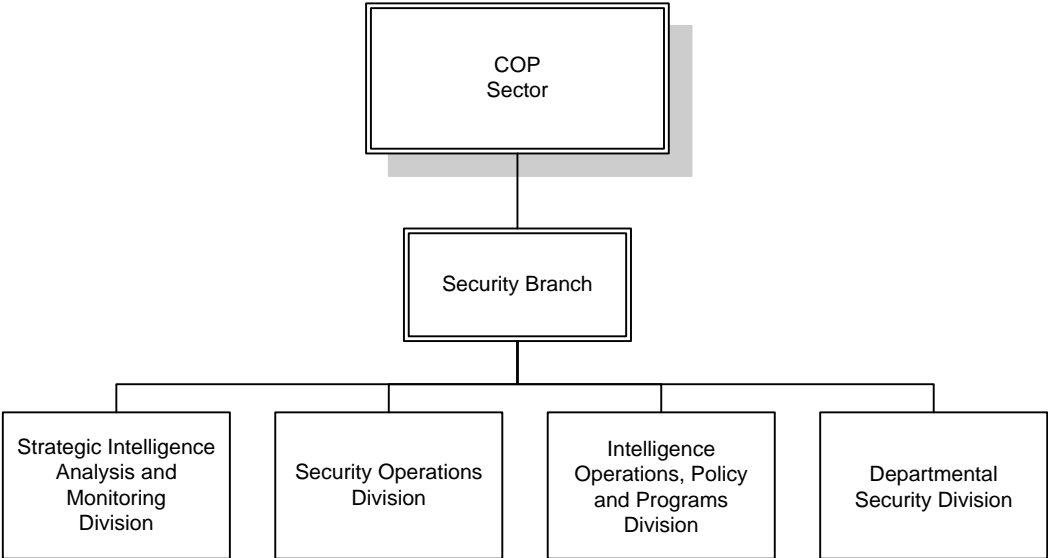


Figure 1 – This figure is a schematic that outlines the roles of the main actors within the Security Branch in NHQ. The first box represents the sector responsible for the Security Branch. That sector is Correctional Operations and Programs. The Correctional Operations and Programs box is linked to one box below it, which represents the Security Branch. The Security Branch box then links to four boxes that are situated below it which represents the four divisions that the Security Branch is responsible for. The four divisions are, in order from left to right, Strategic Intelligence Analysis and Monitoring Division, Security Operations Division, Intelligence Operations, Policy and Programs Division and Departmental Security Division.



At CSC, operational units¹⁷ have developed individual plans to respond to their specific needs in terms of emergency preparedness. In order to do so, mandatory requirements and guidance framework are provided to CSC via Government of Canada legislation, and Treasury Board of Canada (TB) policies and standards. Within CSC, the Commissioner's Directives (CDs) provide operational-level direction. CSC CDs relating to emergency preparedness planning are as follows:

- *CD 600 Management of Emergencies;*
- *GL 600-1- Business Continuity and Emergency Preparedness Planning;*
- *CD 254 Occupational Safety and Health and Return to Work Programs;*
- *GL(Guideline) 318-3 Environmental Guidelines - Environmental Emergency Plan; and*
- *CD 345 Fire Safety.*

Operational units are responsible for managing crises with support from RHQ and NHQ.

¹⁷ Operational Units is a general term used to describe groups of CSC entities that are located together. They would include institutions, parole offices, CCC's, administrative units, etc.



2.0 Audit Objectives and Scope

2.1 Audit Objectives

The audit objectives were:

- to provide reasonable assurance that a management framework is in place for CSC's emergency preparedness plans and that the framework meets TB and departmental requirements; and
- to measure compliance of existing plans with legislation, policy and CSC Directives.

Specific criteria related to each of the objectives are included in **Annex A**.

2.2 Audit Scope and Methodology

The audit was national in scope and included all five regions and national headquarters (NHQ). All communications outside the NHQ were made via video or teleconference so no travel was necessitated by this audit. The auditors interviewed staff located at institutions, CCCs, regional, district and parole offices, to inquire as to their respective roles in the emergency preparedness process. The period covered was for the contingency and business continuity plans in place for the fiscal year 2011-2012.

An examination of information technology security was excluded given that in 2012, the subject matter was covered in an audit of IT Security.

