



GOVERNMENT OPERATIONS CENTRE

CENTRE DES OPÉRATIONS DU GOUVERNEMENT

# GOVERNMENT OF CANADA RESPONSE PLAN

## COVID-19

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## EXECUTIVE SUMMARY

This plan has been developed as a response plan for the Whole of Government in order to facilitate formal coordination of federal responses to a potential COVID-19 pandemic with sustained spread in Canada. It has been developed to complement and enhance, not replace, other federal and Federal/Provincial/Territorial (F/P/T) planning instruments and processes. Informed by lessons learned from past pandemic responses and best practice, this plan aims to provide an integrated and synchronized response by federal partners that is acutely aware of the F/P/T relationships that will be leveraged in both the health and emergency management communities to ensure the continued safety of Canada and Canadians.

Proactive Medium to Long Term (MLT) planning efforts led by the Health Portfolio, shortly after the commencement of COVID-19 epidemic in China in early 2020, have identified a broad range of scenarios across four potential but anticipated phases: 1) Contain the outbreak internationally to avoid a direct domestic impact, 2) Delay and Prepare, which aims to ensure a robust response for a potential pandemic, 3) Mitigate the impact of the event through a robust and coordinated federal and national response, and 4) Recover from any sustained, domestic spread of COVID-19.

The actions taken to protect Canadians have been measured and effective; Canadian risk from COVID-19 remains low. The Government of Canada will sustain and expand this approach to ensure continued integrated and balanced efforts are employed during a potential COVID-19 pandemic. Understanding that existing containment actions will delay a potential sustained spread of the virus in Canada, this plan focuses on needed response activities, by federal organization, to mitigate the adverse impacts of a pandemic.

To ensure alignment across the Whole of Government, this plan is framed by the four strategic objectives identified through the proactive MLT planning process, which complement and align with the *Federal Emergency Response Plan (FERP)*:

- Protect the Health and Safety of Canadians;
- Ensure Economic Resilience;
- Maintain International and Domestic Reputation; and,
- Maintain Government Operations.

A robust response will require a scalable, adaptable approach for Senior Officials and the health and emergency management planning communities who collectively face a spectrum of possible situations. The concept of operations of the plan builds upon the four strategic objectives, situates response activities relative to other pandemic phases, identifies triggers from the potential transition to the Mitigate phase, identifies foundation control measures, and outlines and details the roles and responsibilities of implicated federal organizations. Roles and responsibilities are elaborated so that all actors understand each other's response activities and areas where close cooperation will be

required, such that coordination of actions is achieved. Clarity is paramount; this plan aims to promote integration while clearly identifying responsibilities.

The plan also provides situational context for decision makers, through the identification and summary of key cross-cutting areas that the Government of Canada must monitor throughout a potential pandemic. These include support to the Health Care system, Critical Infrastructure, Border and Transportation, Vaccination (research, development, and distribution), and others. Communications considerations and approaches are also detailed, to ensure consistent, appropriate messaging across the Government of Canada, with its partners, and to Canadians.

Additionally, the plan complements ongoing risk assessment and coordination activities underway; given the fluidity of a pandemic response, planning efforts will continue to occur and the plan will be refined as new and actionable intelligence is generated. Taken together, the measures outlined in this plan provide Canada a comprehensive approach to mitigating the multifaceted, cross-disciplinary pandemic risk facing Canada from COVID-19.

# 1 INTRODUCTION

## 1.1 Context

On 31 December 2019, a pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China. On January 30, 2020, the World Health Organization (WHO) declared the ongoing outbreak of COVID-19 in the Hubei province of China as a [\*public health emergency of international concern\*](#).

While Canada has been successful during the months of January and February 2020 in its containment effort to avoid domestic transmission, identification of imported cases and implementation of effective contact tracing, the risk to Canadians is likely to evolve as COVID-19 spreads outside China.

The WHO declared COVID-19 a pandemic as of March 11, 2020.

## 1.2 Purpose

Based on the progression of COVID-19, the Government of Canada is enhancing its preparedness for a COVID-19 outbreak in Canada or a world pandemic. Under these circumstances, the impacts will affect multiple segments of society; not just public health, but also transportation and logistics systems, telecommunications, government institutions, schools, food and logistics systems, workplaces, and more. Effects could include pressure on supply chains or increased absenteeism.

The potential impact of a COVID-19 outbreak or a pandemic will be beyond the responsibilities and capabilities of any one federal department to manage. This plan provides for a coordinated whole of government (WoG) approach and provides a high-level overview of the roles, responsibilities, capabilities and potential federal actions that will be required for this response. This plan applies to a variety of potential outbreak scenarios. The aim is to provide a coordinated approach that is both scalable and flexible, and applied to a variety of outbreak scenarios.

## 1.3 Authorities

This plan is prepared under the authority of the Minister of Public Safety (PS) pursuant to both the [\*Department of Public Safety and Emergency Preparedness Act\*](#) and the [\*Emergency Management Act\*](#). Pursuant to the [\*Emergency Management Act\*](#) (EMA), PS Minister has responsibilities to promote and coordinate the preparation of emergency management plans as well as coordinate the Government of Canada's response to an emergency. Additionally, all federal ministers are responsible for developing emergency management plans in relation to risks in their areas of accountability. In this way, individual departmental activities and plans that directly or indirectly support the national strategic objectives of this plan contribute to the overall coordinated federal government response.

The lead federal department for an infectious disease event in Canada is the Public Health Agency of Canada (PHAC) which is responsible for the preparation and



monitoring of public health issues with respect to biological infectious disease events in concert with F/P/T and municipal governments. The PHAC is also responsible for providing advice on infectious disease events to Canadians abroad. The PHAC is informed by the [Public Health Agency of Canada Act](#) and is committed to protecting the health and safety of Canadians. PHAC's activities focus on promoting health, preventing and controlling diseases and injuries, and preparing for and responding to public health emergencies and infectious disease outbreaks.

## 1.4 Scope

This plan provides a high level description of how all departments in the Government of Canada will work together in this COVID-19 emergency and supports the [Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector](#) (CPIP) coordinated by the PHAC.

It is consistent with the general principles set out in the [Federal Emergency Response Plan](#) (FERP) in that it seeks to coordinate responses among departments, but does not replace or supersede any departmental specific plans. This plan addresses anticipated implications and consequences that are outside the areas of human health (covered under CPIP).

This plan recognizes that although containment and delay of COVID-19 have been federally led with provincial support, many of the actions to mitigate a domestic outbreak and its consequences will have to be undertaken by provincial and local governments with federal support.

## 1.5 Relationship with Other Plans

This plan is intended to complement existing F/P/T plans and should be read in conjunction with the following frameworks and protocols:

- [The Federal Emergency Response Plan \(FERP\)](#) is the Government of Canada's all-hazards response plan. The FERP outlines the processes and mechanisms required to facilitate a whole-of-government response to an emergency. The FERP is designed to harmonize federal emergency response efforts with the efforts of provincial/ territorial (P/T) governments, non-governmental organizations (NGO) and the private sector.
- [The Federal Policy on Emergency Management \(FPEM\)](#) promotes an integrated and resilient whole-of-government approach to emergency management planning, which includes better prevention/mitigation of, preparedness for, response to, and recovery from emergencies. It provides direction to federal institutions on mandate-specific all-hazards risk identification and management within a federal institutions area of responsibility.
- [The Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector \(CPIP\)](#) is a federal, provincial, and territorial guidance document that outlines how jurisdictions will work together to ensure a coordinated and consistent health-sector approach to pandemic preparedness and response. It is

important to note that CPIP is not an actual response plan. Rather, it is a guidance document for pandemic influenza that can be used to support an F/P/T all-hazards health emergency response approach. While CPIP is specific to pandemic influenza, much of its guidance is also applicable to other public health emergencies. CPIP consists of a main body, which outlines overarching principles, concepts, and shared objectives, as well as a series of technical annexes that provide operational advice and technical guidance, along with tools and checklists on specific elements of pandemic planning.

- [F/P/T Public Health Response Plan for Biological Events](#) is a response plan for the Federal/Provincial/Territorial (F/P/T) health sector in order to facilitate formal coordination of F/P/T responses to public health events that are biological in nature and of a severity, scope or significance to require a high level F/P/T response.
- **Business Continuity Plans (BCP).** BCPs focus on key actions undertaken to maintain minimum acceptable service levels of critical services and activities of individual departments in the event of disruptions of all kinds. Business Continuity Management (BCM) requirements, including the implementation of all BCM components are defined within the [Policy on Government Security \(PGS\)](#). Mandatory Procedure for Business Continuity Management Control are outlined within the [Directive on Security Management \(DSM\)](#) which frames the departmental level identification of critical services and activities, supporting resources and assets, dependencies, and the development of supporting BCPs.

## 1.6 Intended Audience

This plan is intended for:

- Federal government departments and agencies including senior officials;
- Provincial and Territorial governments;
- NGOs such as Canadian Red Cross; and
- Other stakeholders that are impacted or contribute to repatriation efforts.

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## 2 COVID-19 THREAT AND IMPACT ASSESSMENT

### 2.1 COVID-19: Facts and Current Outbreak

Coronaviruses (CoV) are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases. SARS-CoV-2 (previously known as “2019 novel coronavirus”) is a new strain of the coronavirus family that has not been previously identified in humans. The disease caused by this virus is now known as COVID-19.

Symptoms of COVID-19 include fever, cough and breathing difficulty. COVID-19 is most commonly spread from an infected person through:

- respiratory droplets that are spread when you cough or sneeze
- close personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

Current information indicates that symptoms may present themselves up to 14 days after exposure to COVID-19.

#### 2.1.1 COVID-19 Surveillance and Information

Part of the flexible response this plan strives to achieve is based on surveillance of the evolving situation in Canada and throughout the world. Numerous sources of information will be utilized to monitor the situation, including PHAC, Health Canada, OGDs, WHO and other international sources of information.

- For information about Coronavirus: [Coronavirus Infection: Symptoms and Treatment](#) by PHAC
- For current situation update in Canada: [Government of Canada Coronavirus \(COVID-19\): Outbreak Update](#)
- For information about COVID-19 global dashboard: [Coronavirus COVID-19 Global Cases](#) by Johns Hopkins CSSE
- For WHO FAQ on COVID-19: [Coronaviruses \(COVID-19\) Situation Reports](#)

### 2.2 Pandemic Threat and Risk Assessment

**Phase 1 (Containment):** The overall number of cases in Canada would remain limited and travel-related cases from individuals entering Canada from affected countries can be expected. Some domestic infections may also occur but they can be traced to travelers arriving from affected countries, and the overall public health risk assessment remains low to moderate.

**Phase 2 (Delay/Preparedness):** The spread in Canada remains relatively controlled, with limited local transmission only. Some countries have uncontrolled transmission and the focus for Canada in this phase is to slow domestic transmission. The overall public health risk assessment remains low to moderate.

**Phase 3 (Mitigation):** There is sustained transmission globally and there is likely widespread community transmission in Canada. This may manifest as a large outbreak in single metropolitan area, multiple outbreaks in specific regions or sustained (uncontrolled) transmission across the entire country. The overall public health risk assessment becomes high.

## 2.3 Pandemic Economic, Health and Social Impacts

Refer to [Annex A – Economic, Health and Social Impacts](#) for additional information.

### 2.3.1 Economic Impacts

Pandemics affect most, if not all sectors, and therefore requires a whole of society approach. According to the Organization for Economic Cooperation and Development (OECD), the global economy faces its biggest danger since the global financial crises of 2008 in part due to COVID-19. Close monitoring of economic indicators (Gross Domestic Product (GDP) growth, consumer confidence, financial markets and trade) of major world economies such as the U.S, China and the E.U. will be key to understand possible international impacts affecting the Canadian economy as the situation evolves. Throughout the process, the aim will be to minimize the social and economic impact, subject to keeping people safe.

In the early phase, the bulk of economic and financial impacts will be felt in China, but more countries facing local outbreak are also experiencing significant economic disruption including a slowdown in manufacturing activities. A supply shortage could occur for goods and commodities imported from those countries.

The economic stresses would lead to significant consequences for Canada. Overall, economic impacts (decrease in GDP) are expected to be minimal; however, some targeted interventions may be required due to supply chain disruption or specific sectoral issues (e.g., tourism). Some additional funding may be required to support those federal departments engaged in response efforts.

Waiving the employment insurance waiting period would support workers who experience financial hardships due to quarantine or self-isolation. However other measures may be needed for workers who do not qualify for this financial support (e.g., self-employed individuals or people returning from parental leave). Travel restrictions and enhanced border measures could prevent the entry of tourists, foreign students or foreign workers, which could have economic implications lasting beyond the period of restrictions.

As the number of affected countries increases, the risk of international economic fallout also rises due to impacts on supply and value chains, commodity prices and markets. This, in turn, may have implications on Canada's own economy, trade and labor

markets. Canada may also experience difficulties in securing supplies for some imported products, including medical supplies or medicines. Limitations on imports due to disruption of industry in other affected countries and transportation infrastructure domestically could impact key supplies, including medical and food, in some areas. Various industrial sectors would be at risk of experiencing major disruption and a slow down due to absenteeism and impacts on trade, supply chains and infrastructure.

### **2.3.2 Health Impacts**

Successful public health emergency responses involving multiple jurisdictions require early coordination and engagement with F/P/T partners, including local health networks and community stakeholders.

With the virus spreading to multiple countries, increasing isolation and monitoring measures for travelers may not be supported by some jurisdictions or communities due to capacity limitations. As well, mandatory isolation orders under the *Quarantine Act* could be subject to legal challenge and this risk would need to be assessed before proceeding. There would also be a need to consider capacity constraints at all levels of governments to implement these measures.

During a pandemic or large outbreak there is a significant impact on supplies such as personal protective equipment and ventilators. It will be important to develop processes to ensure ongoing supply or access to evidence-based guidance on approaches in the absence of some critical supplies.

F/P/Ts alignment on measures such as public education, national surveillance approaches, and public health measures (e.g. self isolation, school closures) as well as ensuring evidence informed decision-making will help build public trust and increase likelihood of compliance with future decisions. Should Canada transition to a pandemic response, there would likely be calls for significant additional transfers to provincial/territorial governments to support health system capacity or emergency responders.

### **2.3.3 Social Impacts**

Society's attitude and willingness to make difficult decisions (such as not attending events) will be key to the effectiveness of Canada's response. As the situation evolves, an increased number of Canadians will potentially be infected or have to care for dependents that are infected. This can create major social and economic disruption. For example, individuals (or their families) will likely need to self-isolate and this could cause financial hardship, given that they may not be able to work over a 14-day period. These impacts could reduce voluntary compliance with necessary measures and increase the risk of transmission within the community. This could be mitigated by waiving the waiting period for employment insurance. Some targeted interventions to support impacted small / medium-sized businesses may also be needed.

Restrictions on social and public gatherings could be a necessary measure if there is widespread transmission in Canada. This will reduce the ability of individuals to attend school or to participate in the labor market or in society in general. Canadians may be

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restricted in their travels abroad which could affect operations of businesses and other organizations (e.g., academic).

Impacts on government operations could be significant and a reprioritization of regular operations in a number of federal departments may be needed to mobilize available resources (both financial and human) in support of the emergency response.

Maintaining the provision of critical services (e.g., income assistance programs) would be a priority. There will be an increased risk for the health and safety of front-line workers involved in the response, especially if there is a shortage of personal protective equipment. General government operations could also be affected by higher absenteeism due to illness and caregiving.

Widespread transmission in Canada may raise questions about the government's credibility around outbreak management, and result in decreased compliance with public health recommendations. The need for the Canadian public to access credible information will increase as the outbreak spreads into local communities or as the media report cases of severe illnesses in Canada. Targeted interventions will be required for various aspects of society.

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## 3 CONCEPT OF OPERATIONS

### 3.1 General

This plan will adopt a phased approach to align with our G7 partners. The four phases consist of: Containment, Delay and Prepare, Mitigate, and Recovery. This approach deals with an increasing public health risk associated with the emergence and spread of COVID 19 to a Pandemic level. The phases are linked to actions by various stakeholders, from early events when rapid, coordinated federal actions are helping to contain and delay the spread of a COVID 19 through mitigation to pandemic effects and recovery.

This Plan focuses on preparing for Phase 3: Mitigate. It does so in enough detail to allow the whole of government and other stakeholders to work together towards a flexible response, but not so much detail as to restrict response activities due to unpredictable developments.

Containment and Delay/Preparedness are already well in progress based on the legislation outlined in section 1.5. Canada's large geography and dispersed population may mean that elements of Containment and Delay/Preparedness remain in effect throughout Mitigation.

### 3.2 Strategic Objectives

#### 3.2.1 Protect the Health and Safety of Canadians

During a pandemic, increased demand for health care services, combined with increased health sector absenteeism, will put a severe strain on provincial health sectors, as well as health support services to other federal government departments (OGD). When requested, the WoG will coordinate additional health care support from various OGDs, provinces, territories, private resources and international partners through the Global Affairs Canada (GAC). [Annex D – Actions to Support Canada's Health Care System includes interdepartmental support to PHAC.](#)

#### 3.2.2 Maintain Government Operations

To promote the efficient use of resources, the Government of Canada intends to coordinate federal actions so that departments and other organizations do not work at cross-purposes or duplicate efforts.

Deputy Heads are responsible, through their respective business continuity management programs, to ensure that plans and contingencies are in place to ensure the continued delivery of critical services.

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### 3.2.3 Ensure Economic Resilience

Canada's critical infrastructure and services consist of those physical and information technology facilities, networks, services and assets which, if disrupted or destroyed, would have a serious impact on the health, safety, security or economic well-being of Canadians or the effective functioning of governments in Canada. BCPs of both the private and public sectors intend to identify and sustain minimum acceptable levels of service deliver for critical services during a pandemic, given possible sustained absenteeism rates of employees, the need to go into sites to maintain / fix equipment (i.e., to maintain operations) and ability to get timely necessary dependent services such as fuel for backup generators.

### 3.2.4 Maintain International and Domestic Reputation

The health of Canadians is linked to complex global issues that cannot be addressed without collective action. Public anxiety may be high during an outbreak of a new infectious disease. This anxiety may be aggravated by mis-information and intense media coverage. Consequently, providing credible and factual information based on science and evidence, combined with strong political, public health and animal health leadership, is critical to maintaining public confidence and our international reputation. Therefore, a Communication Task Force will coordinate a pro-active communications response that will harmonize public communications messages and activities across federal departments, as well as in support of provinces and international partners. HC and PHAC will continue to maintain strong international relationships and collaboration through bilateral and multilateral engagement activities with international partners. This includes sharing Canadian experiences and good practices from across sectors and all levels of government with international partners.

## 3.3 Governance

The governance structure for WoG COVID-19 incorporates both federal and provincial/territorial governance bodies.

The federal structure is described in the *Federal Emergency Response Plan (FERP)*, and the Federal/Territorial/ Provincial (F/T/P) governance structure is described in the *Emergency Management Framework for Canada*.

Governance has been developed to support the integration of, and complementary between, the F/P/T Health, Emergency Management and other key networks.

Consult [Annex B - Governance](#) for more information on governance.



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## 3.4 General Outline of the Response

Mitigation will be achieved through a coordinated and flexible WoG response that is scalable to the level of infection in any region of Canada. The main effort will be to provide coordinated federal support to PT as well as using appropriate levers of the GoC. The end state of the response is a resumption of normal services, economic/societal activities and full F/P/T services to Canadians.

### 3.4.1 Phase One: Containment

In this phase, the domestic spread of COVID-19 is expected to be limited. Potential impacts on society and the economy are generally expected to be minor in nature. The response focuses primarily on public health measures but some targeted interventions may be needed on a time-limited basis (e.g., waiving wait times to apply for employment insurance (EI) benefits for quarantined individuals).

### 3.4.2 Phase Two: Delay and Prepare

Widespread and sustained transmission of COVID-19 in a number of major cities/countries could impact Canada more significantly, with a potential disruption of trade, workforce and the domestic industrial sector. Canada would need to consider expanded border measures and travel notices to reduce the risk of the virus being imported via travelers. Clusters of outbreaks in North America may be observed, which could trigger Canada to enter into a “delay and prepare” scenario and implement measures to slow the spread of the virus, while preparing for larger-scale mitigation efforts. At this point, scaled-up measures could be necessary to support the domestic economy, assist Canadians abroad and maintain the level of trust in government institutions.

### 3.4.3 Phase Three: Mitigate

Domestic outbreaks may result in sustained transmission that cannot be contained (Pandemic). Canada’s response would shift to a broader set of actions to mitigate the impacts on the health of Canadians, economy, society, and government operations. Increased federal/provincial/territorial coordination would be required to provide a national response. Potential areas of action for the federal government would revolve around bolstering provincial/territorial health care systems; supporting access to health care supplies and treatment options, as well as supporting the economy and critical infrastructure. Diplomatic interventions may also be required to help maintain trade and international relations.

### 3.4.4 Phase Four: Recovery

The Recovery Phase encompasses all the activities related to the return to normal patterns of life, economic activity, full provision of services and normal health care activities in a prioritized and graduated manner. This will be accomplished while

ensuring that vulnerable segments of the population continue to be appropriately protected and that adequate vigilance against a recurrence of a health emergency is sustained. Public confidence will be returned to normal.

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## 3.5 Control Measures

### 3.5.1 Information Requirements and Reporting

National level information sharing between primary and supporting partners will be coordinated through the GOC as per the [Significant Event Information Sharing Protocol \(SEISP\)](#). Information sharing to support the coordinated response will be adjusted as the situation develops.

GOC will maintain a common operating picture and national-level situational awareness for partners by developing and distributing COVID-19 specific situation reports, geomatics material, and other information products as needed. GOC will also enable senior-level decision-making and guidance activities by providing timely, evidence-based information on COVID-19 to senior leadership.

### 3.5.2 Triggers for Transition to Phase 3 Mitigation

At the time of the publication of this plan, it is recognized that Canada is already in Phase 2. The following triggers are indications for transition to Phase 3:

- Change in transmissibility or severity of COVID-19;
- North American cluster where containment potential is low;
- Sustained transmission in a major U.S. city;
- Sustained transmission in Canada/ Community spread in a large metro area in Canada;
- Federal surge capacity is required because multiple jurisdictions are being heavily impacted and coordination requirements exceed one department's mandate;
- There is a formal or imminent requirement for non-health related support from F/P/T or international partners; and
- The event crosses provincial boundaries (e.g. pandemic coast to coast) or sovereign borders (e.g. Canada- U.S.) with a potential to significantly impact multiple sectors.