The audit examined both contingency and business continuity plans as they are part of the national emergency preparedness program; these plans are split into two separate streams based on CD and Guidelines (GL) requirements. CD 600 sets out the requirements of contingency plans for institutions; whereas GL 600-1 sets out the requirements of business continuity plans (BCPs) for all non-institutional units

Risk Identification and Assessment

A preliminary risk assessment was completed by the audit team based on: a review of policies and other documentation related to national emergency preparedness; a review of CSC documentation; interviews with the Office of Primary Interest and members of the Security Branch at NHQ; and, a review of audits completed by other government departments.

Overall, our risk analysis led us to conclude that the main risks to CSC relate to:

- Compliance of emergency preparedness plans with legislation, policy and directives;



-
- Adequacy of the program governance – including reporting and accountability; and
 - Planning and monitoring of emergency preparedness plans.



3.0 Audit Approach and Methodology

Details on audit approach and methodology are set out in ***Annex B***.



4.0 Audit Findings and Recommendations

4.1 Objective 1 Management Framework for National Emergency Preparedness

The first objective of this audit was to provide assurance that a management framework is in place for CSC's emergency preparedness plans and that the framework meets TB and departmental requirements. To achieve this, the audit team:

- examined related legislation, policies, standards, GLs and CDs;
- reviewed roles and responsibilities to examine if they are clearly defined, documented and communicated; and
- looked to see if communication and training for emergency preparedness planning is available and is provided, where required, in a timely manner.

4.1.1 Governance

We expected to find that Commissioner's Directives CDs were consistent with legislation, TB policies and standards.

CSC's CDs are consistent with relevant legislation, TB policy and standards.

CSC has a set of CDs and one related Guideline (GL) that address emergency preparedness, security and incident management. We examined these documents against legislation and TB policies and standards. The audit team found that the relevant CDs and GL are in compliance with legislation and TB policies and standards.

4.1.2 Roles and Responsibilities

We expected to find that CSC's organizational structure, roles and responsibilities were clearly defined, documented and communicated with regard to emergency preparedness.

Individual roles and responsibilities relating to contingency and business continuity plans are assigned to specific staff positions.

At NHQ, authority and accountability for emergency preparedness have been clearly assigned and communicated. The DSD is responsible for the oversight and guidance of the planning of emergencies. Those responsibilities are set out in the job descriptions of staff responsible for Business Continuity and Emergency Preparedness (BCEP) program and within the mandate of the DSO.

CD 600 assigns responsibility to the institutional head for the management and resolution of a crisis on site. The audit team confirmed that the sample of contingency



plans examined as part of the audit contained roles and responsibilities for the institutional heads and others.

With regard to BCPs, GL 600-1 sets out responsibilities for the CSC staff including the senior managers, manager, regional headquarters BCEP coordinators, sector BCP coordinators, NHQ- information management services and departmental personnel. The documents describe roles in the preparation, review, exercise and reporting of contingency and business continuity plans.

We conducted ten interviews of CSC staff in the regions who are involved with the preparation of contingency and business continuity plans; five in institutional settings and five in administrative positions. All respondents indicated they were familiar with their roles, and that these responsibilities were documented in their contingency or business continuity plans. In the audit sample of business continuity plans the audit team confirmed that these roles and responsibilities were captured.

Another function assumed at CSC involves the Business Continuity and Emergency Preparedness Committee (BCEPC). This committee was created in response to the TB *Operational Security Standard – Business Continuity Planning Program*, with the goal to provide management “with the substance of the business continuity plans and emergency management plans for CSC”¹⁸. The BCEPC is comprised of departmental executives at the director or officer level, and it meets on a semi-annual basis or more if required; it reports to the DSO who in turn reports any issues to the Security Advisory Committee (SAC). Among other tasks, it is responsible for the development of the emergency and business continuity management plans, and the development of business continuity and emergency plans, including testing and exercising them. As well, the BCEPC presents an Accomplishment Report to SAC on an annual basis.

The audit team confirmed the existence of the committee structure, minutes, and the Terms of Reference. The audit team confirmed that management of business continuity plans and contingency plans are a part of the committee’s business.

4.1.3 Training and Communication

We expected to find that communication of and training for emergency preparedness was available and provided where required in a timely manner.

Training

Mandatory training is available for staff involved in the management of national emergency preparedness and once taken, is recorded in the Human Resources Management System (HRMS).