The decision to transition from phase 2 to phase 3 will be made by the DM Committee on COVID-19, based on scientific evidence.

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## 4 ROLES AND RESPONSIBILITIES

### 4.1 General

The powers, duties and functions of federal ministers are set out in their particular enabling authorities. The generic descriptions of roles and responsibilities that follow in this section are based primarily upon a minister's general functional responsibilities and, therefore, must be read within the context of each institution's enabling authority and adapted or applied accordingly.

The FERP describes the general roles and responsibilities of departments in an emergency. Roles and responsibilities of departments specific to a pandemic are described below.

Where scientific advice can support improved decision-making during an emergency, departments should consider engagement with the Chief Science Advisor within the context of their responsibilities.

All departments not specifically mentioned must plan on providing services or support that is consistent with their normal mandates as well as their responsibilities under the *Emergency Management Act*.

[Annex C – Coordination Matrix](#) provides detailed departmental activities.

#### 4.1.1 Public Health Agency of Canada (PHAC)

The Public Health Agency of Canada is responsible for public health, infectious and chronic disease control and prevention and emergency preparedness and response for Canadians both domestically and abroad. PHAC is the caretaker of the *Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector* and maintains the *F/P/T Public Health Response Plan for Biological Events* (PHRPBE). These plans are some of the building blocks for the COVID-19 response.

In emergencies such as COVID-19, PHAC exercises leadership and works collaboratively with provinces and territories to facilitate their pandemic planning and response. PHAC facilitates national coordination through the Special Advisory Committee under the PHRPBE and the Chief Public Health Officer serves as the trusted national voice to communicate with Canadians and key stakeholders. PHAC's National Microbiology Laboratory coordinates COVID-19 laboratory testing with provincial and territorial laboratories through the Canadian Public Health Laboratory Network.

PHAC plays a leadership role in areas such as national surveillance, bulk procurement, mutual aid, development of guidance documents (e.g. Public Health Measures, Infection Prevention and Control) and maintenance of the National Emergency Strategic Stockpile. PHAC is also responsible for working with provinces and territories, private sector partners, relevant national associations and departments as the critical infrastructure lead federal department for the health sector.

Works with HC to engage and coordinate with international health partners.

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### **4.1.2 Public Safety Canada (PS)**

Responsible for coordinating of a whole of federal government response to emergency management activities in cooperation with provinces, territories and other entities through the GOC. PS is also responsible for coordinating the whole of federal government communications response to COVID-19.

PS also supports the Treasury Board Secretariat (TBS) in the provision of technical advice and guidance on business continuity management (BCM) to support the continuity of critical services and activities within the Government of Canada. PS provides leadership, technical advice and guidance on BCM in support of Deputy Heads' responsibilities as it pertains to the BCM security control. As part of this role, the Department performs periodic reviews of business continuity management across federal institutions subject to the Policy on Government Security, to report on the maturity and institutional readiness. PS is also responsible for working with provinces and territories, private sector partners, relevant national associations, and departments as the critical infrastructure lead federal department for the government and safety CI (Critical Infrastructure) sectors.

### **4.1.3 Government Operations Centre (GOC)**

In the event of a pandemic, the GOC will support PHAC in coordinating the overall public health and medical emergency response efforts by developing federal interdepartmental plans; monitoring pandemic related activities 24/7; coordinating requests for emergency assistance; managing Public Safety Regional Offices; maintaining a common operating picture, and facilitating information sharing.

It will also develop decision briefs for senior management, and coordinate and support the federal interdepartmental management of the crisis.

### **4.1.4 Public Safety Canada Regional Office (PS RO)**

Within each province and territory, the Public Safety Canada Regional Offices coordinate the federal regional response in conjunction with the P/T Emergency Management Organizations (EMO), regional federal partners, and the GOC. PS ROs interface with P/T EMOs, public sector and non-governmental organizations as well as link operational and regional activities to the strategic/federal level within the GOC. During an emergency, the Regional Office is the primary point of contact for the P/T EMOs and will coordinate requests for federal emergency assistance and maintain a common operating picture for regional federal partners.

### **4.1.5 Health Canada (HC)**

Leads engagement and coordination efforts among domestic and international health partners in conjunction with PHAC, and is responsible for providing Occupational Health and Safety guidance for federal employees in collaboration with other federal departments. Health Canada is also responsible for ensuring regulatory preparedness, including accelerated decisions on vaccines or novel antivirals, as well as monitoring

and risk managing the safe use of antivirals and other health products that are anticipated to come into widespread use. The Deputy Minister of Health Canada is acting as co-federal lead with the Privy Council Office. In that capacity, the Deputy Minister of Health Canada is leading a committee of federal Deputy Ministers engaged in the federal response. This committee is also supporting ongoing discussions at Cabinet and the Ad-Hoc Cabinet Sub-Committee on COVID-19. Health Canada established a COVID-19 secretariat responsible for coordinating input to the Deputy Minister's working group supporting cross-cutting initiatives in relation with the federal response.

#### **4.1.6 Global Affairs Canada (GAC)**

Responsible for the conduct of all official communications between the Government of Canada and foreign governments, as well as all international organizations. For a biological event, GAC manages the response to foreign offers of assistance and, in consultation with PHAC, coordinates Canada's international response, including efforts to contain or slow the spread of a pandemic. GAC supports Immigration, Refugees and Citizenship Canada (IRCC) in facilitating the entry of volunteers and foreign workers/experts into Canada and supports the Canada Border Services Agency in facilitating the entry of goods required for a response to a biological event in Canada. Global Affairs Canada maintains duty of care responsibilities for Canada Based staff and dependents (GAC and other OGDs) serving in a vast network of Canadian Government Offices abroad (missions), as well as to locally engaged staff working on these premises'. GAC is also responsible for providing consular assistance and travel advice to Canadians abroad and leading national efforts to coordinate assistance to other nations impacted by a pandemic. In response to country specific risks posed by COVID-19, GAC (Emergency Watch and Response Centre) may be required to convene on short notice ad-hoc Coordination calls or Interdepartmental Task Force (ITF) calls related to the safety and security of staff and Canadians in specific countries where risk of transmission is elevated (e.g. China network, Seoul, Italy, etc.)

#### **4.1.7 Canada Border Services Agency (CBSA)**

Responsible for providing integrated border services that support national security and public safety priorities and facilitate the free flow of persons and goods, including animals and plants that meet all requirements under the program legislation. The CBSA processes people, goods and conveyances, which includes the following:

- Screening travellers, conveyances, and cargo for communicable diseases (processing under the Quarantine Act);
- Determining immigration admissibility (processing of people under the Immigration and Refugee Protection Act); and
- Examining personal effects and conveyances for controlled, restricted, or prohibited goods (examination under the Customs Act and many other Acts of Parliament).

In the context of the CBSA's role under the Quarantine Act, border services officers identify travelers who may be ill due to a communicable disease, isolate travelers who may pose a risk to public health and refer them to Public Health Agency of Canada's quarantine officers for a public health assessment.

#### **4.1.8 Transport Canada (TC)**

Responsible for ensuring a safe, secure and efficient national transportation system that is accessible to all users. Given potentially high rates of absenteeism during a pandemic, this may include working with the private sector, provinces, and OGDs to obtain the necessary exemptions to policies, regulations and programs in order to assist in maintaining critical transportation services and delivery of essential commodities. The department works in conjunction with the following organizations: Canadian airport operators, air carriers, CATSA, NAV Canada, and various aviation associations, railways, motor carriers, port authorities, maritime shipping associations, the St. Lawrence Seaway Management Corporation, the Railway Association of Canada and others. As the critical infrastructure lead federal department for the transportation sector, TC is also responsible for working with provinces and territories, municipalities, private sector partners, relevant national and industry associations, modal carriers, first responders and other federal departments as the lead federal department for the transportation CI sector.

#### **4.1.9 Innovation, Science and Economic Development Canada (ISED)**

Responsible for providing national advice and/or assistance to government and industry regarding possible disruptive effects on tourism, manufacturing, telecommunications and emergency broadcasting caused by a pandemic. ISED collaborates with the private sector, territorial, and provincial organizations to monitor the impact on travel to Canada (business and leisure) and tourism firms. In addition, ISED assesses and identifies domestic manufacturing capabilities and facilitates the production of necessary materials as required, such as personal protective equipment and viral diagnostic kits. ISED is also responsible for the coordination of telecommunications response should absenteeism have a damaging impact on critical manufacturing or telecommunication. ISED is one of the lead federal department for the manufacturing CI sector and the lead federal department for the information communications technology (ICT) CI sector.

#### **4.1.10 Employment and Social Development Canada (ESDC)**

Responsible for the provision of financial compensation, social benefits, and access to key programs and services, ESDC administers the Employment Insurance, Work-Sharing programs and other statutory benefits such as Old Age Security, Canada Pension Plan, and Canada Pension Plan Disability. ESDC also has a role in promoting employee safety through the [Labour Program](#) which is responsible for the Canada Labour Code. During a pandemic event the Labour Program, along with its partners at Transport Canada and the Canadian Energy Regulator, would focus on key regulatory activities, such as Refusal to Work investigations including those related to COVID-19.

ESDC would coordinate, as needed, temporary measures during a pandemic event to provide support to impacted Canadians through more flexible and expedited access to applicable programming. The department provides logistical support to the Public Safety Canada Government Operations Centre (GOC), through the Department's National Emergency Operations Centre (NEOC), with additional support, as required, from the Department's regional emergency operations centres.

As required, ESDC will use its multi-channel network (Canada.ca Internet site, 1 800 O-Canada call centre, and in-person services) to inform Canadians of the nature and status of emergencies, advising them of any actions or recommendations regarding their safety, and any other information relevant to the situation. ESDC is dependent on private sector service providers for the delivery of some core services, which includes Canada.ca and the hosted contact centre service (HCCS).

#### **4.1.11 Indigenous Services Canada (ISC)**

Indigenous Services Canada (ISC) supports First Nations community resiliency against health emergency events through investments in emergency preparedness and mitigation initiatives.

ISC is responsible for health protection measures and health emergency preparedness for First Nations communities in all regions with the exception of British Columbia where this responsibility is undertaken by the British Columbia First Nations Health Authority.

The Department does not have any direct responsibilities in Territories and in Inuit Nunangat. However, ISC provided surge capacity support, including advisory services, nursing or epidemiological capacity in the past.

In the event of a pandemic, ISC supports communities' response (e.g., support mass immunization clinics, provide training, guidance documents, etc.); ensure ISC health facilities have access to personal protective equipment, and supports health facilities in transferred communities where barriers to accessing personal protective equipment through normal procurement channels arise (e.g., masks, gloves, gowns) during a pandemic; and, support community and leadership engagement in the implementation of the community-level pandemic plan as warranted.

#### **4.1.12 Royal Canadian Mounted Police (RCMP)**

Responsible for the coordination of policing-related response activities through the RCMP National Operations Centre (NOC) in concert with GOC during a pandemic. Monitor areas as required in response to social unrest related to the biological event, with use of tactical and public order response teams when necessary. The RCMP, as with other police services, must closely coordinate its preparedness and response activities with public health and medical officials as they may be required to enforce these interventions in accordance with applicable federal, P/T legislation and regulations. In addition, RCMP nationally, regionally and/or locally will support primary responding government organizations in other areas. This support will likely focus on general duty police tasks (e.g., protection, evacuations, site security of medical facilities, health staff, medical shipments, and treatment/vaccine clinics). As warranted, the



RCMP will investigate contraventions of any applicable legislation applied to support pandemic response, and lay applicable charges. The RCMP is also the provincial and territorial police force outside of QC and ON.

#### **4.1.13 Department of National Defence (DND) and Canadian Armed Forces (CAF)**

DND/CAF have unique capabilities and infrastructure that allow it to provide assistance that is in the national interest and in support of Government of Canada (GC) objectives. DND/CAF has the planning capacity to respond to urgent situations to fill gaps in necessary support when no other options are available within the required time and scope. In a supporting role, DND/CAF can deliver the following overarching effects: provision of logistic and general support, provision of transportation and infrastructure and provision of humanitarian relief to Canadians.

- Logistics and General Support
  - Assist the F/P/T in humanitarian or security tasks through the provision of logistical support
  - When requested assist the F/P/T in the enforcement of measures enacted via Ministerial Order/Regulations/Legislation.
- Transportation and Infrastructure
  - Provide unique military mobility and transportation support – internationally and domestically.
  - When requested provide access to CAF installations from which the GC can function.
- Support the Provision of Humanitarian Relief to Canadians
  - Assistance to establish and operate alternate care sites and other “over-flow” facilities.
  - Assistance with civilian patient management including triage, secondary assessment and treatment of COVID-19 patients within capabilities, i.e., those with mild symptoms only.
  - Assistance with civilian patient management including triage and secondary assessment of vulnerable populations (ex. rural/remote, indigenous, prison inmates).
  - Support to federal or provincial health agencies in the event of mass evacuation.
  - Should a vaccine become available, support to PHAC or provincial health authority during mass vaccination

It must be noted that the CAF cannot auto-deploy as part of F/P/T response without the proper GC/Ministerial authority. To ensure that the requested assistance is within DND/CAF capabilities and mandate, it is recommended that these Requests for Assistance (RFA) be developed collaboratively by the requesting agency, the GOC and DND/CAF.

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#### **4.1.14 Public Services and Procurement Canada (PSPC)**

PSPC supports other government departments through the provision of contracting and buying services for goods and services. Provide information on the inventory of office space and occupancies within the PSPC portfolio, as well as facilities available for emergency shelter. Support clients critical services by ensuring buildings area available for use by federal tenants and additional building services (i.e. additional cleaning) are provided in a timely fashion. Provides emergency translation, interpretation and terminology products and services to Parliament, the Judiciary and federal departments and agencies in English, French, Inuktitut, First Nations and foreign languages, as required. Issues all Government of Canada payments including socio-economic payments to individual Canadians, as well as to Provinces and Territories as required.

#### **4.1.15 Shared Services Canada (SSC)**

Responsible for the provision of foundational information technology services to other government departments, including network connectivity, internet access, application hosting, information security and electronic mail. Supports the provision of critical services within the Government of Canada, and works with key public sector and private-sector stakeholders to implement enterprise-wide approaches for managing IT infrastructure services.

#### **4.1.16 Treasury Board Secretariat (TBS)**

TBS Office of the Chief Information Officer (OCIO) is the policy centre responsible for the Policy on Government Security (PGS) which is the GC policy chapeau for Business Continuity Management (BCM) and related mandatory procedures. It sets the BCM policy expectations and requirements for Departments/Agencies subject to the PGS (“all-hazards” approach). Departments/Agencies are required to establish BCM Programs, including the implementation of all BCM components within their organizations as outlined in the PGS and Directive on Security Management, including:

- Establishment of governance, authorities and responsibilities for the departmental BCM program;
- Identification and prioritization of departmental critical services and assets using a business impact analysis (BIA) process;
- Business continuity plans, measures and arrangements;
- Establish planning assumptions (i.e., COVID-19 virus and related absenteeism scenarios);
- Awareness and training; and
- Development, testing/exercising and maintaining departmental BCPs (monitoring corrective actions)

Additionally, through the Office of the Chief Human Resources Officer (OCHRO), TBS supports the Treasury Board as the primary employer of the Government of Canada. In

this capacity, OHCRO supports labour relations, Occupational Health and Safety and negotiation of collective agreements.

#### **4.1.17 Environment and Climate Change Canada (ECCC)**

ECCC is responsible for maintaining critical meteorological forecast services and provides environmental scientific and technical advice as needed. This includes specialized services in support of aviation, defence and marine operations as well as specialized capabilities for chemical, biological and radio-nuclear (CBRN) events. ECCC provides environmental information and advice in response to emergencies related to polluting incidents, wildlife disease events or severe weather and other significant hydro-meteorological events. These services are provided unilaterally or as part of a larger Government of Canada response effort in order to prevent and reduce the loss of life, as well as adverse impacts on public safety and security, human health and welfare, the environment and property. ECCC is also responsible for working with private sector partners and relevant national associations and departments as the critical infrastructure lead federal department for the water sector.

#### **4.1.18 Courts Administration Service (CAS)**

CAS is responsible to provide registry, judicial and corporate services to the four federal superior courts of record, thereby helping to maintain the independence of these courts from the government. The four courts served by CAS are the Federal Court of Appeal, the Federal Court, the Court Martial Appeal Court of Canada and the Tax Court of Canada. The services provided by CAS enable the courts to function and members of the courts to hear and resolve cases in a fair, expeditious and efficient manner. They assist individuals, organizations and the Government of Canada in submitting disputes and other matters to the courts throughout Canada. They are responsible to ensure the public have access to the courts and ensure the safety of the Members of the Courts, Court employees and the public who patron their courts.

#### **4.1.19 Agriculture and Agri-Food Canada (AAFC)**

Responsible for providing national advice and assistance to government and industry to address the possible disruptive effects on food production and distribution caused by a pandemic. At the request of industry, AAFC collaborates with the private sector, provincial organizations, international partners and Public Safety Canada and others to support the sector should absenteeism have a damaging impact on food production or retailing. AAFC is also responsible for working with provinces and territories, municipalities, private sector partners, relevant national and industry associations, and other federal departments as the lead federal department for the food CI sector.

#### **4.1.20 Natural Resources Canada (NRCan)**

Responsible for identifying risks to critical energy infrastructure and for taking measures to address those risks. As Canada's energy and utilities sector is vulnerable to a wide range of natural and human induced hazards and threats, including extreme weather

events, terrorism, mechanical failure, cyber crime, espionage, labour unrest or pandemic. The spatial and temporal scale of such incident is variable (i.e., local to continental, minutes to months) but may all cause disruption to energy supplies and/or increase demand. As the critical infrastructure lead federal department for the energy and utilities sector, NRCan is responsible to monitor, assess and provide advice and guidance to the Governor-in-Council, other federal departments and agencies, liaise with provincial and territorial governments and public/private energy sector stakeholders on energy related emergencies. Note that fuel distribution is a provincial issue and provincial Emergency Management Organizations would need to be involved in a response. NRCan is also responsible for working with provinces and territories, municipalities, private sector partners, relevant national and industry associations, and other federal departments as the lead federal department for the energy and utilities CI sector.

#### **4.1.21 Provinces and Territories (PTs)**

Each province and territory has developed their own pandemic public health measures strategy for their respective jurisdiction. While each province or territory has customized their governance to suit their unique and specific requirements (geographical, cultural, etc.), most have broadly similar organizational structures with a significant degree of commonality among their mechanisms and procedures.

Provinces and territories are responsible for the coordination of the public health response during a pandemic within their jurisdiction. In collaboration with PHAC and local health partners, P/Ts will establish (or maintain) surveillance protocols; provide guidance for local health services planning and response including public health measures; and direction concerning consistent public health communications within their regions.

Additionally, PTs have their own respective emergency management legislation and measures. While a pandemic is a public health event, EM resources may be brought to bear to support the F/P/T health network as the event evolves.

This plan has been developed to support federal coordination of response activities, with an aim to integrate into the necessary F/P/T networks in accordance with established governance mechanisms.

#### **4.1.22 Non-Government Organizations (NGOs)**

National and local NGOs may be able to assist F/P/T stakeholders in pandemic response via coordination of logistics, provision of Emergency Social Services to impacted groups as requested by government authorities, and augmenting response personnel. NGOs may be consulted by government authorities for advice and assessment of basic emergency needs and requirements of affected populations.

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### 4.1.23 Other Departments

Oversee responsibility for their respective sectors and should be prepared to provide assistance or support as needed during the response and/or recovery phase of a pandemic. All departments are to develop their departmental BCPs with focus on critical services, providing a healthy and safe environment for their employees and to maintain their critical functions and services in the face of significant and sustained absenteeism. Departments are also responsible for testing and validating continuity provisions, and mapping interdependencies to achieve a state of readiness, in support of GC readiness.

## 4.2 Coordination Matrix

Refer to [Annex C – Coordination Matrix](#) for additional information. It is a tabular list of departmental roles and responsibilities by phase.

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## 5. KEY AREAS FOR CONSIDERATION

### 5.1 General

The Government of Canada response will require multiple actions from Departments within their own authorities and mandate, but there are a number of cross-cutting issues that would require a coordinated approach to protect the health and safety of Canadians and mitigate the potential impacts of COVID-19.

In order to ensure coordinated action across government, as well with other partners, the following section identifies the general approach for key cross-cutting areas.

### 5.2 Cross-Cutting Areas

#### 5.2.1 Critical Infrastructure

A human pandemic is one of many threats facing the operation of critical infrastructure (CI) and services in Canada. Unlike other threats, a pandemic does not directly impact physical and digital infrastructure, rather it impacts the workforce. In the event of a pandemic the workforce may be diminished significantly. In addition to physical and digital assets, infrastructure sector employees' play an essential role in the successful operation of infrastructure. Thus, in addition to preparing for threats to physical and digital infrastructure, sectors must prepare for threats to the health of workers. Additionally, a pandemic is unlike other emergencies in that it occurs over a prolonged period of time, usually months.

Given the interdependencies and connectedness among critical infrastructure, a pandemic that threatens to disrupt one sector could have a cascading effect and disrupt other critical services or systems. Consequently, in the event of a pandemic, all sectors must maintain production and delivery of critical goods and services to sustain the country's economic and social stability. The establishment, by sector organizations, of well-developed Business Continuity Plans (BCP) that include supply chain coordination, will assist in maintaining delivery of critical goods and services during times of significant and sustained worker absenteeism.

#### CI Planning Activities

Recognizing that the majority of Critical Infrastructure is owned and operated by the private sector, it is essential for governments and industry to work together to manage the potential impacts of a COVID-19 outbreak. Public Safety Canada, in collaboration with lead federal departments, engages with national CI owners and operators through existing engagement mechanisms (National Cross Sector Forum (NCSF), Multi-Sector Network (MSN), CI Sector Networks, Lead Federal Departments CI Network, F/P/T CI Working Group) in order to:

- Provide a common operating picture of the potential event

- Raise awareness of GoC planning activities to help inform business continuity and emergency planning by CI owners/operators
- Provide an opportunity for CI owners/operators to identify potential areas of concern or planning priorities, which would be used to inform government planning activities.
- Identify opportunities for the federal government to address the potential CI related planning priorities identified during NCSF, LFD and MSN calls

## CI Engagement

- NCSF teleconference to discuss: COVID-19 activities
- LFD CI Network meeting to discuss roles and responsibilities of lead federal departments in pandemic response, and information sharing
- MSN call to share COVID-19 preparedness and planning information with a broader audience across 10 CI sectors
- PS will convene other meetings of these networks, as needed, on an ongoing basis

For additional information on critical infrastructure, consult [Annex H – Critical Infrastructure](#).