¹⁸ Business Continuity and Emergency Preparedness Committee, Terms of Reference, Purpose page 2



CD 600, section 17 sets out mandatory training for emergency response teams only. “Emergency Response Team members shall receive ten days basic training in accordance with the National Emergency Response Team Training Program and ten days refresher training annually thereafter.” Section 18 states that “Basic and refresher Emergency Response Team Training shall be in accordance with National Training Standards (NTS).

The audit team confirmed that this training is included in the NTS and further confirmed that people interviewed who were required to take this course had in fact completed it. This was verified through review of HRMS records. However, no training for emergency preparedness was specified in CD 600.

With regard to business continuity plan management training, GL 600-1 does not set out specific training requirements; it calls on senior managers, managers, regional headquarters BCEP coordinators, sector business continuity plan coordinators, NHQ-information management services to provide training but does not provide details.

All other staff do not have any training requirements for emergency preparedness management. The risk exists that without formal training, staff not directly involved in emergency preparedness are not fully informed and may not be adequately prepared to deal with emergencies.

The audit team was advised of two areas of additional training:

- The DSD offers ongoing needs-based training to staff involved with the business continuity planning process. This training is offered on an as-required basis, is not part of the National Training Standards and is not logged or monitored. For those CSC staff not specifically identified with roles and responsibilities related to emergency preparedness as part of a crisis management or emergency response team, there are no formal requirements for emergency training.
- The New Employee Orientation Program contains a segment on security and within that presentation, emergency preparedness is addressed at a high level.

Communications

With regard to specific emergency situations, in NHQ (for example, a fire), if an emergency occurs, the Commissioner authorizes the triggering of a plan and its communication system. The communication system is described in detail in the Human Resources sector business continuity plan. Institutional and sector heads have that role for their areas of responsibility

When the audit team examined the business continuity plans for each sector in NHQ, the team observed that each sector has its own plan. The team was informed that no documentation exists that combines all information and communications plans for each sector’s business continuity plan to ensure they are all aligned and coordinated. The absence of a comprehensive business continuity plan for all NHQ may result in



confusion in communications in the event of an emergency. However, the audit team was informed of one measure recently implemented to provide information to NHQ CSC staff. DSD representatives advised the audit team that CSC has reproduced a booklet containing information for every employee regarding emergency procedures. The audit team obtained a copy at the time the audit report was being written. No information as to its future distribution was available at that time.

With regard to the communication of the contingency plans, CD 600 does not provide specific guidance for institutions.

CD 600 does not provide direction on how to communicate the contingency plans. However, interviewees indicated that the emergency situation practices, review of the contingency plans, and actual emergencies post-mortem are occasions to communicate among stakeholders and staff. Additionally, they informed the audit team that new employees are advised of emergency preparedness via informal discussions, team meetings, bulletin board postings and regional intranet. The audit team could not confirm this practice nor was it documented in any systematic way.

With regard to business continuity plans, GL 600-1 provides guidance on their communication, but the audit team did not find evidence of any communication plans.

GL 600-1 states that senior managers must provide strategic direction and communicate the plan. It also requires RHQ BCEP coordinators to communicate business continuity emergency plan requirements to employees and stakeholders. All interviewees informed the audit team that there is no formal communication strategy for the business continuity plans to meet this requirement. As well, in the sample examined by the audit team, no evidence of a communication plan was evident.

In conclusion, there is a lack of specific instructions for the communication of BCPs and contingency plans. A risk exists, then, that CSC employees may not be able to manage emergency events consistently and effectively.

Further, there is no communication strategy in place for those employees who are not directly involved with contingency plans or business continuity plans, outside NHQ. Consequently, there is no means to ensure that they are aware of the plans or what to do in the event of an emergency.

4.1.4 Plan Evaluation and Reporting

We expected to find that management had practices in place to measure the performance of the emergency plans in a way that supports decision-making and accountability.

CSC creates department-wide documents and prepares some reports on the two types of emergency preparedness plans.



Department-Wide Evaluation and Reporting

CSC's DSD is responsible for the production of two types of department-wide documents: the Strategic Emergency Management Plan (SEMP) and the Departmental Security Plan (DSP).

Federal institutions are required to develop a SEMP and provide it to Public Safety Canada. The audit team confirmed that the SEMP was approved by the Commissioner and ACCOP on February 8th, 2013, and was sent to Public Safety Canada on February 15th, 2013.