## 5.2.2 Borders and Transportation

Efforts to contain the spread of COVID-19, either in Canada or abroad, are a critical part of a pandemic response. However, current international models suggest that highly restrictive border measures may only serve to delay a pandemic by a few weeks. Consequently, it is neither practical nor desirable to restrict borders or transportation networks. Moreover, Canada will continue to engage the USA to ensure a coordinate response to COVID-19 at the US-Canada borders, as the situation dictates.

In an era of “just in time” delivery, Canada’s transportation systems (aviation, rail, road and maritime) regularly delivers essential commodities to communities; and in emergencies, rapidly moves critical resources into affected areas.

Given the importance of maintaining essential transportation links and in accordance with WHO guidance, the Government of Canada (via PHAC) will focus its efforts to contain the spread of COVID-19 primarily at regional and community levels. Border-related measures will focus on providing information to international travelers and limiting travel to affected areas. Nevertheless, entry/exit screening of individuals *may* be appropriate to slow the arrival of a pandemic in accordance with WHO and International Civil Aviation Organization guidance. However, the effectiveness of such screening is questionable since current methods do not detect individuals who are asymptomatic.

## 5.2.3 Immigration and Refugees

A response to COVID-19 may require the use of measures to facilitate or restrict immigration. Facilitative measures would assist clients overseas who have been

affected by reductions in immigration services and travel restrictions (e.g., providing clients urgent travel documents, extending application deadlines), as well as individuals in Canada, including foreign workers and students, who cannot travel back to their home countries and whose legal status in Canada has ended or will soon end (e.g., providing extensions and restoration of immigration status already in place). Measures would also be available to fund pre-departure medical services, such as immunizations and outbreak management services in refugee camps, supporting the health of overseas refugees who have been selected for resettlement to Canada.

By contrast, measures to temporarily restrict access into Canada (e.g., cancelling valid entry documents for groups of foreign nationals) would only be exercised if the Government issued an Emergency Order under the *Quarantine Act* and would only be used to reduce pressures on quarantine operations at the border. Other measures could include the issuance of Ministerial Instructions under the *Immigration, Refugees and Projection Act* to pause visa processing in order to reduce the number of foreign nationals travelling to Canada (current visa holders would not be affected). The use of such measures would have to be carefully considered as this would lead to a reduction of tourists, international students and foreign workers. This would have economic implications that would last beyond the period of any potential restriction. Canada's obligations under the International Health Regulations and the positions taken by the World Health Organization would also need to be considered. Provinces and Territories would also need to be consulted.

#### **5.2.4 Border Measures (Including Quarantine)**

Border measures are one element of a multilayered response to protect the health and safety of Canadians. The intent of border measures is to prevent or delay the introduction of the virus into Canada.

Efforts to contain the spread of COVID-19, either in Canada or abroad, are a critical part of a pandemic response. However, current international models suggest that highly restrictive border measures may only serve to delay a pandemic by a few weeks. Consequently, it is neither practical nor desirable to close the borders or put restrictions on the transportation network.

Non-pharmaceutical public health measures will be used early in a pandemic in order to contain the spread of COVID-19 in Canada, with a focus on the early cases and their contacts. Under provincial public health laws, individuals who are suspected or confirmed to be infected with COVID-19 (i.e. cases) or who have been exposed to someone with COVID-19 (i.e. contacts) may be directed by public health authorities to isolate themselves at home in order to prevent transmission. However, once there is widespread community transmission (i.e., has demonstrated the ability to spread efficiently between humans and is circulating in communities) quarantine measures will likely be ineffective to slow or contain transmission. This position is in concert with a WHO working group, which concluded that “forced isolation and quarantine are ineffective and impractical.”



Under the federal Quarantine Act, federal authorities have the power to screen travelers, arriving in or departing from Canada, for communicable diseases. Individuals suspected of having COVID-19 or those suspected of having been exposed to the virus (i.e. close contacts) during an outbreak may be ordered to undergo a medical examination or isolate themselves at home or at a designated location for the expected incubation period of up to 14 days.

In addition to these provincial or federal measures, communication strategies (coordinated at all levels) to inform people of what to do when they have been exposed to COVID-19, how to care for themselves and how/when to seek health care services will be instituted. Further information regarding these measures, including recommendations on the use of social distancing measures can be found on Canada.ca website. <https://travel.gc.ca/travelling/health-safety/travel-health-notice/210>

### 5.2.5 Public Health Measures

Public health measures (PHM) include non-pharmaceutical interventions that can be used to reduce and delay community transmission of the novel coronavirus that causes COVID-19. Implemented early, PHM seek to reduce the speed with which cases are occurring to delay transmission and to reduce the peak of virus activity in the community and reduce the demand for health care services. Some measures are used commonly in Canada for seasonal influenza and other communicable disease outbreaks, while others will likely only be considered during a more severe pandemic. Given that there is currently no effective vaccine or specific treatment (e.g. antiviral medication) for COVID-19, non-pharmaceutical measures will be the only tools available to mitigate the impact of the virus. A crucial aspect of PHM is effective communications by Public Health Authorities to educate the public and to promote and support public trust.

Guidance for [community based measures](#) has been produced and disseminated by PHAC in order to minimize illness and transmission of infection within settings such as workplaces, schools, post-secondary institutions, childcare centers, communal living facilities, remote and isolated communities, camps and cruise ships. Social distancing measures or strategies may be used to minimize close contact among persons in public places, e.g., isolation of the sick or exposed, school closures; avoidance of crowds and cancelling mass gatherings; and alternative workplace approaches, such as teleconferences and working from home.

### 5.2.6 Antiviral Drugs

Currently there are no known antiviral medications that have proven efficacy to treat COVID-19. Research is currently underway to assess whether antivirals used for certain other conditions (e.g. HIV, influenza), broadly acting antivirals or immune modulators might be effective against this virus. Other antiviral medications are also in development but a firm timeline is not yet known. In the meantime, research continues and regulatory and purchasing pathways are being developed for the expeditious approval and purchase of these medications once they are available.

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### 5.2.7 Vaccine

As with antivirals, there is currently no vaccine available for the prevention of COVID-19. Research and development is underway by a number of organizations including two in Canada however, it is anticipated that it will take 12 to 18 months for a vaccine to become available. Regulatory and purchasing pathways are being developed for the expeditious approval and purchase of vaccine once it is available.

Health Canada is responsible for the authorization of vaccines and surveillance of their safety and efficacy.

Should prioritization of vaccine become necessary, the establishment of an F/P/T Special Advisory Committee is expected to make recommendations based on the epidemiology of the coronavirus.

### 5.2.8 Research

Research plays an important role in addressing knowledge gaps and supporting the discovery of new ways to treat and control COVID-19. The Government of Canada is mobilizing its research and scientific communities to support its response to the spread of the novel coronavirus (SARS-CoV-2). The Public Health Agency of Canada is coordinating dialogue among federal partners on current and planned research activities, with a focus on leveraging strengths and building synergies.

Priority research areas focus on biomedical countermeasures (vaccine, diagnostics, therapeutics, clinical research) but also include social and policy research. The CIHR's Canadian Novel Coronavirus Rapid Research Funding Opportunity has provided support to multiple academic researchers across Canada to advance knowledge and tools in these priority areas.

There are several federal programs available to support the research and development response. Capacity at federal research facilities is being leveraged and federal granting agencies are strategically aligned to support Canadian research capacity. The Canadian private sector (R&D, manufacturing) is being engaged to contribute research and development solutions.

The GoC is also supporting various knowledge translation strategies to bring significant findings arising from these research efforts to decision-makers in a useful and timely way.

### 5.2.9 Inbound Maritime Vessel

There is a distinct risk of COVID-19 entering into Canada from an incoming vessel reporting people having signs and symptoms. As such, effective management of potential COVID-19 cases aboard an inbound vessel at first port of arrival is critical to effective containment to protect the health of Canadians, prevent the introduction and

spread of communicable disease, and the protection and preservation of the marine transportation system.

The Government of Canada Strategic Maritime Plan to Address Coronavirus intends to complement (not replace) existing plans, authorities, and mandates. This plan supports a comprehensive and coordinated federal approach to identify and mitigate any maritime threat of COVID-19 arriving by a vessel on an international voyage regardless of whether the vessel is carrying passengers or cargo. This plan's focus is on the logistical and administrative considerations of managing an inbound vessel, and the marine facilities at which it will be, or is located. This is done in support of the PHAC's Emergency Support Function under the FERP. Consequently, the scope of this plan includes the processing of crew and passengers at a shore based facility (likely to be proximal to or at the marine facility) but does not include on-shore quarantine facilities.

Refer to [Annex F - Maritime Plan](#) for additional information on the GoC Strategic Maritime Plan to Address Coronavirus.

## **5.2.10 International Assistance and Cooperation**

Internationally, Canada is fully engaged in COVID-19 preparedness with other countries and is working in collaboration with international organizations. On occasion, there may be a high risk of COVID-19 emerging in another country lacking the expertise and resources to deal with the disease. In such circumstances, federal organizations (such as PHAC, CFIA, and the Canadian International Development Agency), in collaboration with GAC, WHO, OIE, Food and Agriculture Organization, and other international partners, should be prepared to provide assistance to the degree determined at the time. The principle purpose of such assistance is to facilitate monitoring and containment of the virus and contribute to reducing or delaying the spread of the virus to Canada and other countries.

The CBSA is poised to assist GAC and other departments in the event of an assisted departure or evacuation operation overseas. The CBSA maintains a network of 55 Regional Directors, International Network Managers (INMs) and Liaison Officers (LOs) in 37 locations around the world. In a departure/evacuation scenario, the CBSA is responsible for providing assistance to GAC Consular and IRCC operations to verify identity and documentation of clients seeking assistance. LOs and INMs also have a significant role to play in an advance team charged with determining operational requirements and set-up at departure/evacuation sites.

Based on the scope of the operation – Canadian citizens only, or eligible foreign nationals as well (to be determined by GAC and IRCC), and the anticipated number of clients to be moved – the CBSA will determine the size of its deployment team. For small operations, local resources would be sufficient, but for large-scale client bases, additional personnel would be deployed from Canada.

## **5.2.11 Support to Canada's Health Care System**

PHAC has a mandate to assist the Minister of Health regarding public health. It is the primary federal department with respect to managing a pandemic incident that has

significant public health implications. Provincial requests for public health–specific assistance should be made directly to PHAC, either through PHAC regional offices or to PHAC’s Centre for Emergency Preparedness and Response. Requests for other types of assistance should be made through the appropriate PS EMNS Regional Director with a copy provided to the GOC.

Health Canada supports F/P/T coordination through the Conference for Deputy Ministers of Health and Health Ministers.

Refer to [Annex D – Actions to Support to Canada’s Health Care System](#) for additional information.

### **5.2.12 Federal Populations**

The Federal Government is responsible for providing integrated services to their dependent population and is committed to keeping Canadians safe from the spread of COVID-19 in Canada. A dependent population is any person, or group that relies solely on the federal government for support in day to day living, or is legally mandated to abide, report or adhere to the federal government directives.

Refer to [Annex J – Federal Populations](#) for additional information.

### **5.2.13 First Nations and Inuit**

Engagement and collaboration with First Nations and Inuit partners, including self-governing Indigenous groups, is vital to a successful response. Ensuring the health and safety of Indigenous communities will be a crucial part of the overall public health response to a pandemic.

The First Nations and Inuit Health Branch of Indigenous Services Canada supports the delivery of public health and health promotion services on-reserve and in Inuit communities. It also provides drug, dental and ancillary health services to First Nations and Inuit people regardless of residence. The Branch also provides primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available.

Evacuations of communities in an outbreak scenario during concurrent natural disaster (i.e., floods and/or forest fires); and, also medical evacuation to treat more severe symptomatic cases creates the inability to land certain aircrafts in remote and isolated communities.

Northern Communities are at a higher risk of infection and transmission due to overcrowding in households (i.e., 10+ people in a house) and lack of adequate infrastructure (i.e., self-isolation facilities or housing). Risk of transmission to key community leads – i.e. water operator, environmental public health officers, etc. would be a concern.

Nurses provide the majority of the healthcare in remote and isolated communities. Currently we have a 40% vacancy rate of field nurses employed by ISC-FNIHB, to fill this vacancy we rely on agency nurses. Loss of personnel due to illness will increase reliance on contracted nurses and increase costs due to higher demands.

North of sixty, in Inuit Nunangat, while ISC-FNIHB does not have direct health responsibilities (P/Ts are responsible), we provide surge capacity and technical assistance when needed.

Need to ensure that, despite national guidance on priority populations for receiving future vaccine, that healthcare providers and their families working in remote and isolated on-reserve communities are prioritized to receive the vaccination, as implications in small communities for sick health care providers are exacerbated by remoteness, delays in sending back up nursing support; and could in turn put communities at risk as a whole.

Work to develop messages and process for applying Quarantine Act on-reserve, in a way that is trauma-informed, so as not to trigger communities due to past treatment.

Differential impacts among First Nations populations living on-reserve include – mobility limitations and implications for potential evacuation planning of communities and/or those who are sick and need to be medically transported for care; ensuring continuity of services (i.e. dialysis, opioid agonist therapy; mental wellness supports; potential need for escorts to provide language translation, etc.)

#### **5.2.14 Business Continuity Management and Critical Services**

[Business Continuity Management](#) provides reasonable assurance that in the event of a disruption, departments and agencies can maintain an acceptable level of delivery of critical services and activities, and can achieve the timely recovery of other services and activities.

Critical Services are defined as a service or activity whose disruption would result in a high or very high degree of injury to the health, safety, security or economic well-being of Canadians or to the effective functioning of the Government of Canada.

Departments received TBS direction in mid-February to identify their Critical Services for the purposes of the Critical Services Prioritization Initiative (CSPI). The objective of CSPI is to identify the GC's critical services, including identifying interdependencies and resources necessary to deliver those critical services. This initiative is supporting department-level preparedness planning from a business continuity perspective, as well as providing baseline information for whole of government planning efforts. The conduct of regular testing of business continuity plans ensure an acceptable state of preparedness. This including the need for contingency testing for scenarios arising from potential degrees of workforce outage

#### **5.2.15 Occupational Health and Safety**

Health Canada's Public Service Occupational Health Program (PSOHP) is responsible for providing occupational health advice and guidance to employers in Schedule I and IV of the Financial Administration Act. PSOHP has prepared Advice for Federal Workplaces (Schedule I and IV): Pandemic Preparedness for COVID-19 ([Annex G – Occupational Health and Safety](#)). Departments that fall outside of Schedule I and IV may also wish to refer to this information. This guidance provides evidenced-based

occupational health advice that is consistent with the Public Health Agency of Canada and the World Health Organization.

This occupational health guidance document should complement each department's Business Continuity Plan. Within the document, employees and employers are provided occupational health recommendations pertaining to general precautions, travel advice, hygiene measures and personal protective equipment, if required. Individual departments will determine which recommendations apply to their occupational health needs; and are encouraged to be cognizant of the challenges related to the availability of personal protective equipment within Canada.

Additionally, for all federally regulated employers and employees, the Labour Program has provided Key Messages on COVID-19 on where to find key information including a toll free line for questions or work refusals at 1-800-641-4049.

### **5.2.16 Personal Protective Equipment and Other Critical Supplies**

PHAC manages the National Emergency Strategic Stockpile (NESS), primarily focussed on health care/health system needs and providing surge capacity for P/Ts. Provinces and Territories manage their own supplies and stockpiles. In order, to prepare for a potential pandemic response PHAC in consultation with PSPC, HC, ISED, P/Ts and other key federal departments will work together to establish prioritization of available PPE, across all levels of government. Additionally PHAC in with PSPC support and input from other stakeholders will identify and pursue bulk procurement options as well as the identification of alternative products and suppliers. These effort will be leveraged by the F/P/T Special Advisory Committee, which is mandated to assess gaps in stockpiles; collaborate on procurement, analyse supply options; and develop principles for allocation of key resources.

In order to best manage and moderate usage of PPE across all levels of government, an aggressive communications plan is required so that PPE is being utilized in an appropriate manner. Should the PPE situation become critical or extreme, the Government of Canada can exercise section 17 and 30 of the Emergencies Act, to direct the production or prioritization of production. This could include compensation (as in the Public Order Emergency) or straight forfeiture (as in the International Emergency).

Currently PSPC is taking the following actions related to PPE in order to increase preparedness:

- Public Service and Procurement Canada (PSPC) is working closely with Public Health Agency of Canada (PHAC) to identify and source the procurement of Personal Protective Equipment. PHAC will prepare consolidated needs of PPE for health care and public health service delivery (including Provinces and Territories).
- PSPC will convene Federal departments to gather the needs for PPE, specifically for non-health services related front line workers.

- Management of Personal Protective Equipment supplies in support of the federal family will require oversight and direction from governance.
- PSPC considering expansion of use of contracting vehicles to provinces and territories that are not using the tool and are supporting the first line health sector. Allocation and prioritization of available PPE acquired under those vehicles will be based on PHAC led F/P/T scheme for scarce resources allocation.

As the regulator for Occupational Health and Safety of all federally-regulated sectors, including the Public Service, ESDC's Labour Program has a key role to play in ensuring the Health and Safety of employees, and to the quick resolution to any refusals to work, complaints or inquiries related to COVID-19. The Labour Program is well poised to deliver on its OHS mandate throughout all phases of the plan.

For employers and employees outside of federal jurisdiction, provinces and territories each have their own Ministers of Labour, and departments, who have similar responsibilities regarding protecting the Occupational Health and Safety within their borders.

The Labour Program and the provincial/territorial counterparts meet regularly at various levels.

### **5.2.17 Engagement with Provinces and Territories**

Provinces and territories have strategic, operational and tactical responsibilities similar to the federal government with respect to the management of COVID-19 within their jurisdiction. The linkages and interfaces between the federal pandemic response and provincial and territorial activities is the critical factor that enables an effective F/P/T response to COVID-19.

The primary means of linking these systems are through leveraging existing F/P/T health portfolio networks such as the Special Advisory Committee (SAC), and PHAC's regional relationships with P/T Health Ministries. The SAC has the mandate to provide advice to the F/P/T Conference of Deputy Ministers of Health (CDMH) pertaining to the coordination, public health policy and technical content on matters related to COVID-19 response.

Furthermore, whole of government emergency management and coordination can be achieved through the positioning of the PS RO representatives with provincial or territorial officials, as well as with regional federal departments and coordinating groups.

The coordination of public communications activities is managed by the provinces and territories, and Public Safety Canada's Communications Directorate, with the support of federal regional offices to make linkages when necessary.

The Regional Office provides appropriate representation in the provincial and territorial Emergency Operations Centre as required. The responsibilities of the Regional Office are to facilitate the exchange of information between the provincial and territorial Emergency Operations Centre, the Federal Coordination Group and the GOC, as well as to coordinate provincial and territorial requests for federal emergency assistance.

Lastly, federal departments frequently manage emergencies or provide support to a province or territory for events related to their specific mandate, within their own authorities and without requiring coordination from Public Safety Canada.

### **5.2.18 Request for Federal Assistance (RFA)**

A Request for Federal Assistance (RFA) is the formalization of the need, at the request of a province or territory, for the federal government to provide support towards emergency response efforts. A provincial or territorial RFA specifies the nature of the additional support or resources required for a successful emergency response and the termination criteria.

An RFA is initiated when an emergency event overwhelms or threatens to overwhelm the resources of a province or territory during emergency response efforts and federal government assistance is required to effectively support the impacted region. In the event that a province or a territory requests federal emergency assistance, Public Safety Regional Offices coordinate the federal emergency management response.

To ensure effective response coordination, it is recommended that the request be made through PS ROs via an appropriate Public Safety Regional Director, with a copy provided to the GOC.

The PS Regional Director will then determine in collaboration with the Federal Coordination Group (FCG) whether the request can be met using local federal resources. If not, the GOC will assess whether the request can be supported by federal departments, crown corporations, non-governmental organizations (NGOs), and/or the private sector.

### **5.2.19 Request for Provincial Assistance (RPA)**

A request for provincial assistance (RPA) is the formalization of the need, at the request of a federal department, for the provincial or territorial government to provide support towards emergency response efforts. The RPA specifies the nature of the additional support or resources required for a successful emergency response and the termination criteria.

An RPA is initiated when an emergency event overwhelms or threatens to overwhelm the resources of a federal department during emergency response efforts and P/T assistance is required to effectively support response. In the event of an RPA, Public Safety Canada (ROs or GOC) coordinates the response with the appropriate P/T EMO.

### **5.2.20 Legal**

General types of existing federal and provincial statutory authorities that may have a bearing in dealing with the effects and consequences of a pandemic during any of the identified phases. Under the *Emergency Management Act*, all federal ministers have responsibilities for emergency planning within their areas of responsibility.



Activities taken during an integrated response will fully consider the jurisdictional context of impacted areas, including the respective F/P/T health and emergency management legislation.

### **5.2.21 Social Cohesion and Disinformation**

Anecdotal evidence from the spread of COVID-19 to date demonstrates the existence of domestic and worldwide racism/xenophobia, disinformation and increased anxiety around people of Chinese, or perceived Chinese descent. These phenomena can adversely impact the social, cultural, psychological and economic well beings of individuals and the communities they live in. Marginalized communities and individuals, including recent newcomers to Canada, are particularly vulnerable. Addressing these issues would require a coordinated communications approach across government departments, and coordination with other governments and non-governmental partners. International Relations will also have a role to play. In addition, the Digital citizen initiative, the Community Support, Multiculturalism, and Anti-Racism Initiatives Program (CSMARI) and the Anti-Racism Action Program (ARAP) already have activities planned to promote civic engagement and support communities confronting racism and discrimination. Implementation of existing social cohesion plans would contribute to, without additional funding

### **5.2.22 Economics and Trade**

The spread of COVID-19 has the potential to disrupt Canada's economy. Various industrial sectors would be at risk of experiencing major disruption and a slow down due to absenteeism and impacts on trade, supply chains and infrastructure. Depending how COVID-19 may spread, impacts could be felt more acutely in one region of a country than another. Limitations on imports due to disruption of industry in other affected countries and transportation infrastructure domestically could impact key supplies, including medical and food, in some areas. Depending on the duration of the outbreak, a slow-down or stoppage of international arrivals could have an impact on Canada's tourism and education sectors, or others that rely on foreign workers. The severity of a domestic outbreak may require revised fiscal policies, financial assistance to the industries and labour market measures to mitigate economic impacts if pre-existing stabilization programs prove inadequate. Consideration will also need to be given to short and long term impacts. Coordination across government, and with other F/P/T government will be key in responding to these potential impacts, as will the engagement of industry and labour. Engagement with international partners on trade issues will also be key. Work on a response to this issue will need to consider unique regional impacts and disproportionate impacts on any part of the Canadian population, including the most vulnerable.