The DSP is an internal document to assist departments to meet the *TB Policy on Government Security* and Directive on Departmental Security Management requirements. The audit team confirmed that the plan is in place and was approved by the Commissioner on February 16th, 2013.

Emergency Plan-Specific Evaluation and Reporting

Contingency Plans

There is a requirement in the CD 600, section 10, to test contingency plans, but the audit team found there was no consensus on the manner in which the testing should be conducted.

Section 10 also requires contingency plans to be reviewed at least every twelve months. RHQs are required to forward acknowledgment of any amendments and the annual certification of the completion of the review to NHQ. When the auditors examined a sample of contingency plans (see **Annex C**), the audit team found evidence that a review was done. The audit team was informed verbally by regional coordinators that this step did, in fact occur, but, there was no evidence that the plans came to NHQ via RHQ. If this process is not followed, then a coordination and consistency step could be overlooked.

Good Practice

All emergency plans are entered into CRSIMS¹⁹ by the regions. This is done as a precautionary measure so as to have two copies of the emergency plans; one in paper and the other in an electronic format. This is not a required step but a good practice initiated by the DSD.

Section 13 of CD 600 requires that contingency plans be tested at least once every twelve months. However, CD 600 does not include any specific reporting obligations on whether the exercise takes place or its results. The audit team asked the interviewees

¹⁹ The Crisis Response and Security Information Management System (CRSIMS) is a national data bank that was implemented to ensure information accessibility and safekeeping in the event of a crisis.



outside of NHQ if they were aware of testing and all but one responded in the affirmative.

DSD staff informed the audit team that CSC carried out two major emergency preparedness exercises in 2012 at the request of the Commissioner. The first was a tabletop exercise with collaboration from all regions. One institution from each region was involved with formal after-action reports produced by region. The second was a full-scale exercise involving the Pacific region and 20 other federal departments and agencies. A final report was produced and reported by DSD to have been sent to the Commissioner, the Assistant Commissioner Operations and Programs, The Assistant Deputy Commissioner Interventions and Operations and the union.

Business Continuity Plans

GL 600-1, section 7, requires both plan testing and validation for business continuity plans. However, the manner and frequency of these activities are at the discretion of NHQ or Responsibility Centre managers. There is no requirement for an annual update of the BCPs. However, DSD does send out a request for an annual update.

The lack of a formal, repetitive reporting system for testing means that senior management at CSC does not have a mechanism to ensure that the practice is occurring, and that it is a comprehensive review of the perceived risks to the organization. This is a missed opportunity to understand, examine and mitigate risks at a national level and more over, the occasion to consider how well CSC would perform in the event of an actual emergency.

CONCLUSION

Overall, the audit team concluded that with regard to its National Emergency Preparedness Program, a management framework is in place. At the level of governance, CSC respects the legislation, the policies and standards of TB. Roles and responsibilities of CSC staff with regard to national emergency preparedness are set out and well defined and the mandatory training is provided.

However, there are areas within the management framework where improvements can be made. A communications strategy is missing, in particular for those employees who are not directly involved in the management of emergencies or the implementation of emergency plans. As well, CD 600 does not have reporting requirements for the mandatory testing of emergency plans, for both contingency and business continuity plans.



Recommendation 1²⁰

The Assistant Commissioner Correctional Operations and Programs (ACCOP) should:

- implement a generic communication strategy for all of the business continuity plans; and
- create, implement and communicate a full scale business continuity plan for NHQ to ensure that all CSC staff are aware of the plans and know what actions they should take in the event of an emergency.

This strategy should include a means to ensure that the communication is repeated on a regular basis.

Office of the Primary Interest Response

We agree with this recommendation. By March 2015, the AC will:

- *Develop, monitor and assess NHQ communications strategies with key stakeholders to promote and foster employee awareness relating to the timely response, management and recovery activities following any emergency.*
- *Develop full scale BCP for NHQ.*
- *Develop a report for Senior Management.*

Recommendation 2²¹

The Assistant Commissioner Correctional Operations and Programs (ACCOP) should create a report that provides senior management with full details on the emergency plan testing conducted across CSC. This report should be provided on a regular basis.

Office of the Primary Interest Response

We agree with this recommendation. By March 2015, the AC will:

- *Develop reporting accountability mechanism for all emergency plans testing conducted across CSC.*
- *Develop emergency preparedness exercise guidelines.*
- *Create a “Report” to senior management with full details on the emergency plan testing.*

²⁰ Recommendation requires management’s attention, oversight and monitoring.

²¹ Recommendation requires management’s attention, oversight and monitoring.



4.2 Objective 2 Compliance of Existing Emergency Plans

4.2.1 Plan Compliance with Legislation, Policy and CSC CDs

We expected to find that emergency plans met the requirements of legislation, TB policies and CSC CDs.

To do so, the audit team selected a sample of 68 sites, and examined their contingency or business continuity plans. The plans were examined for the:

- type of document (business continuity or contingency plans);
- date of plan;
- consistency with the electronic record on CRSIMS;
- listing of all sections or chapters;
- absence of information;
- mis-numbering of information;
- evidence of approval; and
- evidence of review and evidence of exercise or live use in an emergency.

Emergency preparedness plans are split into two separate streams based on CD requirements. As mentioned before, CD 600 sets out the requirements of contingency plans for institutions and Guideline (GL) 600-1 sets out the requirements of business continuity plans for all non-institution areas of CSC.

DSD ensures all operational units provide NHQ with a contingency or BCP plan by use of a control chart that lists all the locations across CSC. We examined the files in the audit sample against the CRSIMS database and found that all plans were present, with two exceptions. The audit team noted that there were no plans for the Supply Depot or the Museum. This was addressed with the appropriate Regional Deputy Commissioners. Since then, the Museum created a business continuity plan.

Emergency plans were consistent with the CD or GL but varied in presentation and content.

GL 600-1 sets out specific content guidance for business continuity plans. However, with regard to contingency plan content, CD 600 does not contain sufficient detail. This was evident because the audit team noticed that CSC staff use two other documents that were not part of the CD or GL to help complete the contingency plans.

First, a document entitled the *Lexicon* (most recent version 2013) offers details on what can be included in contingency plans produced by CSC operational units. It has a table of contents with a brief explanation of each element.

Second, DSD staff advised the audit team that there is a reference document called the Security Manual used by regional staff. It was reported anecdotally that regional staff still rely on it although it is no longer available. Part Two of this manual originally



provided guidance on the content of contingency plans and detailed responsibilities for process of planning.

Since the Lexicon and Security Manual Part Two do not form part of a CD or any other guiding document, adherence to their contents is not a formal requirement of CSC staff developing emergency preparedness plans.

Despite the fact that the Lexicon is not a formally recognized document, the audit team decided to include it in the examination of the emergency plans because its use was evident in the plans and it was included in the 2012 DSD call letter, which is an official request for emergency plan updates.

Based on our examination of the required elements of the applicable CD or GL, and Lexicon, we found that 42 of the 68 emergency plans (62%) were fully compliant and the balance (26 of 68 or 38%), were not because they were missing some data. See **Annex C** for a list that outlines type of plan and the sites where plans were examined.

The missing data were minimal in terms of number of overall required elements. However, the internal audit team did not analyze the impact of missing information as this was not within the scope of the audit. It is possible that information was not included in the contingency or business continuity plans because it was not relevant to the area covered by the plan. Examples of missing information from contingency plans included: identification of vital contact points; an overview of essential services, a description or analysis of a facility, and lists of some major disturbances (for example, flood and earthquake). There were five plans with significant differences (7%), including missing sections or chapters and not following the generally accepted format. With the exception of one institution, all issues were caused by non-operational units using the contingency plan format and then not filling in all data elements. The regions were informed by the auditors of the findings on a per-plan basis.

All institutions in the sample followed the contingency plan format, with the exception of one region, where another format was used in all 12 plans sampled (17% of the total sample). However, this region included other elements in their plans that other regions did not. The risk with this situation is that this format for that region is inconsistent with other institutions and in the event of an emergency; CSC staff may have difficulty finding information and responding to the situation.

The audit team provided a summary list of the findings to the Regional Deputy Commissioner for each region, informing them of the plans that were missing partial elements of the CDs, Lexicon or GL so that any adjustments necessary, based on the risk to the organization, if any, may be made.



CONCLUSION

Overall, the audit team found that the contingency and business continuity plans contained required information, with the exception of a few cases, however the information missing was minimal.

However, the format and content style of some plans were different due to a lack of fulsome guidance. There is a risk to the organization in the event of an emergency because it may be difficult to locate important information and to react to an emergency if the information is missing or if not presented in a standardized format.