### **5.2.23 Consular Services**

The spread of COVID-19 globally can be expected create demand for Consular Services by Canadians abroad. The provision of consular services to Canadians abroad includes passport and citizenship services, as well as services to Canadians in distress

(for example, assistance in cases of hospitalization or death). Canada's presence abroad includes embassies, consulates, high commissions and trade offices. The availability of direct consular assistance varies from country to country. The Emergency Watch and Response Centre provides a 24-7 point of contact for Canadians in distress. Information is also provided to Canadian through a variety of means (e.g. Registration of Canadians Abroad service; Travel Information Program; Departmental website and social media accounts). The Government's ability to provide assistance could be affected by the laws and regulations of other countries (for example, self-isolation measures, quarantines or other movement restrictions). To manage this risk, the Government will need to continue to communicate regularly and openly in a transparent and timely fashion with the Canadian public, the media and GAC employees, aligning messaging across relevant departments. Canada remains in regular contact with likeminded partners to ensure our approach is aligned with those of the broader international community.

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## 6 COMMUNICATIONS

As set out the Federal Emergency Response Plan (FERP), during a whole-of-government response, Public Safety Canada is the primary coordinating department for public communications at the federal level.

The Privy Council Office (PCO) plays a leadership role in engaging senior communications leaders from the federal organizations with primary mandates for the event.

Each federal organization remains responsible for conducting public communication activities related to their respective mandates.

The Public Safety Canada Communications Directorate convenes teleconferences with key federal government public communications partners throughout the event in an effort to:

- Provide situational awareness;
- Coordinate emergency public communications activities for the Government of Canada between F/P/T partners; and
- Provide support and strategic public communications advice on issues relating to the public and media environment.

For more information, refer to [Annex E – Communications Plan](#)

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## 7 TRANSITION TO RECOVERY AND DE-ESCALATION

### 7.1 Triggers for De-escalation:

- The public health threat can be managed within normal arrangements and monitoring for change is in place.
- Consistent decrease in COVID-19 occurrences within the Canadian population as monitored by PHAC.

### 7.2 After Action Review

Following de-escalation of this plan and return to routine F/P/T response level or shift to ongoing recovery not requiring use of this plan, an after incident review will be initiated by the GOC. Participants in the response may be asked to participate in review and/or lessons learned activities to identify gaps and areas for improvement.

## LIST OF ANNEXES

- Annex A - Economic, Health and Social Impacts
  - Annex B - Governance
  - Annex C - Coordination Matrix
  - Annex D - Actions to support Canada's Health Care System
  - Annex E - Communications Plan
  - Annex F - Maritime Plan
  - Annex G - Occupational Health and Safety
  - Annex H - Critical Infrastructure
  - Annex I - Business Continuity Management
  - Annex J – IT Shared Services
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## ANNEX A – ECONOMIC, HEALTH AND SOCIAL IMPACTS

### Economic Impacts

This annex is a summary of a working paper prepared by Steven James and Timothy Sargent from Finance Canada entitled “The Economic Impact of an Influenza Pandemic”, dated October 19, 2006<sup>1</sup>.

There is no generic pandemic, either in terms of mortality rate or economic consequences. Therefore, this James/Sargent study bases its projections for a future pandemic on historical cases and data. Specifically, it uses data from three past pandemics—the 1918, 1957 and 1968 pandemics—and the 2002-2003 Severe Acute Respiratory Syndrome (SARS) outbreak. It then analyzes the impact of the societal changes since 1918 in order to form a prediction about the economic impact of a future pandemic.

### Economic Impact of SARS

Some studies assume that a pandemic would have large negative indirect effects based on the experience of SARS. However, the hard data suggest that the only major economic impact of SARS was a temporary reduction in international travel to affected locations, with some associated impacts on accommodation. No other impacts were apparent in either South Asia or Canada. Goods trade, supply chains and retail sales were all unaffected.

- **Indirect Effects.** The observed behavioural responses to SARS and September 11 share a common feature. In both cases, people temporarily avoided air travel as a risk-reduction strategy; however, those living in the affected areas carried on with their lives, and did not drastically change their day-to-day behaviour.
- **Impact on Gross Domestic Product (GDP).** In Canada, the reduction in Canadian travel services and accommodation output between March and May 2003 resulted in a 0.03% decrease in GDP. However, this cannot be entirely attributed to SARS since, at this time, there was a generalized fear of international air travel resulting from the second Gulf War.

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<sup>1</sup> The views expressed in this summary are presented for information purposes only and do not necessarily reflect the views of, nor are they endorsed by the Government of Canada.

- **Impact on Retail.** In Ontario, dominated by Toronto, the city most affected by SARS, retail and restaurant sales actually increased at a greater rate than the rest of Canada during the SARS outbreak. Some individual firms may have been affected, but not enough to show up in the aggregate data.
- **Estimating the Economic Impact of a Future Pandemic**
- **Direct Mortality and Morbidity Impacts.** The severity of a future pandemic is unknown. Therefore, it is prudent to benchmark possible pandemic scenarios to historical episodes for which there is information on morbidity and mortality. During the 1918 pandemic, the population mortality rate in Canada was 0.43%, resulting in a case mortality rate of 1.8%. This mortality rate can be attributed to a decrease in GDP of 0.23%.
- The 1918 pandemic yielded an aggregate hour's worked impact of -0.47%. The resulting morbidity impact on GDP is a decrease of 0.28%. This morbidity impact on GDP can be offset by firms making adjustments such as overtime. It is also important to note that morbidity absenteeism impacts are temporary. Taking this into account, a low impact case would result in a morbidity impact on GDP of -0.09%.
- **Care of Sick Absenteeism.** The estimated morbidity impacts yield care-of-sick impacts on hours worked of -0.05% in the 1918 scenario and -0.06% in the 1957 scenario. These translate into GDP impacts ranging from -0.03% to -0.01%, depending on the effect of these morbidity impacts on output.
- **Absenteeism Related to Possible School Closings.** School closings were widespread during the main wave of the 1918 pandemic. School closings today may cause greater workplace absenteeism than what occurred in 1918 due to the drastic increase in dual-income families. To examine this, James/Sargent look at a B.C. teachers' strike from October, 2005, where public schools and kindergartens were closed for a period two weeks. During this time, the number of hours worked in B.C. industries actually rose, with the exception of the education industry. It is possible that these school closings forced some working parents to stay at home; however, the effects are too small to appear in the aggregate data. This can be explained by two factors: 1) some parents likely had access to informal care arrangements and 2) only an estimated 3.6% of the workforce are considered vulnerable to school closures (i.e., they have elementary/kindergarten-age children, and no children over the age of 12. This absenteeism related to school closings is still taken into account in the planning for peak absenteeism.
- **Workplace-Avoidance Absenteeism.** Some studies argue that a severe pandemic would lead to significant workplace-avoidance absenteeism since workers would stay at home out of fear of contracting the illness at work.

However, there is no evidence of significant workplace-avoidance absenteeism during any previous pandemic, or during SARS. It is still important in the planning process to consider the possibility that some workplace-avoidance absenteeism might occur during a pandemic. If new workplace-avoidance incidence is coincident with new illness incidence, then workplace-avoidance absenteeism peaks at 6.3%, and all-cause absenteeism peaks at 20%. Adding prudence (which for planning purposes includes possible absenteeism due to school closings, as well as estimated peak workplace-avoidance absenteeism), yields absenteeism planning assumptions in the 20–25% range for the peak two-week period. These levels would decrease in subsequent weeks.



## ANNEX B – GOVERNANCE

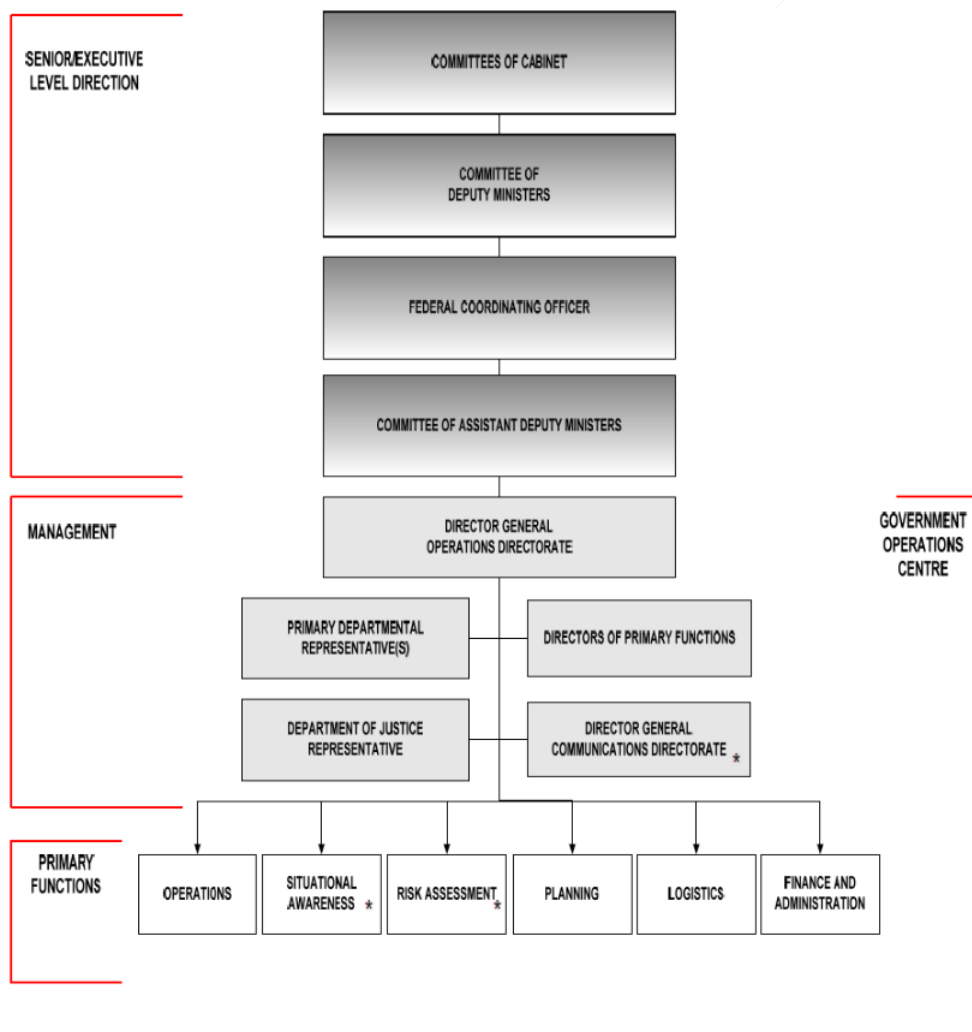
### COVID-19 Governance Structure:

The overall governance structure for COVID-19 incorporates both federal and provincial/territorial governance bodies, and considers both the F/P/T health and emergency management networks.

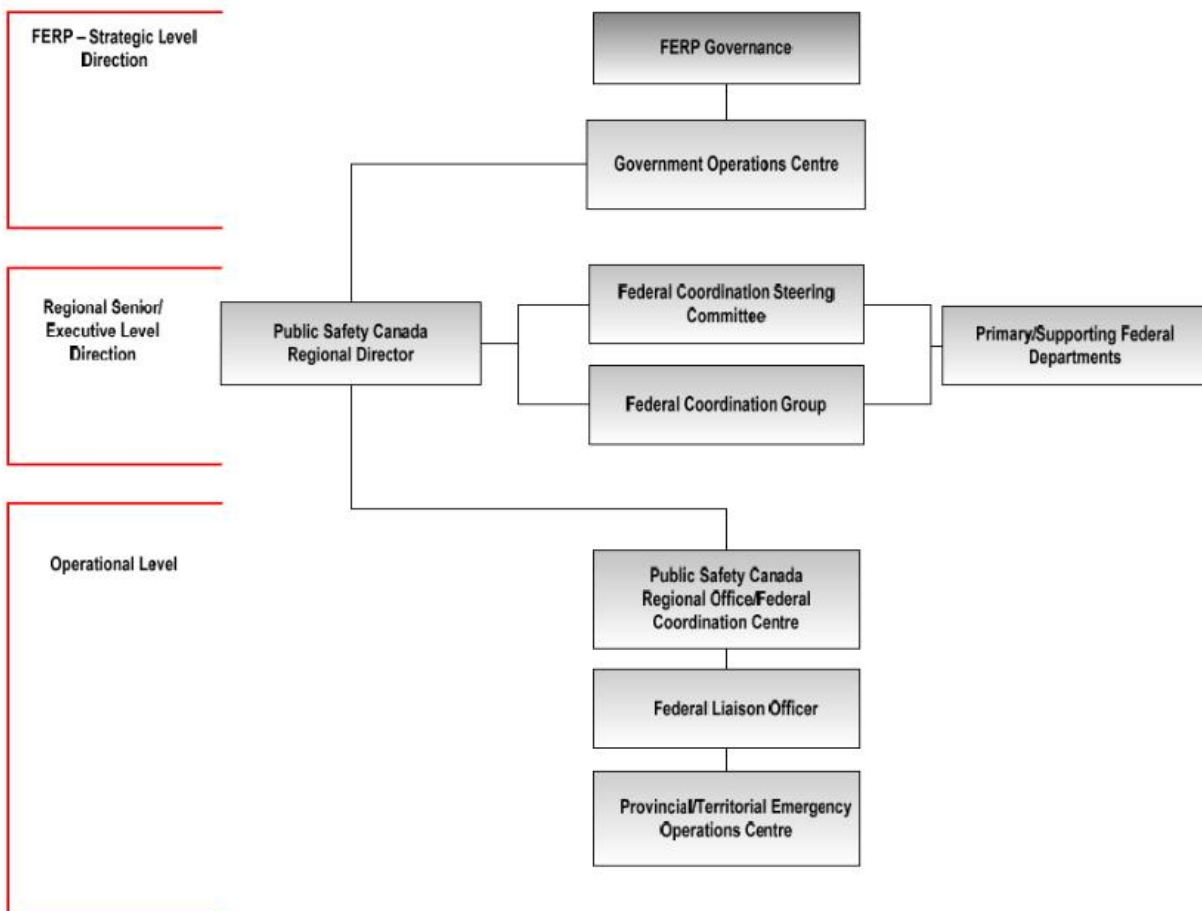
The federal structure is described in the *Federal Emergency Response Plan (FERP)*, and the Federal/Territorial/ Provincial governance structure is described in the *Emergency Management Framework for Canada*.

The diagrams below represent federal level governance at the national and regional level, the overall F/P/T governance structure, and a diagram incorporating the two structures to represent the current COVID-19 governance structure.

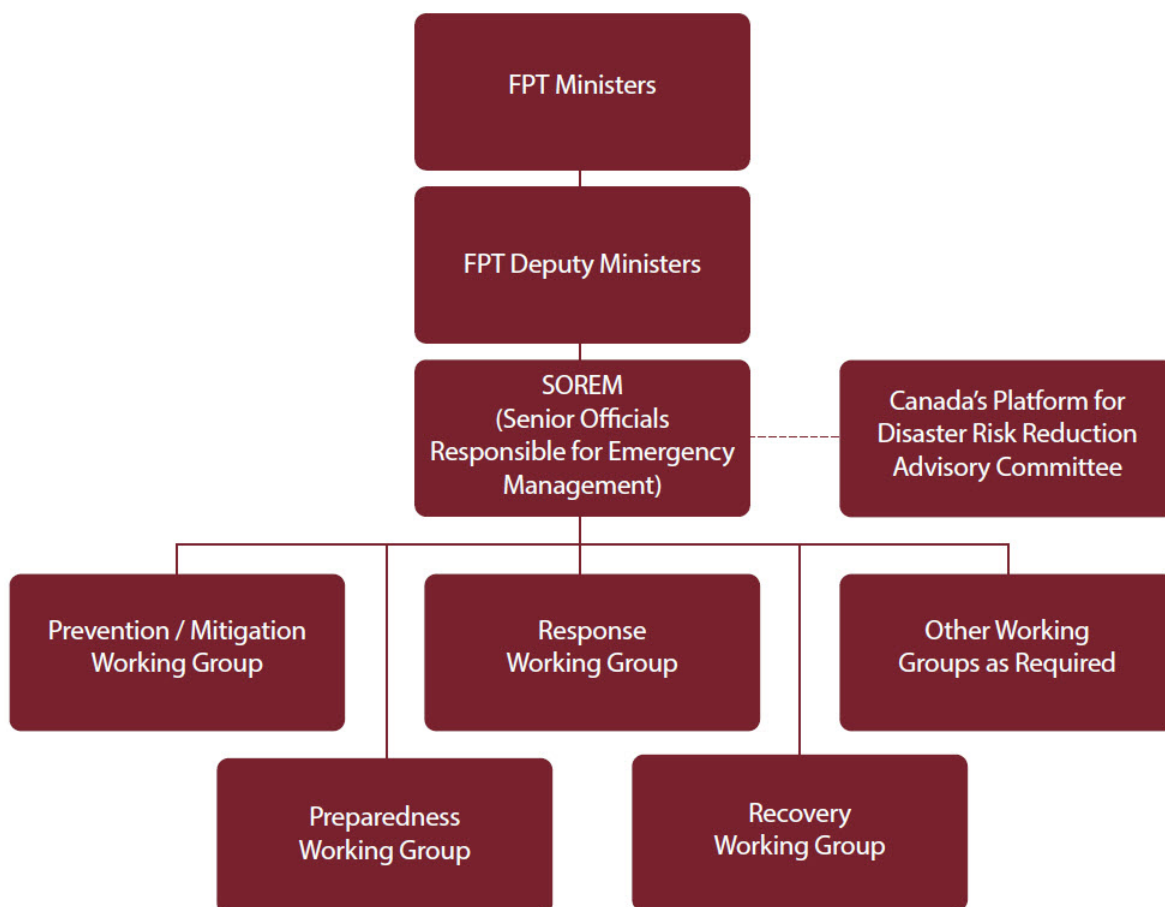
### Federal National Level Structure (FERP)



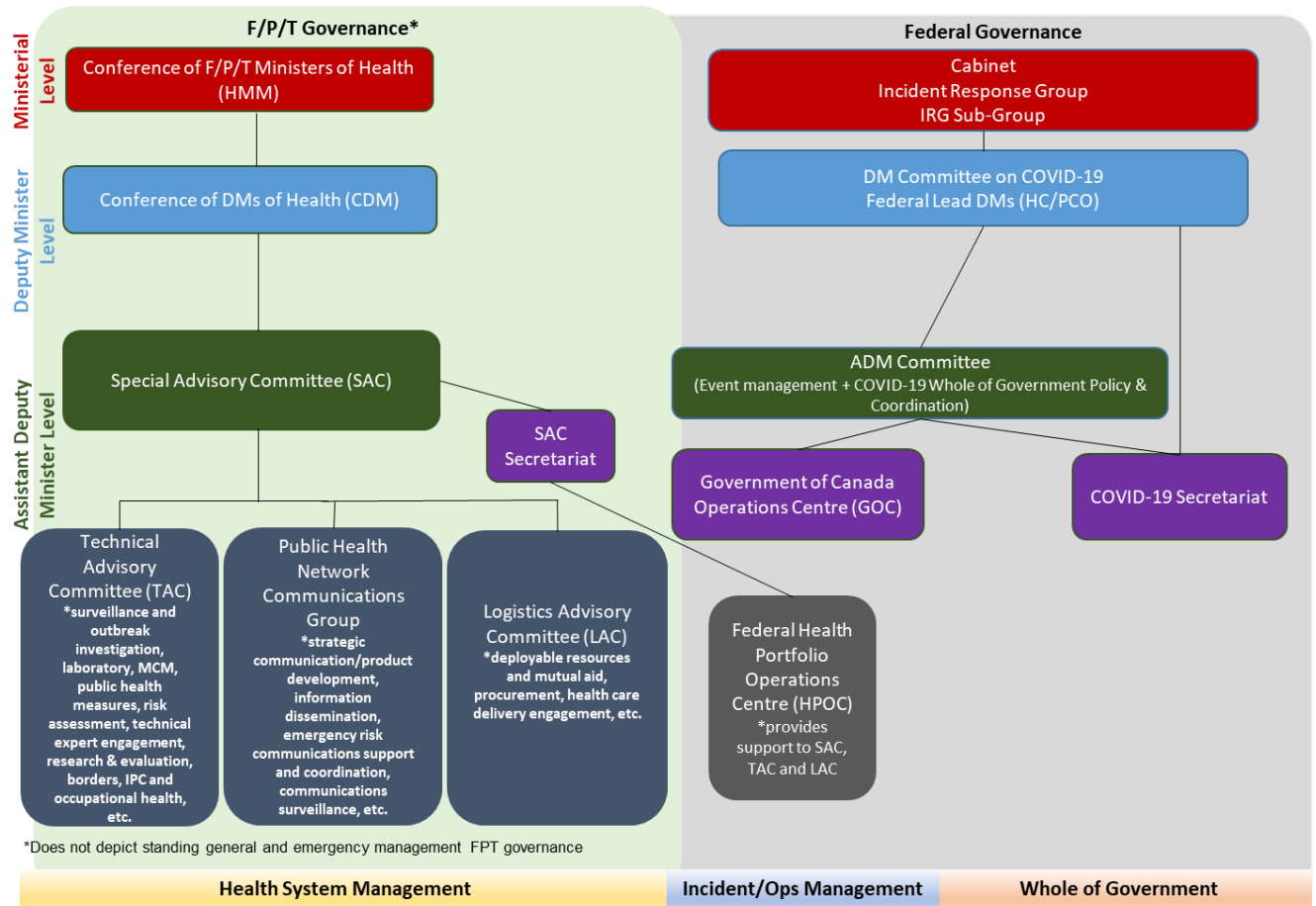
## Federal Regional Level Structure (FERP)