Recommendation 3²²

The Assistant Commissioner Correctional Operations and Programs (ACCOP) should:

- Improve the formal guidance for the completion of contingency plans.
- Once the new guidance has been implemented, ensure that all the plans now conform to the new guide

Include formal reporting in the guidance, on an annual basis, to senior management that the plans are complete and current.

Office of the Primary Interest Response

We agree with this recommendation. By March 2016, the ACCOP will:

- *Develop guidelines to permit standardization of CSC's emergency preparedness plans.*
- *Ensure compliance of CSC's emergency plans.*

²² Recommendation requires management's attention, oversight and monitoring.



5.0 Overall Conclusion

Overall, the audit team concluded that with regard to CSC's National Emergency Preparedness Program, a management framework is in place. At the level of emergency preparedness program governance, CSC meets the legislative requirements and the policies and standards of TB. Roles and responsibilities of CSC staff, with regard to national emergency preparedness, are set out and well defined and the mandatory training is provided. CSC meets its reporting requirements to Public Safety.

The audit team also found in its examination of a sample of emergency plans, including both contingency and business continuity plans, they generally contained required information, with the exception of some cases of missing documentation.

However, there are areas within the management framework of the emergency preparedness program and within the plans themselves, where improvements can be made. These improvements can address the risk to the organization that the emergency plans will not be effective in the event of a situation. Specifically:

- A communications strategy is missing, in particular for those employees who are not directly involved in the management of emergencies or the implementation of emergency plans.
- CD 600 does not have reporting requirements for the mandatory testing of emergency plans, for both contingency and business continuity plans. This represents a missed opportunity to learn from the testing on a national basis and ensure that all areas of risk are considered across the department.
- The format and content of some emergency plans were different due to a lack of fulsome guidance. There is a risk to the organization in the event of an emergency because it may be difficult for staff to retrieve important information and to react appropriately to an emergency if the information is missing or is not presented in a standardized format that can be easily accessed



Office of Primary Interest Response

The Correctional Operations and Programs Sector agrees with the audit findings and recommendations as presented in the report. We have prepared a detailed action plan to address the issues raised in the audit. More details on the actions to be taken have been provided for each recommendation. All actions to address recommendations are to be implemented by March 2016.



AUDIT OBJECTIVES AND CRITERIA

OBJECTIVES	CRITERIA
1. To provide reasonable assurance that a management framework is in place for CSC’s emergency preparedness plans and that it meets TB and departmental requirements.	1.1 Governance – Emergency preparedness plans are consistent with policies, standards, and guidelines. 1.2 Roles & responsibilities – CSC organizational structure, roles and responsibilities are clearly defined, documented, and communicated with regard to emergency preparedness 1.3 Communication/training – Communication and training for emergency preparedness is available and is provided where required in a timely manner. 1.4 Plan Evaluation and Reporting – Management has practices in place to measure and disseminate the performance of the emergency plans and processes that will support decision-making and accountability.
2. To measure compliance of existing plans with legislation, policy and CSC directives.	2.1 Plan Compliance - Emergency plans and procedures meet the requirements of legislation, policy and CSC directives.

The sources of the audit criteria include COSO, OCG Core Management Controls, previous audit results, expert opinion from consultants based on earlier Government of Canada work and the Federal Policy on Emergency Management.



AUDIT METHODOLOGY

Audit evidence was gathered through:

- **Interviews:** Interviews were conducted with national departmental security staff, national preventive security and intelligence staff, and regional emergency coordinators. A sample of wardens, district directors and directors was also selected to allow for institutional input.
- **Documentation examination:** Relevant documentation, such as legislation, CDs, and corporate documents, and such as process maps, reports, and planning exercises, was examined. An analysis of the relevant CDs against related legislation and government policies was conducted.
- **Testing:** This work included the selection of emergency preparedness plans and a validation against relevant CDs. Based on a 95% confidence level and a confidence interval of 10, a sample of 68 plans was identified



FILE EXAMINATIONS

	TYPE OF UNIT							TOTAL
	Min	MED	MAX	MULTI	PO	CCC	OTHER	
Atlantic	1	1	1		4	2	1	10
Quebec	3	3	1		2		3	12
Ontario	2	2	1	1	5	1	2	14
Prairie	5	3		1	3	1	3	16
Pacific	1	2		2	4	1	1	11
NHQ							5	5
Total Plans Reviewed	12	11	3	4	18	5	15	68