## Federal/Provincial/Territorial Governance Structure (*Emergency Management Framework for Canada*):



## Proposed COVID-19 Governance to Integrate F/P/T Health and Emergency Management Networks



ANNEX C – COORDINATION MATRIX

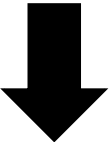
COVID-19 Phase Descriptions, Phase Indicators and Phase Transition Triggers

	CONTAIN	DELAY and PREPARE	MITIGATE	RECOVERY
Phase Description	Understanding that a COVID-19 pandemic could adversely impact Canada, with a potential disruption of trade, workforce and the domestic industrial sector, this phase is concerned with containing the outbreak to avoid domestic spread. Expanded border measures and travel notices to reduce the risk of the virus being imported via travelers is considered. Scaled-up measures could be necessary to support the domestic economy, assist Canadians abroad and maintain the level of trust in government institutions.	Clusters of outbreaks in North America may be observed, which could trigger Canada to enter into this Phase. Delay and Prepare focuses on implementing measures to slow the spread of the virus, while preparing for larger-scale mitigation efforts. Potential impacts on society and the economy are generally expected to be minor in nature. This Phase focuses primarily on public health measures but some targeted interventions may be needed on a time-limited basis (e.g., waiving wait times to apply for employment insurance benefits for quarantined individuals).	This Phase is triggered when sustained transmission that cannot be contained is realized (Pandemic). To Mitigate the impact of a COVID-19 pandemic, a broader set of actions will be taken to support the health of Canadians, economy, society, and government operations. Increased federal/provincial/territorial coordination is required to provide a national response. Areas of action include working collaboratively with F/P/T systems (e.g., Health, Emergency Management, and Transport); supporting access to health care supplies and treatment options, as well as supporting the economy and critical infrastructure. Diplomatic interventions may also be required.	Recovery and Preparation for Subsequent Waves
Phase Indicators	<ul style="list-style-type: none"><li>Outside Canada small cluster(s) with limited human-to-human transmission are occurring but spread is highly localized, suggesting that the virus is not well adapted to humans. No cases identified with these cluster(s) have been detected in Canada</li><li>Single human case(s) with the virus that has demonstrated limited human-to-human transmission detected <b>in Canada</b>. No cluster(s) identified in Canada.</li><li>Small localized clusters with limited human-to-human transmission are <b>occurring in Canada</b> but spread is highly localized, suggesting that the virus is not well adapted to humans.</li></ul>	<ul style="list-style-type: none"><li>Outside Canada larger cluster(s) are occurring but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk). No cases identified with these clusters have been detected in Canada.</li><li>Single (isolated) human case(s) with the virus that is better adapted to humans <b>detected in Canada</b>. No cluster(s) identified in Canada.</li><li>Larger localized cluster(s) with limited human-to-human transmission <b>are occurring in Canada</b> but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk in Canada).</li></ul>	<ul style="list-style-type: none"><li><b>Outside Canada</b> increased and sustained transmission in the general population has been observed. No cases have been detected in Canada.</li><li>Single human case(s) with the pandemic virus detected in Canada. No cluster(s) identified <b>in Canada</b>.</li><li>Localized or widespread pandemic activity observed in the <b>Canadian population</b>.</li></ul>	<ul style="list-style-type: none"><li>Localized or widespread pandemic activity observed in the <b>Canadian population with a consistent decrease in occurrence</b>.</li></ul>
Potentially Triggered By		<ul style="list-style-type: none"><li><b>Wider spread in countries outside North America and corresponding risk of importation</b></li><li><b>North American clusters of cases</b></li><li><b>Change in virus transmission</b></li></ul>	<ul style="list-style-type: none"><li><b>North American cluster with low containment potential</b></li><li><b>Sustained transmission in a major U.S. city</b></li><li><b>Community spread in a large metro area in Canada</b></li><li><b>Sustained (uncontrolled) transmission in Canada</b></li></ul>	<ul style="list-style-type: none"><li><b>Sustained decrease in spread of COVID-19 within Canada</b></li></ul>

Enabling Objectives and Potential Integrated Measures

		CONTAIN	DELAY and PREPARE	MITIGATE	RECOVERY
Enabling Objectives by Phase		<p>Maintain approach to prevent introduction of virus in Canada with a focus on border, travel advisories, public health measures (e.g. self-monitoring /isolation) and risk communications.</p> <ul style="list-style-type: none"><li>• Contain the outbreak overseas and limit potential for spread to Canada</li><li>• Contain the single case(s) in the affected region</li><li>• Trace the spread of the infection, and determine its source</li></ul>	<p>As per CONTAINMENT Phase, plus:</p> <ul style="list-style-type: none"><li>• Continue to support the containment efforts the outbreak overseas and limit potential for spread to Canada</li><li>• Continue efforts to contain isolated domestic occurrences</li><li>• Support development of a vaccine</li></ul>	<p>As per DELAY and PREPARE Phase, plus:</p> <ul style="list-style-type: none"><li>• Support health care system</li><li>• Preserve critical services</li><li>• Review border/travel measures and reprioritize resources</li><li>• Broader F/P/T integrated response</li><li>• Support acquisition of a vaccine including expedited regulatory processes</li></ul>	<ul style="list-style-type: none"><li>• Return all sectors/provinces to a pre-pandemic level of functioning &amp; prepare for subsequent waves.</li></ul>
Potential Integrated Measures	Protect the health and safety of Canadians	<ul style="list-style-type: none"><li>• Maintain current border / public health measures</li><li>• Consider Quarantine Act for travellers from affected countries</li><li>• F/P/T collaboration on development of public health guidance and advice</li><li>• Maintain inventory of PPE and critical supplies</li></ul>	<ul style="list-style-type: none"><li>• Expand enhanced border measures for additional affected countries and consider refusing entry to non-citizens / PRs if high risk of importation (significant implications)</li><li>• Provide incremental funding to P/Ts to support readiness</li></ul>	<ul style="list-style-type: none"><li>• Provide additional surge capacity to P/Ts and deploy critical supplies from the NESS</li><li>• Promote pan-Canadian approaches for control measures</li><li>• Provide guidance on resource prioritization (e.g. medical supplies)</li><li>• Consider enacting the <i>Emergencies Act</i> where existing Canadian law cannot be used to support mitigation activities</li></ul>	
	Maintain int'l & domestic reputation	<ul style="list-style-type: none"><li>• Assist Canadians abroad via consular services and evacuations (case-by-case)</li><li>• Update travel advisories for affected countries</li><li>• Align public messaging with key Allies / G7 nations</li><li>• Support global vaccine/research efforts and containment efforts in under-resourced countries</li></ul>	<ul style="list-style-type: none"><li>• Harmonize overall approach with WHO &amp; U.S. where possible</li><li>• Maintain consular services where possible – consider registration of Canadians abroad</li><li>• Respond to and assess requests for humanitarian aid where necessary</li></ul>	<ul style="list-style-type: none"><li>• De-escalation of enhanced border measures and travel advisories (likely no longer effective) – exit controls may be required</li><li>• Implement tailored approaches for northern / remote communities and federal populations</li></ul>	
	Ensure economic resilience	<ul style="list-style-type: none"><li>• Consider potential targeted interventions for impacted sectors (e.g. tourism, small business)</li><li>• Consider E.I. waivers to reduce financial burden on affected individuals</li></ul>	<ul style="list-style-type: none"><li>• Consider increasing financial assistance and measures to Canadians and impacted sectors</li><li>• Engage in diplomatic efforts or negotiations where necessary to support trade with affected countries</li></ul>	<ul style="list-style-type: none"><li>• Consider financial incentives for domestic manufacturing / production to support availability of critical supplies / food</li><li>• Working with P/Ts, invest in expanded telehealth services</li><li>• Assess need for additional economic interventions</li></ul>	
	Maintain govt. operations	<ul style="list-style-type: none"><li>• Coordinate response efforts through Public Safety / Government Operations Centre</li><li>• Review and prioritize P/T requests for assistance (if necessary)</li><li>• Assess capacity of public health / emergency response</li></ul>	<ul style="list-style-type: none"><li>• Review/activate emergency / business continuity plans Increase monitoring of job action / walk offs – prepare to mitigate for federally regulated sectors</li><li>• Assess capacity of CAF / RCMP as part of broader emergency response.</li><li>• Testing of BCPs</li></ul>	<ul style="list-style-type: none"><li>• Lead comprehensive F/P/T response</li><li>• Consider a consolidation of CAF to support the national response</li><li>• Consider Ministerial Orders if ongoing job actions / walk offs</li><li>• Engage in regular monitoring of critical infrastructure risks to ensure continuation of priority services</li></ul>	

Coordination Matrix – Phase Activities by Responsible Department

	CONTAIN	DELAY and PREPARE	MITIGATE	RECOVERY	
	<p><b>Maintain approach to prevent introduction of virus in Canada with a focus on border, travel advisories, public health measures (e.g. self-monitoring /isolation) and risk communications.</b></p> <p><b>Enabling Objectives:</b></p> <ul style="list-style-type: none"><li>• <b>Contain the outbreak overseas and limit potential for spread to Canada</b></li><li>• <b>Contain the single case(s) in the affected region</b></li><li>• <b>Trace the spread of the infection, and determine its source</b></li></ul>	<p><b>Enabling Objectives:</b></p> <p>As per CONTAINMENT Phase, plus:</p> <ul style="list-style-type: none"><li>• <b>Continue to support the containment efforts the outbreak overseas and limit potential for spread to Canada</b></li><li>• <b>Continue efforts to contain isolated domestic occurrences</b></li><li>• <b>Support development of a vaccine</b></li></ul>	<p><b>Enabling Objectives:</b></p> <p>As per DELAY and PREPARE Phase, plus:</p> <ul style="list-style-type: none"><li>• <b>Support health care system</b></li><li>• <b>Preserve critical services</b></li><li>• <b>Review border/travel measures and reprioritize resources</b></li><li>• <b>Broader F/P/T integrated response</b></li><li>• <b>Support acquisition of a vaccine including expedited regulatory processes</b></li></ul>	<p><b>Enabling Objectives:</b></p> <ul style="list-style-type: none"><li>• <b>Return all sectors/provinces to a pre-pandemic level of functioning &amp; prepare for subsequent waves.</b></li></ul>	<p><b>Available Capabilities &amp; Tools</b></p> 
<b>Senior Officials (DM / ADM)</b>	<ul style="list-style-type: none"><li>• Consider entry/exit screening criteria, protocol for isolation and quarantine of passengers and employees.</li><li>• PHAC/HC and PS coordinate public communication activities; Coordinate overall Government of Canada public communications response (Health)</li><li>• Inform P/T counterparts (Health)</li><li>• Inform U.S./international counterparts (Health)</li><li>• ADM EM Committee briefed (Health, other)</li><li>• DM &amp; Cabinet committees briefed as required (Health, other)</li><li>• Consider limiting non-essential passenger travel to and from infected region.</li></ul>	<p>As per CONTAINMENT Phase, plus:</p> <ul style="list-style-type: none"><li>• Continue Cabinet, DM and ADM briefings.<ul style="list-style-type: none"><li>• Expand briefings to include Emergency Management (EM) committees, as required.</li></ul></li><li>• Inform and Collaborate with P/T EM counterparts</li><li>• Confirm prioritization and allocation scheme for antivirals and vaccine once available.</li><li>• Consider deployment of medical stocks, including antivirals (as available).</li><li>• Provide guidance on use of medical countermeasures such as antivirals and vaccine, as available</li><li>• Assess economic impact and options to mitigate impact to economy and reputation</li><li>• Confirm priority of CI and services.</li></ul>	<p>As per DELAY and PREPARE Phase, plus:</p> <ul style="list-style-type: none"><li>• Confirm policy on use of antivirals, if available and in scarce supply.</li><li>• Policy on prioritization of vaccine (if developed)</li><li>• Consider deployment of medical stocks, including antivirals</li></ul>	<ul style="list-style-type: none"><li>• Determination as to whether federal support is needed for any sector to return to pre-pandemic levels of functioning.</li><li>• Assess economic impact and options for the recovery phase</li><li>• Policy on further development and stockpiling of vaccine.</li></ul>	
<b>PHAC</b>	<p><b><u>Border Measures</u></b></p> <ul style="list-style-type: none"><li>• In conjunction with CBSA, implement enhanced border measures at Canadian Points of Entry</li><li>• Conduct regular risk assessments to determine feasibility of issuing new or escalating existing travel health notices for specific countries</li></ul>	<p><b><u>Border Measures</u></b></p> <ul style="list-style-type: none"><li>• In conjunction with CBSA, maintain enhanced border measures at Canadian Points of Entry</li><li>• Conduct regular risk assessments to determine feasibility of issuing new or escalating existing travel health notices for specific countries</li></ul>	<p><b><u>Border Measures</u></b></p> <ul style="list-style-type: none"><li>• In conjunction with CBSA, return to routine border measures at Canadian Points of Entry</li><li>• Conduct regular risk assessments to determine feasibility of issuing new or escalating existing travel health notices for specific countries/high-risk travelers</li></ul>	<ul style="list-style-type: none"><li>• Assess lessons learned from the first wave and prepare for subsequent waves</li><li>• Restock supplies + equipment</li></ul>	



	<ul style="list-style-type: none"><li>At selected points of entry, begin visual inspection of arriving passengers for COVID-19 in conjunction with CBSA</li></ul> <p><b><u>Antivirals</u></b></p> <ul style="list-style-type: none"><li>Maintain immunization records and track use of antivirals</li></ul> <p><b><u>Laboratory</u></b></p> <ul style="list-style-type: none"><li>Provide diagnostic control materials to PTs</li><li>Conduct confirmatory diagnostic testing</li></ul> <p><b><u>Surveillance and Risk Assessment</u></b></p> <ul style="list-style-type: none"><li>Enhanced surveillance; conduct risk assessments; continue as IHR focal point</li><li>Forecast, through modeling, the likely spread and impact of the virus</li></ul> <p><b><u>Research and Medical Countermeasures</u></b></p> <ul style="list-style-type: none"><li>Support antiviral clinical studies</li><li>Participate in vaccine development initiatives</li></ul> <p><b><u>Consultation &amp; Engagement:</u></b></p> <ul style="list-style-type: none"><li>Maintain F/P/T coordination and communication via Public Health Network (Special Advisory Committee stood up for this event)</li><li>Consider sending a Liaison Officer to the Centre for Disease Control (CDC) and vice-versa</li></ul>	<ul style="list-style-type: none"><li>In conjunction with CBSA, provide health-related advice to travelers (domestic and international)</li><li>In conjunction with CBSA, provide public awareness materials in airports including information on self-monitoring for symptoms and contact information if illness develops</li><li>Exercise powers under the <i>Quarantine Act</i> to protect public health through measures such as ordering travelers to undergo medical examinations, ordering travelers to contact local public health authorities, and mandatory isolation/quarantine of travelers</li><li>Engage internationally (bilaterally, regionally and multilaterally – e.g. G7) to learn about other countries border measures, including identification of “affected areas” in order to inform Canadian actions</li></ul> <p><b><u>Public Health Measures</u></b></p> <ul style="list-style-type: none"><li>Implement a national approach to develop guidance on: Case and contact management (e.g. what to do if you suspect someone is ill and how to care for them), including considerations for schools and communal living settings; and, Community-based measures such as social distancing strategies in certain settings (e.g. schools, facilities)</li><li>Engage internationally to exchange best practices and approaches, and identify and address gaps</li><li>Monitor WHO and other G7 countries’ guidance and recommendations to account for alignment with Canadian approach</li></ul> <p><b><u>Research and Medical Countermeasures</u></b></p> <ul style="list-style-type: none"><li>Focus on R&amp;D; fund clinical trials and facilitate ethical review for clinical studies of investigational MCMs; consider supporting multi-national vaccine trials</li><li>Negotiate with manufacturers and establish contracts for the F/P/T purchase of MCMs, if available</li><li>Work with manufacturers on advance purchase agreements for MCMs, available or in development</li><li>Conduct research on the novel pathogen, including clinical epidemiology of disease</li><li>Work with CIRN for rapid protocol development and implementation</li><li>Support and share information globally to advance research and the development and deployment of MCMs</li><li>Fund social and policy research to better understand the social dynamics of transmission and how individuals and communities understand and react to COVID-19, assess public health response, combat stigma and misinformation</li></ul> <p><b><u>Laboratory</u></b></p>	<ul style="list-style-type: none"><li>In conjunction with CBSA, provide public awareness materials in airports that include information on self-monitoring as well as public health guidance on how to protect oneself and others while in Canada</li><li>International activity would shift to monitoring actions of other key partners (G7 &amp; G20) to maintain awareness, and alignment with WHO recommendations, to extent possible</li><li>Continue proactive and regular communications with all Canadians to demonstrate the GoC’s leadership in the response, including public health measures that impact individuals (e.g. rationale for border measures, restrictions on social gatherings, vaccine availability)</li><li>Fully implement the Citizen Readiness Social Marketing Campaign; adjust messaging to respond to misinformation if required based on public opinion research</li><li>Collaborate with partners (e.g. health care professionals, NGOs, National Indigenous Organizations) to reinforce risk messaging and public health measures (share information and materials for further dissemination through partner organizations)</li><li>Continue/expand communications of Canadian actions to international partners; collaborate as necessary to address common communication challenges such as the spread of misinformation</li></ul> <p><b><u>Public Health Measures</u></b></p> <ul style="list-style-type: none"><li>Promote consistent pan-Canadian approaches for community-based measures, voluntary measures, and infection control measures (e.g. workplace disruptions, school closures, reduce social gatherings)</li><li>Conduct ongoing situational analysis and adjust advice on public health measures as necessary</li><li>Engage stakeholders across critical infrastructure sectors (e.g. business sector)</li><li>Empower Canadians to take action to protect their health by providing advice on specific actions they can take to protect themselves and others</li><li>Coordinate internationally to inform Canadian measures and account for alignment with the WHO and other G7 countries’ recommendations</li></ul> <p><b><u>Research and Medical Countermeasures</u></b></p> <ul style="list-style-type: none"><li>Conduct and fund research on MCMs (e.g. use of HIV antivirals as COVID-19 treatment)</li><li>Provide medications and vaccines, if/when available, to federal populations not covered by arrangements for P/T provision</li><li>Establish guidelines for the National Emergency Strategic Stockpile (NESS) allocation as surge capacity for the PT stockpiles</li></ul>	<ul style="list-style-type: none"><li>Update prevention + control measures as well as educational materials</li><li>Continue participation in relevant research</li><li>Monitor and evaluate efficacy of developed medical countermeasures (e.g. vaccines, antibody therapies, etc),</li></ul>	
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		<ul style="list-style-type: none"><li>• Establish national capacity to identify pathogen; deploy mobile labs where needed; conduct validation testing to confirm cases</li><li>• NML Operations Centre activated to coordinate F/P/T communications with public health labs and international stakeholders</li><li>• Validate public health lab testing to allow for autonomy in confirming cases</li><li>• Conduct confirmatory diagnostic testing</li><li>• Provide surge capacity to P/Ts for laboratory testing through the NML</li><li>• Support international collaboration to share pathogens and lab best practices</li><li>• Provide support to international efforts on lab capacity globally and sample sharing</li><li>• Provide diagnostic control materials</li><li>• Evaluate commercial test kits to enhance diagnostic through-put</li><li>• Conduct and coordinate characterization studies of the COVID-19 virus.</li><li>• Contribute to development of medical countermeasures (e.g, antibody therapies, vaccines, etc.).</li></ul> <p><b><u>Surveillance and Risk Assessment</u></b></p> <ul style="list-style-type: none"><li>• Conduct regular risk assessments of risk to Canadians</li><li>• Conduct an epidemiological analysis on first domestic cases (modelling)</li><li>• Develop/refine case definitions, surveillance guidelines</li><li>• Act as the national focal point for the World Health Organization (WHO) on all International Health Regulations (IHR) matters and managing international aspects of pandemic preparedness and response (e.g. reporting requirements)</li><li>• Disseminate pan-Canadian COVID-19 surveillance information and issue national public health notices and alerts to provide surveillance epidemiological information to various audiences</li><li>• Engage internationally to share surveillance and risk assessment information, including event scenario planning</li></ul> <p><b><u>Health Care System</u></b></p> <ul style="list-style-type: none"><li>• Facilitate access to surge capacity with regards to employees and resources (including mobilizing medical supplies in the National Emergency Strategic Stockpile) to support P/T responses as required</li></ul>	<p><b><u>Laboratory</u></b></p> <ul style="list-style-type: none"><li>• Provide technical support as P/T laboratories establish high through-put testing</li><li>• NML to act as Canada’s focal point with the WHO (lab reporting)</li><li>• Review stockpiles to identify and address gaps that require remediation; ensure arrangements for restocking of reagents and supplies are in place</li><li>• Support a wider base of testing capacity (including potentially to front-line labs)</li><li>• Provide diagnostic control materials</li></ul> <p><b><u>Surveillance and Risk Assessment</u></b></p> <ul style="list-style-type: none"><li>• Monitor and assess national activity, and provide regular updates on the national epidemiological situation</li><li>• Activate and coordinate national enhanced surveillance networks to monitor spread in Canadian populations</li><li>• Ensure Canada continues to work with international partners, including G7 Health Ministers and the WHO, and adhere to the IHRs</li></ul> <p><b><u>Health Care System</u></b></p> <ul style="list-style-type: none"><li>• Negotiate with manufacturers and facilitate the bulk procurement of essential supplies through PSPC as needed</li><li>• Provide health services, medications, supplies, and equipment for specified federal populations (often in collaboration with P/Ts)</li><li>• Provide surge capacity to the P/Ts (e.g. deploy critical supplies from the National Emergency Strategic Stockpile)</li><li>• Facilitate the development of guidance on resource prioritization (e.g. intensive care beds, ventilators) and potential use of Non-Traditional Sites for the provision of health care services</li></ul> <p><b><u>Risk Communications and Outreach</u></b></p> <ul style="list-style-type: none"><li>• Continue proactive and regular communications with all Canadians to demonstrate the GoC’s leadership in the response, including public health measures that impact individuals (e.g. rationale for border measures, restrictions on social gatherings, vaccine availability)</li><li>• Fully implement the Citizen Readiness Social Marketing Campaign; adjust messaging to respond to misinformation if required based on public opinion research</li><li>• Collaborate with partners (e.g. health care professionals, NGOs, National Indigenous Organizations) to reinforce risk messaging and public health measures (share information and materials for further dissemination through partner organizations)</li></ul>		
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		<ul style="list-style-type: none"><li>• Negotiate with manufacturers and facilitate the bulk procurement of essential supplies through PSPC as needed</li><li>• Facilitate development of clinical guidance for assessment, testing, treatment and management of cases to facilitate a consistent F/P/T response; tailored to the most impacted populations</li><li>• Develop guidance for infection prevention and control (IPC), including appropriate personal protective equipment (PPE), in various health care settings</li><li>• Model expected demand for supplies and resources (e.g. personal protective equipment, MCMs)</li></ul> <p><b><u>Risk Communications and Outreach</u></b></p> <ul style="list-style-type: none"><li>• Continue to build trust by providing timely, relevant, and accurate information and advice to Canadians through a multi-faceted risk communications approach (citizen readiness social marketing campaign, awareness resources, digital communications, media outreach, social media, partnerships)</li><li>• Reinforce measures Canadians can take to protect themselves and advise Canadians, communities, and businesses to prepare for the possibility of further disease spread</li><li>• Provide ongoing health and risk communications to advise on travel advice and restrictions, counter misinformation, and address stigmatization of affected populations</li><li>• Work with partners and intermediaries to share targeted information to extend message reach</li><li>• Engage internationally to exchange best practices and approaches, and assess gaps</li></ul>	<ul style="list-style-type: none"><li>• Continue/expand communications of Canadian actions to international partners; collaborate as necessary to address common communication challenges such as the spread of misinformation</li></ul>		
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Health Canada	<p><b>Antivirals:</b></p> <ul style="list-style-type: none"><li>Develop and maintain plans/capacity for expedited regulatory review processes for antivirals/vaccines</li><li>Domestic monitoring for adverse reactions to antivirals or incidents with medical devices; increased surveillance/risk management of adverse reactions/incidents</li><li>Develop and maintain awareness of international experience using antivirals, potentially in collaboration with PHAC</li></ul> <p><b>Federal Health Support:</b></p> <ul style="list-style-type: none"><li>Deliver on demand pre-event preparedness for Critical Federal Responders to support essential Federal Services during and after outbreak.</li><li>Deliver on site and off site psycho-social Emergency response intervention with Federal responders to assure business continuity &amp; support essential Federal Services during and after outbreak</li></ul> <p><b>Federal coordination:</b></p> <p>Coordinate interdepartmental input for Deputy Ministers discussion.</p>	<p>As per CONTAINMENT Phase, plus:</p> <ul style="list-style-type: none"><li>Work with PHAC, TBS, and ESDC to develop an OHS guidance for federal personnel building on existing plans</li><li>Participate in PHAC-led shipping strategy for vaccines</li><li>Participate in dedicated PHAC-led response team(s) as feasible</li><li>Act as the focal point for vaccine manufacturers and international regulatory collaboration</li><li>Collaborate with international regulatory authorities to harmonize approaches to regulatory review and approval</li><li>Engage with manufacturers of diagnostics, pharmaceuticals, and vaccines to ensure timely review and approval of new products while protecting Canadians' health</li><li>Monitor current supplies of medical countermeasures and address shortage issues.</li></ul> <p><b>Federal coordination:</b></p> <ul style="list-style-type: none"><li>Coordinate joint federal policy initiatives (e.g., budget proposals).</li></ul>	<p>As per DELAY and PREPARE Phase, plus:</p> <ul style="list-style-type: none"><li>Maintain awareness of international experience using antivirals, potentially in collaboration with PHAC</li><li>Provide regulatory authorization to market MCMS, if/when available</li><li>Implement rapid processes for regulatory approval for diagnostics, vaccines, and antivirals for when they become available</li></ul> <p><b>Antivirals:</b></p> <ul style="list-style-type: none"><li>Expedite regulatory review of antivirals/ lot release activities for vaccines</li><li>Enhanced domestic monitoring for adverse reactions to antivirals; increased surveillance/risk management of adverse reactions</li></ul>	<ul style="list-style-type: none"><li>Prepare for subsequent waves</li><li>Maintain awareness of international experience using antivirals – potentially in collaboration with PHAC</li><li>At/near end of pandemic wave, assess status of resources, human and material; conduct “Lessons Learned” review</li></ul>	
Public Safety	<ul style="list-style-type: none"><li>Support PHAC in coordination of communications.</li><li>Update planning material as needed</li></ul>	<p>As per CONTAINMENT Phase, plus:</p> <ul style="list-style-type: none"><li>Coordinate with lead federal departments (LFD) responsible for CI sectors in assessing impacts on their respective sectors. Information sharing with private sector partners through existing CI engagement mechanisms and LFDs.</li></ul> <p><b>P/T Consultation &amp; Engagement:</b></p> <ul style="list-style-type: none"><li>Engage emergency management (EM) F/P/T network through Senior Officials Responsible for Emergency Management (SOREM) to synchronize national F/P/T EM system with F/P/T Health system</li></ul>	<p>As per DELAY and PREPARE Phase, plus:</p> <ul style="list-style-type: none"><li>Coordinate overall Government of Canada public communications response, in consultation with Health Portfolio (if Emergency per the EMA)</li><li>Confirm / develop Action Plans if required by operational situation</li></ul> <p><b>P/T Consultation &amp; Engagement:</b></p> <ul style="list-style-type: none"><li>Scale communications response to include P/Ts and stakeholders as needed, in consultation with lead department(s)</li></ul>		Support BCP units of OGDs; have templates and advice they can provide to support the development of a BCP
Government Operations Centre (GOC)	<p>Response Level 1 or 2 (or 3 as needed)</p> <ul style="list-style-type: none"><li>In coordination with PHAC and PS ROs, provides increased situational awareness to all stakeholders</li><li>In coordination with PHAC prepare information brief for ADM, DM, and cabinet committees as required</li></ul> <p><b>P/T Consultation &amp; Engagement:</b></p> <ul style="list-style-type: none"><li>Work with P/Ts through PS ROs to coordinate federal non-financial assistance for an emergency through a Request for Assistance.</li></ul>	<p>As per CONTAINMENT Phase, plus:</p> <p>If Response Level 2 or 3:</p> <ul style="list-style-type: none"><li>As directed by ad hoc DM committee, coordinate implementation of the COVID-19 response plan</li><li>In coordination with all federal departments and agencies, provide situational awareness to all stakeholders</li></ul>	<p>As per DELAY and PREPARE Phase, plus:</p> <p>Response Level 2 or 3</p> <ul style="list-style-type: none"><li>In coordination with all stakeholders prepare information and decision brief for ADM, DM, and cabinet committees as required.</li><li>As directed, coordinate implementation of the COVID-19 response plan.</li></ul>		GOC provides coordination platform to enable lead department(s) focus on event.