LIST OF SITES WHERE STAFF WERE INTERVIEWED

REGION	INSTITUTIONS / ADMINISTRATIVE OFFICES
Atlantic	Saint John Parole Office
NHQ	Restorative Justice Division
Ontario	Warkworth and Grand Valley Institutions
Pacific	Maple Ridge Parole
Prairie	Saskatchewan Penitentiary Medicine Hat Parole Office
Quebec	Drummond and Port Cartier Institutions, Lanaudiere Parole Office



**EMERGENCY PLAN EXAMINED IN AUDIT
BUSINESS CONTINUITY PLANS AND CONTINGENCY PLANS**

NAME OF OPERATIONAL UNIT OR INSTITUTION	TYPE OF PLAN	
	BUSINESS CONTINUITY PLAN	CONTINGENCY PLAN
<i>Atlantic Region</i>		
1. Parrtown CCC		Y
2. Dorchester Institution (Medium)		Y
3. Atlantic RHQ	Y	
4. Cornerbrook Parole Office		Y
5. Westmorland Institution (Minimum)		Y
6. Atlantic Institution (Maximum)		Y
7. Fredericton Parole Office	Y	
8. Halifax Parole Office	Y	
9. Truro Parole Office	Y	
10. Carlton CCC	Y	
<i>Quebec Region</i>		
1-Archambault Institution (Medium)		Y
2- La Macaza Institution (Medium)		Y
3-Donnacona Institution (Maximum)		Y
4-Montée St-François Institution (Minimum)		Y
5-Ste Anne des Plaines Institution (Minimum)		Y
6-Federal Training Centre (Minimum)		Y
7-District Est-Ouest		Y
8-Chicoutimi Parole Office		Y
9-Lanaudière Parole Office		Y
10-Montreal Metro District Office		Y
11-Cowansville Institution (Medium)		Y
12-Quebec RHQ		Y



NAME OF OPERATIONAL UNIT OR INSTITUTION	TYPE OF PLAN	
	BUSINESS CONTINUITY PLAN	CONTINGENCY PLAN
Ontario Region		
1-Millhaven Institution (Maximum)		Y
2- Warkworth Institution (Medium)		Y
3-Frontenac Institution (Minimum)		Y
4-Bath Institution (Medium)		Y
5-Central Ontario District Office	Y	
6-Beaver Creek Institution (Minimum)		Y
7-London Parole Office	Y	
8-Greater Toronto West Parole Office	Y	
9-Kingston Parole Office	Y	
10-North Bay Parole Office	Y	
11-Keele CCC/ /Toronto Team Supervision	Y	
12-Windsor Parole Office	Y	
13-Reg Staff College	Y	
14-Grand Valley Institution for Women (Multi)		Y
Prairie Region		
1-Stony Mountain Institution (Medium)		Y
2-Riverbend Institution (Minimum)		Y
3-Bowden Institution & Annex (Med/Min)		Y
4-Rockwood Institution (Minimum)		Y
5-Thunder Bay Parole Office	Y	
6-Pe Sakastew Healing Lodge (Minimum)		Y
7-NWT Parole Office		Y
8-Osborne CCC	Y	
9-Grierson Complex (Minimum)	Y	
10-Regional HQ Prairies		Y
11-Calgary Parole Office	Y	
12-Alberta / NWT District Office		Y
13-Willow Cree Healing Lodge (Minimum)		Y
14-Okimaw Ohci Healing Lodge (Medium/Minimum)		Y



NAME OF OPERATIONAL UNIT OR INSTITUTION	TYPE OF PLAN	
	BUSINESS CONTINUITY PLAN	CONTINGENCY PLAN
15-Reg Psychiatric Centre (Multi)		Y
16-Manitoba/Saskatchewan/NW Ontario District Office		Y
Pacific Region		
1-Regional Treatment Centre/Pacific Institution (Multi)		Y
2-Matsqui Institution (Medium)		Y
3-Mountain Institution (Medium)		Y
4-Kwikwexwehp Institution (Minimum)		Y
5-Vancouver Parole Office	Y	
6-Victoria Parole Office	Y	
7-Chilliwack Parole Office and CCC	Y	
8-Nanaimo / Courtney Parole Office	Y	
9-Staff College	Y	
10-Prince George Parole Office	Y	
11-Fraser Valley Institution for Women (Multi)		Y
NHQ		
1-Comptroller Branch	Y	
2-Information Management Services	Y	
3-Human Resources	Y	
4-CORCAN	Y	
5-Women Offenders	Y	
TOTAL	28	40