Public Safety Regional Office (affected P/T)	<ul style="list-style-type: none"><li>As required engage regional bodies to facilitate effective regional coordination within their respective areas of responsibility</li><li>Establish liaison with P/T Emergency Measures Organization / PHAC regional offices</li><li>Provide Situational Awareness to GOC and regional federal partners</li><li>As requested, coordinate federal regional support to P/T public health services.</li><li>Review and update relevant regional plans</li></ul> <b>P/T Consultation &amp; Engagement:</b> <ul style="list-style-type: none"><li>Work with P/Ts ROs to coordinate federal non-financial assistance for an emergency through a Request for Assistance.</li></ul>	As per CONTAINMENT Phase	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>As required activate the regional EM plans and facilitate effective regional coordination within their respective areas of responsibility</li><li>As requested, coordinate federal regional support to P/T public health services</li></ul>	<ul style="list-style-type: none"><li>Coordinate lessons learned for federal regional ops in preparation for next wave.</li></ul>	
CFIA	<ul style="list-style-type: none"><li>Work with regulated parties relevant to departmental /agency responsibilities to maintain critical services.</li></ul>	As per CONTAINMENT Phase	As per DELAY and PREPARE Phase		
GAC	<ul style="list-style-type: none"><li>Travel advisories to inform the public. Early consideration to advise against all travel where travel restrictions are severe.</li><li>Protect staff, property, and other assets at Canadian missions abroad</li><li>Possible evacuation of non-critical Canada-based staff and dependents from Canadian missions in countries with sub-standard health care systems</li><li>Formulate strategies for international assistance to deal with pandemic preparedness through the management of the International Assistance Envelope</li><li>Notification, where appropriate, of international organizations such as WHO of the presence of COVID-19 in Canada, in coordination with PHAC</li><li>As deemed necessary, support the assisted departure or evacuation of Canadians abroad with other key departments, via:<ul style="list-style-type: none"><li>Issuance of travel advisories advising Canadians leave while commercial means of departure remain available.</li><li>Assisted departure, in which the Government of Canada charts flights, or vessels to facilitate the departure of Canadians in the absence of commercial mean.</li><li>A military evacuation, in which military personnel or assets move Canadians. (option of last resort for evacuations and may not be permitted in many countries)</li><li>Medical evacuations (extremely limited capacity globally)</li></ul></li></ul>	As per CONTAINMENT Phase, plus: <ul style="list-style-type: none"><li>In consultation with PHAC, respond to int’l appeals from WHO regarding pandemic</li><li>Monitor changes to screening measures and travel restrictions to provide up-to-date advice to Canadian travelers through <a href="http://www.travel.gc.ca">www.travel.gc.ca</a></li><li>Signal that consular service delivery may be restricted by the outbreak.</li><li>Implement strategies to maintain service delivery but reduce in-person exposure, including:<ul style="list-style-type: none"><li>implementation of critical service delivery</li><li>remote service delivery</li><li>alternate delivery points (off-site)</li><li>facilitated through partners (MOUs/agreements)</li></ul></li><li>Provide briefings for the representatives of foreign Governments in Canada and briefings of foreign Governments by Canadian heads of mission abroad</li><li>Convey key messages about Canadian pandemic preparedness and response and Canadian views on international developments</li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Coordinate Canadian Government’s international response to pandemic preparedness and outbreaks</li><li>Implement alternate strategies to provide consular services to Canadians aimed at reducing exposure of staff to the increased threat of community transmission.</li><li>Respond to demands for consular access and protection from foreign diplomatic missions based in Canada for their own staff and their citizens resident in or traveling through Canada</li><li>Assist Federal departments and agencies supporting their sectors to identify and source support from other countries and international organizations.</li></ul>	<ul style="list-style-type: none"><li>Amend as appropriate country specific recommendations to remove advisories and recommendations where practices affecting travellers are no longer in place.</li></ul>	<p>Standing Rapid Deployment Team</p> <p>(SRDT) can be deployed to bolster mission staff and increase</p> <p>ability provide consular assistance (e.g., issuing travel</p> <p>documents, assisting with access to medical care, sharing</p> <p>information, liaison)</p> <p>Emergency Watch and Response Centre provides a 24-7 point of contact for Canadians in distress</p> <p>Deliver assistance remotely and through partners if direct assistance is not</p>



					available or possible
CBSA	<ul style="list-style-type: none"><li>Screening of travelers upon entry as part of standard procedures.</li><li>In conjunction with PHAC, implement border-based monitoring and reporting.</li><li>CBSA Liaison Officers (LOs) will support airlines through education on admissibility requirements to Canada under enhanced border measures</li><li>LOs will support GC outreach efforts in foreign countries in support of ensuring awareness of potential enhanced measures on arrival in Canada</li></ul>	<ul style="list-style-type: none"><li>As per guidance from PHAC:<ul style="list-style-type: none"><li>Enhanced questioning of travelers arriving from affected areas;</li><li>Posting of signage and distribution of awareness materials</li><li>Assist PHAC in the tracing of travelers (via contact forms)</li><li>Refer traveler to PHAC Quarantine Officer for assessment.</li><li>Isolate traveler until a quarantine officer conducts an assessment or provides additional instruction</li></ul></li><li>Exit screening</li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Process prioritized people and goods at border as established by the responsible authority</li><li>De-escalate some enhanced border measures</li></ul>		<p>Conduct exit screening controls</p> <p>Facilitate emergency relief workers movement (and movement of goods)</p>
TC	Facilitate the exchange and transportation of antiviral medication and PPE between Health Canada/PHAC and the airlines through the Air Transport Association of Canada	<ul style="list-style-type: none"><li>Continued monitoring of pandemic and impact to transportation system.</li><li>Restrict movement of conveyances, goods and people</li><li>Facilitate movement of conveyances, goods and people</li><li>Directing the use of civil transportation for emergency purposes</li><li>Convene and provide information to industry</li><li>Providing transportation sector advice and guidance</li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Work with the private sector relevant to departmental/agency responsibilities to maintain critical services.</li><li>Transportation of antiviral medication and vaccines, using TC aircraft within Canada if commercial carriers not available</li><li>Liaise with the transportation sector for the movement of antiviral medication, medical samples and medical personnel as required</li><li>Enhanced monitoring and response as required</li></ul>		<p>Heighten or loosen regulations to facilitate COVID-19 operations</p> <p>Restrict and/or facilitate movement of people, goods</p> <p>Enact interim orders and measures</p>
ISED	<p><b>Manufacturing</b></p> <ul style="list-style-type: none"><li>Monitoring the impact on the industrial production facilities and the appropriate distribution of production capabilities; establish priorities for the production and supply of products/services to deal with immediate response</li><li>Activate critical manufacturing sector networks and initiate regularized two-way communication channels to apprise all partners of the developing situation</li><li>Evaluate/monitor impact on critical manufacturing production facilities and make recommendations as required.</li><li>In coordination with PHAC, identify the Canadian and non-Canadian manufacturers of different medical products (vapour respirator, vaccine, etc.)</li></ul> <p><b>Emergency Telecommunications</b></p> <ul style="list-style-type: none"><li>Share information with the telecommunications sector (e.g., Canadian Telecommunications Resiliency Working Group) and ISED Regional Emergency Telecommunication Officers related to health advisories.</li></ul>	<p>As per CONTAINMENT Phase, plus:</p> <ul style="list-style-type: none"><li>Monitor impact on Canada's tourism sector including tourism arrivals (both business and personal travel), supply-chains, and marketing efforts by Destination Canada</li></ul> <p><b>Manufacturing</b></p> <ul style="list-style-type: none"><li>Assess and compare the national and regional supply requirements with the availability of materials and with industrial production capacities and establish priorities as required.</li><li>Work with industry and research organizations on the development of vaccines and anti-viral medication and assessing manufacturing capacity in Canada, as well as production of PPEs for frontline responders, including bulk purchasing options with the United States</li><li>Support industries, including for PPEs and other tools that are frontline responders</li><li>Monitoring tourism, business travel, supply-chains, and markets</li></ul>	As per DELAY and PREPARE Phase, plus: <p><b>Manufacturing</b></p> <ul style="list-style-type: none"><li>Work closely with key public and private sector partners; ISED may direct the production, prioritization and delivery of critical manufactured goods as required.</li></ul> <p><b>Emergency Telecommunications</b></p> <ul style="list-style-type: none"><li>Coordinate and manage programs to secure the availability of telecommunications during periods of system overload or degradation</li><li>Facilitate the radio frequency authorization process for the operation of communications equipment.</li><li>Facilitate the provision (other than Federal requirements) for appropriate telecom capacity, equipment and services (e.g. Prioritize new or expanded telecom capacity for Provincial quarantine centre.</li><li>Coordinate emergency planning, prioritization and mutual aid agreements between telecommunications companies if required.</li></ul>	<p><b>Emergency Telecommunications</b></p> <p>Liaise with and support the private sector efforts to maintain critical services and coordinate the repair and restoration of telecommunication infrastructure and services.</p>	

	<ul style="list-style-type: none"><li>Evaluate and monitor possible risk and impact to the Information and Communications Technology (ICT) critical infrastructure sector.</li></ul>	<p><b>Emergency Telecommunications</b></p> <ul style="list-style-type: none"><li>Share information and coordinate efforts to prepare for, respond to and recover from any incident or event impacting the Canadian critical telecommunications infrastructure; and</li><li>Develop and implement policies, plans and measures to effectively deal with infrastructure interdependencies and their impact on the telecom industry and other Canadian critical telecommunications infrastructure.</li></ul>			
DND/CAF	<ul style="list-style-type: none"><li>Domestically and as applicable internationally: liaise with local civil health authorities to establish protocols for the testing and care of suspected and confirmed COVID-19 cases.</li><li>Develop and exercise region specific contingency plans to include providing support to civil authorities</li></ul> <p>Responsible for the health and protection of all DND/CAF members, domestically and abroad; focus is on protecting the force and containing the spread of the virus within the department</p> <ul style="list-style-type: none"><li>Responsible for the health and protection of all DND/CAF members, domestically and abroad; focus is on protecting the force and containing the virus</li></ul>	<p>As per CONTAINMENT Phase</p> <ul style="list-style-type: none"><li>Review, update, validate and be prepared to implement, COVID-19 specific BCPs to include the identification of CI.</li><li>Issue CAF specific travel and meeting/engagement policies and preventive health measures with a view to protecting the CAF from COVID-19.</li><li>Ensure that health care providers at all CAF treatment facilities and units, both domestic and international, are trained in COVID-19 recognition, surveillance and response to include Infection, Prevention and Control processes</li></ul>	<ul style="list-style-type: none"><li>Implement pandemic control measures at DND/CAF installations</li><li>Provision as required of inpatient care for CAF personnel experiencing only mild symptoms of COVID-19.</li><li>Coordinate CAF support to formal requests for assistance In support of the lead Government Department(s), the CAF can deliver the following overarching effects: provision of logistic and general support, provision of transportation and infrastructure and provision of humanitarian relief to Canadians.</li><li><u>Logistics and General Support</u><ul style="list-style-type: none"><li>Assist the F/P/T in humanitarian or security tasks, such as through general logistical support</li><li>When requested assist the F/P/T in the enforcement of measures enacted via Ministerial Order/Regulations/Legislation.</li></ul></li><li><u>Transportation and Infrastructure</u><ul style="list-style-type: none"><li>Provide unique military mobility and transportation support – internationally and domestically.</li><li>When requested provide access to CAF installations from which the GC can function.</li></ul></li><li><u>Support the Provision of Humanitarian Relief to Canadians</u><ul style="list-style-type: none"><li>Assistance to establish and operate alternate care sites and other “over-flow” facilities.</li><li>Assistance with civilian patient management including triage, secondary assessment and treatment of COVID-19 patients within capabilities, i.e., those with mild symptoms only.</li><li>Assistance with civilian patient management including triage and secondary assessment of vulnerable populations (ex. rural/remote, indigenous, prison inmates).</li><li>Support to federal or provincial health agencies in the event of mass evacuation.</li></ul></li></ul> <p>Should a vaccine become available, support to PHAC or provincial health authority during mass vaccination</p>		Provide human resources (CAF Personnel) and urgent transportation
AAFC	<ul style="list-style-type: none"><li>Advise industry partners</li></ul>	<ul style="list-style-type: none"><li>Liaise with the agri-food industry to determine the state of the food supply chain, and determine the possible need for AAFC’s assistance in securing food and water.</li></ul>	<ul style="list-style-type: none"><li>Initiate conference call with industry partners</li></ul>		

			<ul style="list-style-type: none"><li>At request of provinces, AAFC to activate operational plans under the National Disaster Assistance Framework to assist the functioning of the agri-food supply chain</li></ul>		
IRCC	<ul style="list-style-type: none"><li>Postpone removals of foreign nationals back to affected countries-</li><li>Extend or restore status for individuals who cannot travel to their home country and whose legal status in Canada has ended or will soon end</li><li>Assist clients overseas who have been affected by reductions in immigration services and travel restrictions abroad (e.g., providing urgent travel documents, extending deadlines)</li><li>Provide immigration support to evacuation activities if an evacuation is necessary (e.g., fast track approval of travel documents)</li></ul>	As per CONTAIN Phase, plus: <ul style="list-style-type: none"><li>Support Health Portfolio with contact tracing</li><li>Facilitate services for refugees (i.e., pay for pre-departure medical services such as vaccinations and outbreak management in refugee camps, including medical surveillance and monitoring before travel to Canada by NGOs)</li><li>Monitor implications on immigration, including implications for certain sectors and regions of Canada that rely on newcomers</li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Temporarily pause visas processing to restrict access into Canada but will rely on WHO, CPHO, and PHAC advice</li></ul>		
CSC	<ul style="list-style-type: none"><li>Maintain CSC's Emergency Preparedness and Response Framework</li></ul>	As per CONTAINMENT Phase	<ul style="list-style-type: none"><li>Reduce mobility of inmates, officers/staff, and visitors, as required.</li><li>Activate CSC's Emergency Preparedness and Response Framework</li></ul>	<ul style="list-style-type: none"><li>Activate recovery phase of the CSC Emergency Preparedness and Response Framework</li></ul>	
DFO	<ul style="list-style-type: none"><li>Provide, via DFO's Marine Communications and Traffic Services, advanced notification of inbound vessels having potential COVID-19 cases</li></ul>	As per CONTAINMENT Phase <ul style="list-style-type: none"><li>Engage in a supportive role for Quarantine Act in a maritime setting (e.g. escort for vessels)</li></ul>	<ul style="list-style-type: none"><li>Use DFO telecommunications networks to broadcast warnings or notifications</li><li>Assist in the command and control of any incident at sea</li><li>Provide logistical support (transport personnel and equipment to incident location)</li><li>Provide labs, scientific expertise and resources, as available, which may be adapted to assist</li><li>Work with the private sectors relevant to departmental/agency responsibilities to maintain critical services.</li></ul>		
ECCC	<ul style="list-style-type: none"><li>Environmental Protection Branch :<ul style="list-style-type: none"><li>National Environmental Emergencies Centre (NEEC) to monitor situation reports (PS, PHAC, CFIA, etc.)</li><li>Provide environmental information and advice in response to emergencies related to polluting incidents.</li></ul></li><li>Meteorological Service of Canada (MSC) :<ul style="list-style-type: none"><li>Provide specific predictions and services for targeted, weather-sensitive sectors through arrangements with the Department of National Defence, the Canadian Coast Guard, and private entities including NavCan to</li></ul></li></ul>	As per CONTAINMENT Phase, plus: <ul style="list-style-type: none"><li>NEEC<ul style="list-style-type: none"><li>Send a liaison officer to GOC and provide elevated specialized services as deemed necessary.</li></ul></li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Work with the private sector, relevant national associations and departments/agencies to maintain critical infrastructure and services</li><li>Provide additional trained and experienced resources to support Operations Centres (i.e. GOC and Regional Operation Centres)</li></ul>	<ul style="list-style-type: none"><li>NEEC:<ul style="list-style-type: none"><li>Provide timely and accurate information to targeted stakeholders regarding the assessment and restoration of damages caused by a pandemic</li></ul></li><li>MSC:<ul style="list-style-type: none"><li>Provide weather, climate, water, and environmental services which can be essential and invaluable in</li></ul></li></ul>	ECCC has dispersion modeling capabilities if the spread changes from droplets to airborne or waterborne

	<p>support the specific decision making needs of the Canadian military, marine transportation sector, and aviation sector.</p> <ul style="list-style-type: none"><li>• Provide forecasts, projections and/or warnings of possible severe weather and other significant hydro-meteorological events-related emergencies (storms, hurricanes, tornadoes, heavy rainfall or snowfall, marine storm surges, high winds, heat waves, etc.) in support of domestic emergency mitigation and preparedness.</li><li>• Provide specialized services in support of response to volcanic ash impacts to aviation (Volcanic Ash Advisory Centre) and Chemical, Biological and Radio-nuclear events.</li><li>• Canadian Wildlife Service:<ul style="list-style-type: none"><li>• Provide environmental information and advice in response to emergencies related to wildlife disease events.</li></ul></li></ul>			<p>helping reduce vulnerability during recovery.</p> <ul style="list-style-type: none"><li>• Conduct an internal After Action Review (AAR) to analyze and incorporate lessons learned into operations.</li></ul>	
ESDC	<ul style="list-style-type: none"><li>• Use of SC's communications channels: 1-800-O Canada Call Centre Info Line and <a href="http://www.canada.gc.ca">www.canada.gc.ca</a> web site to provide pandemic related info to the public.</li><li>• Maintain Service Canada centers; continue to deliver mission-critical services on behalf of partner departments.</li></ul> <p><b>Labour:</b></p> <ul style="list-style-type: none"><li>• Labour Program will continue to provide service as usual related to Labour Standards, Occupational Health and Safety, Federal Workers Compensation Wage Earner Protection Program, Collective Bargaining, Employment Equity and International Affairs. As well, all strategic policy work will continue to meet Government commitments.</li><li>• Particular focus has been given to ensuring expedient respond to concerns of employees regarding occupational health and safety in federal jurisdiction, including counselling, complaint investigations or refusal to work investigations under the <i>Canada Labour Code</i> Part II.</li><li>• Health and Safety Officers (HSO) and Program Supports are available 24/7 for urgent matters such as to support federally regulated sectors to address workplace refusals incl. fast track COVID-19 related disputes</li><li>• Information for stakeholders currently on the Labour Program website will continue to be monitored and updated if needed.</li></ul>	<p><b>Service Canada</b></p> <p>As per CONTAINMENT Phase, plus:</p> <ul style="list-style-type: none"><li>• Ensure payments to Canadians are made (i.e., fast tracking EI process)</li><li>• Potentially develop Class Grant to support individuals ineligible for EI who have been impacted by quarantine measures</li><li>• Consider temporary measures for Work Sharing program to support eligible employers and workers avoid layoffs due to reduced business activity</li></ul> <p><b>Labour:</b></p> <p>As per CONTAINMENT Phase, plus:</p> <ul style="list-style-type: none"><li>• Possible involvement of Labour Program Administrators of the Govt Employees Compensation Act (GECA) in conjunction with the ten provincial workers' compensation boards/ commissions.</li><li>• Possible involvement of Collective Bargaining mediators in situations of labour unrest related to COVID-19.</li></ul>	<p>As per DELAY and PREPARE Phase, plus:</p> <ul style="list-style-type: none"><li>• Support PS, PHAC and other lead Departments by helping to identify the availability of emergency workers by occupational categories and by area, emergency job alert, job search &amp; job match.</li><li>• Work with government departments to maintain critical services.</li></ul> <p><b>Labour:</b></p> <ul style="list-style-type: none"><li>• Closure of Regional offices in affected areas</li><li>• Closure of Headquarters – all critical services delivered virtually.</li></ul>	<p>As per MITIGATE Phase</p> <p><b>Labour</b></p> <p>Start to resume full services at all offices.</p>	<p>Share information with the public and GoC staff via their website</p>



ISC	<ul style="list-style-type: none"><li>Facilitate communication between First Nations and supporting Public Health Agency of Canada when required</li><li>Develop mechanisms in collaboration with P/Ts for FN/I patient transport.</li><li>Anticipate and plan to mobilize human and financial resources to federal health care facilities on reserves</li><li>Maintain data on number and type of federal on-reserve health care facilities and their capacity</li></ul>	As per CONTAINMENT Phase, plus: <ul style="list-style-type: none"><li>Act as the single window of communication for indigenous and regional partners</li><li>Develop surge capacity for communities</li><li>Contact additional health care workers and volunteers from the compiled human health resources strategy for FN/I communities</li><li>Examine Medevac considerations for remote fly-in communities, PPE stockpile needs for FN communities, and internal surveillance capabilities to monitor FN communities</li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Participate in the P/T immunization strategy as it pertains to FN/I communities or adjoining non-FN/I remote/isolated communities.</li><li>Establish and operate non-traditional health care sites and clinics in FN/I communities.</li><li>Vaccinate front line health care and affiliated workers in FN/I communities as required.</li><li>Access and assign additional medical and other resources to FN/I communities.</li><li>Distribute personal protective equipment to front line health care and affiliated workers in FN/I communities.</li></ul>	<ul style="list-style-type: none"><li>Assess lessons learned from the first wave with respect to FN/I communities, and prepare for subsequent waves</li></ul>	
CIRNAC		<ul style="list-style-type: none"><li>Examine Medevac considerations for remote fly-in communities</li></ul>	<ul style="list-style-type: none"><li>Participate in distribution strategy for vaccines and antivirals to remote/isolated communities.</li></ul>		
PSPC	<ul style="list-style-type: none"><li>Government of Canada information services such as advertising, public opinion research and customized information services</li><li>When a vaccine is available, coordinate national purchase of the vaccine</li></ul>	As per CONTAINMENT Phase, plus: <ul style="list-style-type: none"><li>Facilitation of procurement contracts as needed</li><li>Emergency translation and interpretation</li><li>Support clients critical services by ensuring buildings are available for use by federal tenants and additional building services (I.e. additional cleaning) are provided in a timely fashion</li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Continued procurement of medical supplies including vaccines, antivirals, and Personal Protective Equipment (PPE)</li><li>Determine vaccine transport capacity</li><li>Provision of contact information for suppliers of PPE and other medical equipment</li><li>Maintain and support procurement tools to facilitate emergency procurements.</li></ul>		
RCMP	<ul style="list-style-type: none"><li>Provide Law enforcement assistance to CBSA as needed under the Quarantine Act (QA)</li><li>Provide transport of vaccines, samples and Health Canada personnel acting under the QA</li><li>Investigation of fraudulent activities relative to COVID-19 medications and readiness/response activities</li></ul>	<ul style="list-style-type: none"><li>Maintain security and/or escort of person(s) who are detained under the provisions of the QA</li><li>Conduct on behalf of HC/PHAC, whatever background investigation, national or international, as is necessary in order to verify or obtain pertinent information concerning QA detainees.</li><li>Enforcement of quarantine activities when ordered by PHAC, CFIA, and/or P/T bodies in accordance with appropriate legislation/regulations; investigate offences concerning the obstruction of quarantine officers.</li><li>Monitor and enforce the border area between ports of entry.</li><li>Monitor resource levels and P/T policing agreements</li><li>Maintain operation readiness and services to remote populations</li></ul>	<ul style="list-style-type: none"><li>May be mobilized in accordance with the Provincial and Municipal Police Services</li><li>Agreements to provide additional police resources to those P/T's where it is the police service of jurisdiction, and/or to assist other federal departments/agencies, as well as other police jurisdictions, in the provision of security , or general police services</li><li>Provision of and/or arrangement for protective security, as required for public health authorities, health care workers, permanent, or temporary health care facilities and the storage and shipment of medications and associated activities/facilities</li></ul>		RCMP has the ability to reallocate 10% of resources across provinces if needed
SSC		<ul style="list-style-type: none"><li>Set up new infrastructure for COVID-19 operations (i.e., CFB Trenton)</li></ul>	As per DELAY and PREPARE Phase		

		<ul style="list-style-type: none"><li>Support critical services for lead agencies (i.e., heightened support to PHAC and GAC)</li><li>Support priority critical services in OGDs that support lead agencies (e.g. ECCC critical services in support of aviation, marine and defence operations)</li></ul>			
TBS	<ul style="list-style-type: none"><li>Ongoing policy based advice and guidance with respect to Business Continuity Management (BCM), including the identification of Critical Services, dependencies and resources as well as the development of Business Continuity Plans, Measures and arrangements.</li><li>Ongoing policy based advice and guidance with respect to Labour Relations and Occupational Health and Safety.</li></ul>	<ul style="list-style-type: none"><li>Engage frontline departments to coordinate questions and ensure some consistency</li><li>Update pandemic tools for line departments</li><li>Update bargaining agents at the national level</li><li>Develop and communicate OHS guidance for federal staff</li><li>Provide policy based advice and guidance with respect to the testing / exercising as well as the maintenance of BCPs</li><li>Develop and communicate people management guidance for federal staff</li><li>Develop and communicate BCP guidance for federal staff.</li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Payment vehicles for emergency response costs including: Antivirals, Vaccines, Staffing, Storage</li><li>Provide policy based advice and guidance with respect to the establishment of planning assumptions for BCPs</li><li>Scoping of priorities and request government decision</li></ul>	<ul style="list-style-type: none"><li>Stewardship of A-base resources</li><li>Enhanced function to review management issues and consider control issues</li><li>Provide policy based advice and guidance with respect to corrective action from lessons learned.</li></ul>	
DOJ	<ul style="list-style-type: none"><li>Activate Justice Working Group</li><li>Provision of legal advice and support for any measures taken by GoC during all phases, including advice on legal authorities and identification and mitigation of legal risks</li><li>Support emergency procurement, MOUs, etc.</li><li>Provide emergency drafting as needed of Orders in Council, and legislative and regulatory amendments</li><li>Defend legal challenges to GoC measures</li></ul>	As per CONTAINMENT Phase <ul style="list-style-type: none"><li>Issue legal guidance to managers and employees</li></ul>	As per DELAY and PREPARE Phase <ul style="list-style-type: none"><li>Provide critical legal services</li></ul>	<ul style="list-style-type: none"><li>Lessons learned</li><li>Continued provision of legal advice</li><li>Continue to represent GoC in litigation, including potential class actions.</li><li>Legislative drafting as needed</li></ul>	24/7 Duty Officer On-Call to coordinate emergency legal services
PCH		<ul style="list-style-type: none"><li>Support PHAC in development of guidance for mass gatherings and major events</li><li>Support PHAC in their outreach to ethnic communities</li><li>Reinforce PHAC and/or provincial messaging to event organizers</li><li>Ensure that major public events organized by the Government of Canada will comply with applicable public health measures</li><li>Share information about health, safety, and other planning measures with Canadian Heritage portfolio organizations (only 1/18 of these organizations is Schedule IV).</li></ul>	As per DELAY and PREPARE Phase, plus: <ul style="list-style-type: none"><li>Consider cancelation of major GoC-run events</li><li>Liaise with Canadian Heritage portfolio organizations about the potential closing of federally-run museums</li><li>Combat online disinformation (examine use of a third party to combat online disinformation)</li></ul>		
CCG		<ul style="list-style-type: none"><li>Maritime surveillance via their long-range sensors</li></ul>	As per DELAY and PREPARE Phase		

		<ul style="list-style-type: none"><li>• Surveillance of any vessels entering Canadian waters</li><li>• Identify vessels reporting COVID-19 cases</li><li>• Ice breaking capabilities coupled with supply shipment to remote northern communities</li></ul>			
Canada Post		<ul style="list-style-type: none"><li>• Validate contingencies specifically in the context of pandemic readiness, and capacity to continue critical activities in the event of significant reduction workforce (i.e., continued support the other ESF during a pandemic; delivery of socio-economic cheques)</li><li>• Review processes where personal contact is required and adjust accordingly to protect employees and the public</li><li>• Monitor and support employees (e.g., concerns handling mail from impacted areas, monitoring absenteeism)</li><li>• Communicate with commercial customers to provide status of operations and changes to service levels</li></ul>	<p>As per DELAY and PREPARE Phase</p> <ul style="list-style-type: none"><li>• Adjust operations based on volumes and employee absenteeism</li><li>• Continue to support ESFs based on resource availability (i.e. delivery of socio-economic cheques)</li></ul>		
CAS	<ul style="list-style-type: none"><li>• Continue to hold hearing and maintain full service levels</li><li>• Hold hearings related to legal challenges to GoC measures</li><li>• Elevate activation of the CAS Security Operations Centre to provide regular briefings to Senior Officials and engage with Federal partners.</li><li>• Gather information regarding upcoming hearings to identify individuals who may be symptomatic and report presumptive cases to the GOC.</li><li>• Ensure heightened awareness to all Members of the Court and registry officers including the on-duty Judge ensure continuous availability.</li></ul>	<ul style="list-style-type: none"><li>• Hold hearings related to legal challenges to GoC measures</li><li>• Inform Chief Justices of the four Federal Courts, to ensure continued availability of Members of the Courts.</li><li>• Activate Emergency Management Centre (Governance) to ensure senior officials are present and engaged in ensuring an adequate response.</li><li>• Consider limiting none essential international business travel</li><li>• Encourage e-filing by applicants.</li></ul>	<p>As per DELAY and PREPARE Phase, plus:</p> <ul style="list-style-type: none"><li>• Implement direction of the Members of the Courts and their respective Courts.</li><li>• Activate CAS Business Continuity Plan ahead of a disruption, which will eliminate in-person contact between CAS employees and CAS-employees with the Public (telework) assuring the availability of staff to support critical functions (availability of the Judiciary).</li><li>• Suspend non-essential business travel of CAS-employees</li><li>• Increase area of operation of CAS fleet vehicles to minimize Members of the Courts from contact with the Public.</li><li>• Leverage existing IT solutions to hold e-trials (eliminating person-person contact).</li><li>• Implement a comprehensive communication strategy to ensure changes to Court Operations and implication for Canadians are communicated.</li></ul>	<ul style="list-style-type: none"><li>• Hold hearings related to legal challenges to GoC measures</li><li>• Await the full incubation period for progressive return to work of CAS employees and resumption of full service levels.</li></ul>	<p>Enable emergency hearings or Federal Court of Appeal, Federal Court, Court martial of Appeal and Tax Court of Canada.</p>

## **ANNEX D – ROLES AND RESPONSIBILITIES IN CANADA'S HEALTH CARE SYSTEM**

While the delivery of health care and management of health workforces in Canada is a provincial and territorial (P/T) responsibility, the federal government, through Health Canada and the Public Health Agency of Canada, have roles and responsibilities in supporting the health care system and ensuring access to medical countermeasures.

### **Provinces' and Territories' role:**

- **Delivering of health care services and management of health human resources within their jurisdiction, including:**
  - Implementing infection prevention and control measures for health care workers and others in close contact with sick patients.
  - Monitoring hospital capacity, essential supplies, intensive care unit capacity, health care worker absenteeism and health care service use.
  - Developing and promoting the use of alternate care sites.
  - Allocating medical equipment and supplies and prioritizing the continuation of critical infrastructure.
  - Providing medical countermeasures and vaccines to recommended populations.
  - Providing information regarding the distribution and use of medical countermeasures.
- **Conducting diagnostic testing and surveillance**, and reporting data for national level assessment.
- **Communicating public health measures strategies to public health units, regional health authorities, municipalities, health system partners, non-health sectors, P/T ministries, and the public.**

### **Federal role:**

- **Supporting the health care system through the following areas of action:**
  - Coordinating national surveillance activities and providing national-level assessments.
  - Developing national, consistent messaging for Canadians on appropriate public health measures to reduce risk and respond to the evolving public health event.
  - Developing pan-Canadian (national) guidance with P/Ts (e.g., resource prioritization, infection prevention and control).
  - Coordinating pan-Canadian discussions with P/Ts on emerging issues and resource requirements (e.g., requests for mutual assistance from one P/T to another).
  - Delivering health services, medication, supplies, and equipment for federal populations (often in collaboration with P/Ts).
  - Preparing use non-traditional sites for the provision of health care services for federal populations or on federal sites.
  - Providing health and occupational safety guidance for federal frontline staff providing health care to federal populations.

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- Working with other government departments, in collaboration with Public Safety, to identify cross-cutting impacts and develop coordinated responses to the public health event.
  - **Advancing and ensuring access to diagnostics and medical counter measures (e.g., diagnostic tests, antivirals, treatments and vaccines):**
    - Providing supplies and facilitating delivery of medical countermeasures for surge capacity to P/Ts (e.g. deploying critical supplies from the National Emergency Strategic Stockpile, coordinating bulk purchases of protective equipment or medical countermeasures).
    - Conducting and funding research.
    - Providing laboratory support to P/Ts and remote communities.
    - Facilitating access to new medical countermeasures.
    - Monitoring and detecting supply disruptions through engagement with P/Ts, industry stakeholders and international partners.
    - Addressing drug shortages through coordination with P/Ts and stakeholders (e.g., status of the shortage, coordinate information sharing, and identify mitigation strategies).

**Shared federal/provincial/territorial role:**

- Ensuring the specific needs of federal populations are reflected in the overall F/P/T response.
- Conducting research on alternate use of critical supplies, disease presentation, virus evolution and how to prevent illness.
- Coordinating communication and actions to ensure consistency and application of risk-based response measures (e.g., sharing information on distribution of vaccines, coordinating surveillance).
- Promoting pan-Canadian policies, guidance and recommendations on the use of public health measures during a pandemic
- Implementing public health measures (e.g. social distancing measures) and workplace policies (e.g. telework, amended sick leave policies).

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## ANNEX E – COMMUNICATIONS PLAN

Communications and public education on COVID-19 are key to gaining citizen trust and confidence in the Government's response, helping Canadians to make informed decisions, and preparing them to take action to protect their health.

### **This Communications Plan Outlines:**

- Roles and responsibilities of Government of Canada departments and agencies in communicating with Canadians during the COVID-19 outbreak;
- Phases of an escalating outbreak and the communications required to support the changing environment; and
- Communications tactics and channels that will be used.

### **Communications Objectives**

- Minimize illness and disruption to society by ensuring Canadians have timely and accurate information about the risk of the COVID-19 outbreak in Canada and about how they can protect themselves, their families and communities.
- Communicate the actions the Government is taking in concert with provinces and territories to prepare for the possibility of coronavirus illness outbreak(s) in Canada.
- Counter misinformation by communicating on the latest evidence and ensuring the Government of Canada is seen as a credible source of information.

### **Approach**

- This Communications Plan reflects a phased, multi-faceted communications approach. The phases of the communications response are aligned with the emergency response phases: containment, delay and prepare, mitigate and recovery.
- This Communications Plan is guided by:
  - The available scientific and epidemiological evidence, and the public health and clinical advice developed by federal-provincial-territorial health agencies;
  - Risk communications best practices, including behavioural science; and
  - The *Canadian Pandemic Influenza Preparedness* guidance.
- This Communications Plan is supported by robust governance, including:

- COVID-19 Interdepartmental Strategic Communications Task Force co-chaired by Health Canada and the Privy Council Office;
  - Coronavirus – Federal Communications Coordination group chaired by Public Safety; and
  - F/P/T communications mechanisms to facilitate information-sharing and coordinated communications, including the Public Health Network Communications Working Group chaired by the Public Health Agency of Canada.
- This Communications Plan will be supported by tactic-specific plans and strategies:
    - **Risk communications strategy** – provide timely, relevant and targeted information that Canadians and other audiences need to take action to protect themselves and those around them as we prepare for the possibility of wider spread of the virus.
    - **Social marketing campaign for citizen readiness** – increase knowledge of steps Canadians can personally take to prevent the spread of COVID-19 (e.g., proper handwashing and cough and sneeze etiquette), and effect behavioural change among Canadians and communities, including those who are most vulnerable.
    - **Rolling media engagement plan** – identify media opportunities for various federal ministers and officials, and a list of spokespersons.
    - **Media relations protocol for all government departments** – identify spokespeople and leads for media responses.
    - **Issues management plan** – identify key messages and responsive tactics for a wide range of anticipated issues to respond quickly with speaking points, key messages and social media messages.
    - **Internal communications plan to federal employees** – identify key messages and tactics for keeping public servants aware of the situation.
    - **Outreach plan** – coordinate interactions with partners and intermediaries in reaching specific audiences and vulnerable populations.

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## Communications Activities to Date

*Editor's note: this section will be expanded to reflect OGD communications to date.*

- **Canada.ca/coronavirus:** The dedicated site is updated daily and includes the latest information on the coronavirus. It has been viewed more than 5 million times in the span of 6 weeks. It provides information on the Government's response (e.g., measures at the border, repatriation efforts, collaboration with provinces and territories), travel advice (including regular updates to travel health notices), guidance to health professionals and, just this week, information on how individuals can prepare. Pages directed at the public are also available in simplified Chinese. Fact sheets and info sheets will be available in Farsi shortly and subsequently in other languages.
- **Border measures including airport signage and handouts:** Travellers arriving at 10 Canadian airports receive information on steps to take to protect their health. Translation of the airport handout (for all travellers returning from abroad) is under way for Farsi, Italian, Spanish, Korean, Japanese, German, Portuguese, Malay and Tamil. Planning is under way to provide resources at the border land crossing between British Columbia and Washington State.
- **Media opportunities and outreach:** Minister Hajdu, Chief Public Health Officer (CPHO) Dr. Theresa Tam and Deputy CPHO Dr. Howard Njoo provide regular updates on the situation. Fifteen media availabilities have been held to date and more than 900 media enquiries have been responded to. Media outreach to Iranian, Italian and Chinese communities is being developed.
- **Social media:** Information, updates and replies are posted daily on multiple Health Portfolio accounts, including Twitter, Facebook and LinkedIn. Other government accounts will soon feature the GC's coronavirus brand. As of February 29, more than 300 organic social media posts were issued, resulting in more than 5,000,000 displays in social media feeds and almost 125,000 engagements.
- **Advertising:** The second wave of Twitter and Facebook advertisements are now live, with content on virus prevention tips and travel advice. Search engine marketing is also in place to direct Canadians to Canada.ca/coronavirus; Canadians are clicking through to the website 2.5 times more frequently than for other GC campaigns. WeChat ads in English and Chinese are launching this week.