Management Action Plan (MAP)

AUDIT OF NATIONAL EMERGENCY PREPAREDNESS

Recommendation:	<p>Recommendation No. 1 (see footnote for cell color yellow)²³</p> <p>The Assistant Commissioner Correctional Operations and Programs (ACCOP) should:</p> <ul style="list-style-type: none"> • implement a generic communication strategy for all of the business continuity plans; and • Create, implement and communicate a full scale business continuity plan for NHQ to ensure that all CSC staff is aware of the plans and know what actions they should take in the event of an emergency. <p>This strategy should include a means to ensure that the communication is repeated on a regular basis.</p>			
Management Position:	Response	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted in Part <input type="checkbox"/> Rejected		
Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
Develop and implement a generic communication strategy for business continuity plans.	Acquisition of an E-Learning Module on Emergency Preparedness	Develop close working relationships with key partners in the development of the various learning modules. Ex., Canada Public School IMIT.	DSO	March 2014
	Desk drop of emergency pamphlet for all NHQ employees at 340 Laurier	Develop MOU between CSC and CSPA	DSO	September 2013

²³ **Recommendation requires management's attention, oversight and monitoring.**



<p>Amalgamate sectorial plans into an overarching NHQ plan</p> <p>Distribution of space allocation for all essential designated personnel at alternate sites.</p>	<p>Conduct employee awareness sessions on emergency preparedness through designated NHQ BCP coordinators.</p> <p>Space allocation</p>	<p>Develop, monitor and assess NHQ communications strategies with key stakeholders to promote and foster employee awareness relating to the timely response, management and recovery activities following any emergency.</p> <p>DS to distribute plan to sector heads</p> <p>ACs to communicate arrangements to affected staff</p>	<p>DSO</p> <p>DSO</p> <p>AC</p>	<p>September 2013</p> <p>September 2013</p>
<p>Develop a report for Senior Management.</p>	<p>Report to Senior Management</p>	<p>Provide progress report on the communication strategy</p>	<p>DSO</p>	<p>March 2014</p>



Recommendation:	Recommendation No. 2²⁴ The Assistant Commissioner Correctional Operations and Programs (ACCOP) should create a report that provides senior management with full details on the emergency plan testing conducted across CSC. This report should be provided on a regular basis.			
Management Response / Position:	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted in Part <input type="checkbox"/> Rejected			
Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
Develop reporting accountability mechanism for all emergency plans testing conducted across CSC.	Identified objectives are incorporated into the Departmental Security Plan (DSP).	Reports will demonstrate vulnerabilities, strengths and provide guidance to other stakeholders.	DSO	March 2014
Create a "Report" to senior management with full details on the emergency plan testing.	Submit an Annual Report to senior management on CSC's emergency preparedness posture	Senior management will better evaluate CSC's emergency preparedness posture while identifying areas to improve employees' readiness posture.	DSO	March 2014

²⁴ **Recommendation requires management's attention, oversight and monitoring.**



Recommendation:		<p>Recommendation No. 3²⁵</p> <p>The Assistant Commissioner Correctional Operations and Programs (ACCOP) should:</p> <ul style="list-style-type: none"> Improve the formal guidance for the completion of contingency plans. Once the new guidance has been implemented, ensure that all the plans now conform to the new guide <p>Include formal reporting in the guidance, on an annual basis, to senior management that the plans are complete and current.</p>			
Management Response / Position:		<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted in Part <input type="checkbox"/> Rejected			
Action(s)		Deliverable(s)	Approach	Accountability	Timeline for Implementation
Distribute guidelines to permit standardization of CSC's emergency preparedness plans and implement a quality assurance program.		Create an NHQ Compendium of emergency plans.	Secure the participation of key stakeholders to develop the guidelines for the standardization of their respective emergency preparedness plans.	DSO	October 2013

²⁵ **Recommendation requires management's attention, oversight and monitoring.**



Ensure compliance of CSC's emergency plans.	Submit to report to senior management on CSC's state of emergency preparedness posture.	Monitor emergency planning efforts and report to senior management on emergency preparedness and readiness activities on a yearly basis or as required.	DSO	March 2014
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