- **News releases and statements:** Releases from the Minister of Health (alone or jointly with other Ministers) and the CPHO keep Canadians informed of key developments and put important information on the record, such as repatriation efforts and the end-of-quarantine in Trenton. Since January 25, we have issued 12 news releases and statements to demonstrate Government of Canada action.
- **Information line (1-833-784-4397):** The toll-free information line allows Canadians to get answers to their questions related to the coronavirus. Call numbers have been steadily increasing and are now over 400 per day. The top 3 questions of late relate to measures that the Government is taking at the border, symptoms of COVID-19 and how to protect oneself.
- **Media and social media monitoring:** Daily and weekly scans of various media outlets and social media platforms allow us to identify and respond to emerging issues, hyperbole and misinformation. Ongoing monitoring of ethnic media outlets inform future outreach strategies.
- **Public opinion research:** Monthly public opinion research surveys and focus groups commissioned by the Privy Council Office allow us to track Canadians' awareness, perceptions and level of concerns toward the coronavirus and how they find their information: 81% of Canadians think that the Government is doing well in protecting the health of Canadians from coronavirus.

OBJECTIVES	CONTAINMENT	DELAY and PREPARE	MITIGATE	RECOVERY
PUBLIC HEALTH AGENCY OF CANADA				
<ul style="list-style-type: none"><li>• Inform public and key stakeholders of latest information on risks and potential outbreaks</li><li>• Understand Canadians' level of awareness and perceptions of COVID-19</li><li>• Reinforce steps Canadians can take to protect their health as well as emergency preparedness measures</li><li>• Ensure a coordinated communications response with PTs and key stakeholders</li></ul>	<ul style="list-style-type: none"><li>• Continue publishing new information on Canada.ca/coronavirus, including health and safety advice for Canadians, travel health notices and guidance to health professionals</li><li>• Continue social marketing campaign to inform Canadians</li><li>• Continue to reach Canadians through frequent media availabilities and media responses</li><li>• Continue risk communications support, including updating media lines and other communications products</li><li>• Continue to work with the Public Health Network to ensure consistent communications across jurisdictions</li><li>• Continue to support the Minister of Health and Chief Public Health Officer as lead spokespersons on matters related to public health in communicating with Canadians about COVID-19</li><li>• Translate information resources in multiple languages</li></ul>	<ul style="list-style-type: none"><li>• Escalate tactical plans (social marketing, social media, media outreach, partnerships)</li><li>• Continue targeted digital advertising</li><li>• Conduct more frequent media outreach (e.g., bi-weekly media briefing with the CPHO)</li><li>• Amplify social media posts distributed via regional partners</li><li>• Continue messaging to explain possible widespread transmission and need to prepare</li><li>• Continue to update content on Canada.ca/coronavirus to reflect current situation</li><li>• Make available guidance for specific audiences, e.g., health care professionals, front line clinical care staff, schools</li><li>• Work with partner organizations and create materials that organizations can leverage easily and disseminate through their channels</li><li>• Plan and implement ethnic media outreach</li><li>• Continue to work with the Public Health Network to ensure</li></ul>	<ul style="list-style-type: none"><li>• Sustain tactical plans and messages on how to prevent illness and encourage compliance with community-based control measures</li><li>• Intensify social marketing campaign</li><li>• Continue media outreach</li><li>• Expand partnerships and collaboration with external organizations</li><li>• Continue to update content on Canada.ca/coronavirus</li><li>• Continue to work with the Public Health Network to ensure consistent communications across jurisdictions</li><li>• Continue to support the Minister of Health and Chief Public Health Officer as lead spokespersons on matters related to public health in communicating with Canadians about COVID-19</li></ul>	<ul style="list-style-type: none"><li>• Develop forward communications plan for integration of activities with annual outreach strategies with cross-messaging (e.g., flu vaccine)</li><li>• Sustain trust and credibility for the next emergency or health issue</li><li>• Continue outreach to at-risk groups based on the latest scientific evidence</li><li>• Conduct post-campaign evaluations and record lessons learned for future campaigns</li><li>• Coordinate de-escalation with the Public Health Network to ensure consistent communications across jurisdictions</li><li>• Continue to support the Minister of Health and Chief Public Health Officer as lead spokespersons on</li></ul>

		<p>consistent communications across jurisdictions</p> <ul style="list-style-type: none"> <li>Continue to support the Minister of Health and Chief Public Health Officer as lead spokespersons on matters related to public health in communicating with Canadians about COVID-19</li> </ul>		<p>matters related to public health in communicating with Canadians about COVID-19</p>
<b>HEALTH CANADA</b>				
<ul style="list-style-type: none"> <li>Lead whole-of-government communications planning on COVID-19 to ensure a coordinated and consistent narrative</li> <li>Provide occupational health and safety guidance to be communicated federal employees</li> </ul>	<ul style="list-style-type: none"> <li>Provide oversight and planning for whole-of-government communications approach</li> <li>Co-chair COVID-19 Interdepartmental Strategic Communications Task Force</li> <li>Support the Minister of Health in communicating about the Government of Canada's response to COVID-19</li> <li>Work with PHAC, ESDC and TBS to develop occupational health and safety guidance for communication to federal employees</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement a risk communications strategy to identify risks, communications implications and communications activities to mitigate the risks</li> <li>Expand social marketing campaign for citizen readiness to reflect required behavioral change beyond health</li> <li>Develop a media engagement plan and calendar, supported by a media relations protocol, to identify media opportunities for various federal ministers and officials</li> <li>Equip government officials (at all levels), partners and stakeholders with consistent messages</li> <li>Develop an issues management compendium to identify key messages and responsive tactics for a range of potential issues</li> </ul>	<ul style="list-style-type: none"> <li>Analyze POR, scans of social media, feedback from Canadians through the GC coronavirus information line to address misinformation and ensure alignment between Canadians' perception of risk and actual risk</li> <li>Adjust the social marketing campaign to align with evolving needs</li> <li>Continue to support the Minister of Health in communicating about the Government of Canada's response to COVID-19</li> <li>Update occupational health and safety guidance for communication to federal employees</li> <li>Communicate results of expedited review of antivirals, vaccines, tests</li> </ul>	<ul style="list-style-type: none"> <li>Sustain trust and credibility for the next emergency or health issue</li> <li>Conduct post-event review of whole-of-government communications approach and capture lessons learned</li> <li>Dissolve COVID-19 Interdepartmental Strategic Communications Task Force</li> </ul>

		<ul style="list-style-type: none"><li>• Ensure a coordinated approach by federal departments and agencies to communicating with their employees regarding COVID-19</li><li>• Continue to support the Minister of Health in communicating about the Government of Canada’s response to COVID-19</li><li>• Update occupational health and safety guidance for communication to federal employees</li><li>• Communicate about regulatory changes or activities to expedite review of antivirals, vaccines, tests</li></ul>		
PRIVY COUNCIL OFFICE				
<ul style="list-style-type: none"><li>• Provide oversight on whole-of-government communications</li></ul>	<ul style="list-style-type: none"><li>• Co-chair COVID-19 Interdepartmental Strategic Communications Task Force</li></ul>	<ul style="list-style-type: none"><li>• </li></ul>	<ul style="list-style-type: none"><li>• </li></ul>	<ul style="list-style-type: none"><li>• </li></ul>
PUBLIC SAFETY				
<ul style="list-style-type: none"><li>• Support PHAC in coordination of communications</li><li>• Coordinate federal regional communications</li></ul>	<ul style="list-style-type: none"><li>• Continue to chair interdepartmental communications working group</li><li>• Continue to provide coordination function and liaison with the GOC.</li><li>• Continue to collate evergreen media lines and media responses</li></ul>	<ul style="list-style-type: none"><li>• Continue to chair interdepartmental communications working group</li><li>• Continue to provide coordination function and liaison with the GOC.</li></ul>	<ul style="list-style-type: none"><li>• Continue to chair interdepartmental communications working group</li><li>• Continue to provide coordination function and liaison with the GOC.</li></ul>	<ul style="list-style-type: none"><li>• Continue to chair interdepartmental communications working group</li><li>• Continue to provide coordination function and liaison with the GOC.</li></ul>

		<ul style="list-style-type: none"><li>• Continue to collate evergreen media lines and media responses</li></ul>	<ul style="list-style-type: none"><li>• Continue to collate evergreen media lines and media responses</li></ul>	<ul style="list-style-type: none"><li>• Continue to collate evergreen media lines and media responses</li></ul>
TREASURY BOARD SECRETARIAT				
<ul style="list-style-type: none"><li>• Ensure public service employees have the latest information on COVID-19 and potential risks</li><li>• Enable consistent internal communications to employees across federal departments and agencies on occupational health and safety and human resource issues</li></ul>	<ul style="list-style-type: none"><li>• Develop and disseminate messaging to employees via GCIntranet and other channels, including on occupational health and safety and human resource issues (leave provisions, alternative work arrangements, compensation questions, refusal to work)</li><li>• Maintain networks with internal communications and human resources in other departments and agencies, as well as with separate employers, Crown corporations and bargaining agents</li><li>• Assess requirements of additional communications products for employees and managers</li><li>• Publicly communicate measures been taken to protect frontline federal workers and general advice provided to all GC employees</li></ul>	<ul style="list-style-type: none"><li>• </li></ul>	<ul style="list-style-type: none"><li>• </li></ul>	<ul style="list-style-type: none"><li>• </li></ul>
GLOBAL AFFAIRS CANADA				
<ul style="list-style-type: none"><li>• Inform Canadians of Canada’s Travel Advice and Advisories and of the</li></ul>	<ul style="list-style-type: none"><li>• Continue to publish timely information and advice for Canadian travellers regarding COVID-19 on <a href="http://traval.gc.ca">traval.gc.ca</a> and on social media</li></ul>	<ul style="list-style-type: none"><li>• </li></ul>	<ul style="list-style-type: none"><li>• </li></ul>	<ul style="list-style-type: none"><li>• </li></ul>

<p>potential risks of travelling to affected destinations</p> <ul style="list-style-type: none"><li>• Ensure that Canadians who are travelling or intending to travel register with the Registration of Canadians Abroad (ROCA)</li><li>• Ensure consistent messaging for Canadians and Canadian organizations abroad</li><li>• Provide missions with pandemic planning tools and communications advice</li></ul>	<ul style="list-style-type: none"><li>• Continue to respond to daily queries from Canadian travellers and to develop social media campaigns to encourage Canadians abroad to read the Travel Advice and Advisories and to register with ROCA</li><li>• Continue to respond to daily media requests and to offer media availabilities as appropriate</li><li>• Continue to liaise with travel industry stakeholders to provide timely information and for social media amplification of relevant messaging</li><li>• Continue to develop media lines, Qs&amp;As and other communications products</li><li>• Continue to provide timely information to employees and missions through broadcast messages and other communications products</li></ul>			
<b>EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA</b>				
<ul style="list-style-type: none"><li>• Provide in-person services and call centres for inquiries from the public on the pandemic situation (Service Canada)</li><li>• Respond to concerns of employees regarding occupational health and safety</li></ul>	<ul style="list-style-type: none"><li>• Continue to respond to Canadians' questions through the GC coronavirus information line</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

<ul style="list-style-type: none"><li>• Ensure seniors, a vulnerable population, are adequately informed about COVID-19</li></ul>				
INDIGENOUS SERVICES CANADA				
<ul style="list-style-type: none"><li>• Ensure First Nation and Inuit communities are informed of the latest information on COVID-19 and health measures</li><li>• Facilitate a coordinated communications response with PTs and Indigenous leadership and communities</li></ul>	<ul style="list-style-type: none"><li>• Tailor communications to First Nations and Inuit, in formats that work within their communities, while reinforcing PHAC and OGD messaging</li><li>• Share notices and guidance to front line workers, e.g., health professionals, educational institutions, daycares and seniors centres</li><li>• Disseminate content in Indigenous languages</li><li>• Create and share information that supports provision of direct health, social, educational and other services on reserve</li></ul>	<ul style="list-style-type: none"><li>• Act as the single window of federal communication for First Nations and Inuit, working with provincial, territorial and regional partners</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
SHARED SERVICES CANADA				
<ul style="list-style-type: none"><li>• Maintain national and internal communications networks</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
PUBLIC SERVICES AND PROCUREMENT CANADA				
<ul style="list-style-type: none"><li>• Provide support for advertising and public opinion research</li></ul>	<ul style="list-style-type: none"><li>• Support PHAC communications regarding advertising and public opinion research</li></ul>	<ul style="list-style-type: none"><li>• Provide emergency translation and interpretation services</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

CANADA BORDER SERVICES AGENCY				
<ul style="list-style-type: none"><li>Support education of travellers at points of entry</li></ul>	<ul style="list-style-type: none"><li>Distribute public education resources to returning travellers at all major airports across Canada</li></ul>	<ul style="list-style-type: none"><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>
FINANCE CANADA				
<ul style="list-style-type: none"><li>Ensure Canadians have confidence in the government to mitigate potential impacts to our economy</li></ul>	<ul style="list-style-type: none"><li>Announce financial support for mitigation measures</li><li>Work with domestic and international partners on contingency planning related to the financial systems and the economy</li><li>Coordinate messaging across the economic portfolio</li></ul>	<ul style="list-style-type: none"><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>
ALL FEDERAL DEPARTMENTS AND AGENCIES				
<ul style="list-style-type: none"><li>Support communications tactics related to the COVID-19 response</li></ul>	<ul style="list-style-type: none"><li>Provide clear, consistent messages and information to employees, key partners and stakeholders</li><li>Tailor communications to meet employee and stakeholder needs</li><li>Maintain communications links to GC planning and preparedness activities</li><li>Raise awareness of COVID-19 and prevention measures among staff and clients</li><li>Support communications activities via regional communications offices</li></ul>			

Note: Levels of engagement and implicated departments and agencies are likely to change as the situation evolves



## ANNEX F – MARITIME PLAN

NOTE: This is a draft plan currently under development by Transport Canada

Double click on the plan to open the embedded PDF document.

GOVERNMENT OF CANADA  
STRATEGIC MARITIME PLAN  
TO ADDRESS CORONAVIRUS  
(COVID-19)

*DRAFT*

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## ANNEX G – OCCUPATIONAL HEALTH AND SAFETY

### Advice for workplaces

#### COVID-19

##### Public Service Occupational Health Program (PSOHP), Health Canada

March 4, 2020

*Please note that this advice may change as more information becomes available*

In addition to the general information and recommendations in PSOHP's occupational health advisory, the following precautions/recommendations apply to federal workplaces where Canada's core public service employees work (schedule 1 and 4 of the Financial Administration Act). For general information on the novel coronavirus please refer to the following link: [https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?utm\\_campaign=not-applicable&utm\\_medium=vanity-url&utm\\_source=canada-ca\\_coronavirus](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?utm_campaign=not-applicable&utm_medium=vanity-url&utm_source=canada-ca_coronavirus)

To assist federal employers in meeting their obligations under Part II of the Canada Labour Code please refer to the following webpage on coronavirus and occupational health and safety: <https://www.canada.ca/en/employment-social-development/corporate/notices/coronavirus-occupational-health-safety.html#h2.5>

These precautions/recommendations should be implemented in conjunction with a workplace's business continuity plan in the event of sustained community transmission of the novel coronavirus that causes COVID-19 or declaration of a pandemic of COVID-19. If the increase in sustained transmission of the novel coronavirus occurs in only one or a few small geographic areas in Canada, employers may choose to implement measures only in those areas. Measures that may be in a business continuity plan include, but are not limited to: a move to an alternate service delivery model; provision of only essential/critical services; changes in sick leave policy and requirements for medical notes to return to work as applicable.

- Federal employers are encouraged to consult sector-specific guidance on occupational health and safety and/or COVID-19 to assist in the application of the recommendations below.
- Most federal employees are not at increased risk of contracting COVID-19 than members of the general public.
- Personal protective equipment (PPE), such as surgical-type masks and gloves, is a valuable resource. It should be used on the basis of risk exposure and in compliance with public health and occupational health and safety guidance. The over or inappropriate use of PPE can impact one's health and safety, and lead to non-optimal PPE availability.

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## Recommendations for employees

- Maintain a healthy personal/work life balance to keep your immune system at its best
- Follow local public health advice at all times
- Contact your department or agency's Employee Assistance Services if you feel you need psychosocial support
- Do not go to work if you are feeling ill
- Perform hand hygiene (hand washing with soap and water or use of alcohol-based hand sanitizer) regularly and before handling, preparing, serving, or eating food, or after using the lavatory
- Consider an alternative form of greeting someone than shaking hands
- Avoid touching your eyes, nose and mouth with unwashed hands
- Use cough and sneeze etiquette (cough into the bend in your arm or in a tissue) at all times
- Dispose of used tissues in a lined wastebasket as soon as possible
- Clean and disinfect your workstation regularly
- Find out about services in the community if you or a loved one becomes sick with COVID-19
- Consult travel health notices before personal travel out of country at <https://travel.gc.ca/travelling/health-safety/travel-health-notice>
- Monitor for health symptoms such as fever, cough, and difficulty breathing

## Recommendations for employers

- Provide information regularly to employees about the current situation regarding COVID-19
- Remind employees not to come to work when ill and review sick leave policies with them
- Develop policies on how to deal with an employee that develops respiratory symptoms while at the office. This would include spatial distancing and sending the employee home avoiding public transportation
- Encourage telework when possible and/or stagger employee work schedules when possible
- Increase spatial distancing between workers in the workplace when possible
- Consider alternative working arrangements and/or review leave policies to accommodate employees who may be caring for loved ones who are sick, or in the event of community measures such as school closures.
- Avoid face-to-face meetings when possible
- Encourage teleconference or alternate meeting arrangements when possible
- Ensure that workplace is cleaned and disinfected regularly using regular commercial disinfectant products or a solution of 1 part bleach (5% sodium hypochlorite) and 9 parts water paying particular attention to high-touch surfaces such as elevator buttons, door handles, kitchen appliances,

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bathroom fixtures, water fountain knobs and push buttons, telephones, computer keyboards, etc.

- Provide cleaning and disinfectant products such as wipes to employees that they can use for their workstation
- Consider increasing frequency of cleaning in the office
- Provide alcohol-based hand sanitizer to employees (wall dispensers or bottles) and ensure that they are regularly filled or replaced when empty
- Place tissues and lined wastebaskets together throughout the workplace
- Stay up to date on advice for travelers if some of your employees must travel outside of Canada for work at <https://travel.gc.ca/travelling/health-safety/travel-health-notice>
- Reassess the need for your employees to travel to areas of higher risk of COVID-19
- Invite employees to share any health concerns that they may have about travelling in an area of higher risk of COVID-19 (some people with pre-existing medical conditions are at higher risk of developing severe COVID-19)
- Ask employees to follow local public health advice if they have travelled outside of Canada or are a contact of a person who has been diagnosed with COVID-19
- Review Business Continuity Plans and make appropriate adjustments to enable the implementation of health and safety recommendations.

### **Personal protective equipment**

- The use of surgical-type mask by individuals without symptoms of cough or sneezing is not recommended and may actually increase the risk of self-contamination and risk of infection.
- The novel coronavirus does not survive for a long period on surfaces like paper, therefore it is not necessary to wear gloves when handling documents that have arrived in the mail.

### **Contact**

- Anyone who hasn't been asked by public health authorities to self-isolate due to a concern about possible exposure to the novel coronavirus can continue their normal activities, including work, as long as they remain well. This includes contacts of persons under self-isolation.

### **For workplaces that offer non-health care client services in person in Canada**

- It is assumed that face-to-face client services will not be provided to people who are ill.

- 
- Encourage clients to request services through an alternate mode of delivery such as online or by phone
  - Provide signage at entrance of client service area requesting clients with symptoms of fever, cough or difficulty breathing, or who have had contact with a case of COVID-19 in the past 14 days, return home, follow public health advice and contact the department for guidance on how to obtain the required service (passive screening).
  - Consider asking clients directly if they have symptoms of fever, cough or difficulty breathing or have had contact with a case of COVID-19 in the past 14 days and if they answer “yes” to one of the two statements ask them to return home, follow public health advice and provide them with guidance on how to obtain the required service (active screening)
  - Maintain a distance of 2 meters from clients and use physical barriers when possible
  - Wear gloves when handling documents handed over by a person
  - Avoid touching your eyes, nose and mouth with gloved hands
  - Place used gloves in a lined wastebasket that is easily accessible
  - Perform hand hygiene (hand washing with soap and water or use of alcohol-based hand sanitizer) after removing gloves

### **For federal employees that provide health care to suspected or confirmed cases of COVID-19**

Follow the infection prevention and control guidance provided by the Public Health Agency of Canada <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html#i>

The interim guidance for acute healthcare facilities where applicable: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>

### **Resources**

Government of Canada, *Coronavirus disease (COVID-19): Outbreak update*.

[https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?utm\\_campaign=not-applicable&utm\\_medium=vanity-url&utm\\_source=canada-ca\\_coronavirus](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?utm_campaign=not-applicable&utm_medium=vanity-url&utm_source=canada-ca_coronavirus)

Employment and Social Development Canada, *Notice: Coronavirus and occupational health and safety*.

<https://www.canada.ca/en/employment-social-development/corporate/notices/coronavirus-occupational-health-safety.html>

Government of Canada, *Canada Labour Code, Part II.*

[HTTPS://LAWS-LOIS.JUSTICE.GC.CA/ENG/ACTS/L-2/](https://laws-lois.justice.gc.ca/eng/acts/L-2/)

Government of Canada. *COVID-19: Being prepared.*

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/being-prepared.html>

Government of Canada. *COVID-19: Travel Advice.*

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice>

Government of Canada. *COVID-19 List of Affected Areas.*

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-affected-areas-list.html>

World Health Organization. *Novel Coronavirus.*

<https://www.who.int/westernpacific/emergencies/novel-coronavirus>

World Health Organization. *Q&A on coronaviruses.* <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

World Health Organization. *Getting your workplace ready for COVID-19.*

<https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>

Canadian Centre for Occupational Health and Safety, *Flu and Infectious Disease Outbreaks.*

<https://www.ccohs.ca/outbreaks/>

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## ANNEX H – CRITICAL INFRASTRUCTURE

Critical infrastructure (CI) refers to processes, systems, facilities, technologies, networks, assets and services essential to the health, safety, security or economic well-being of Canadians and the effective functioning of government. Under the National Strategy and Action Plan for Critical Infrastructure, there are 10 CI sectors in Canada, each with a lead federal department responsible for it, national CI sector networks to coordinate sector activities, and a National Cross Sector Forum to examine cross-cutting issues and to identify priorities. The 10 CI sectors include:

- Energy and utilities (NRCan)
- Finance (Finance Canada)
- Food (Agriculture and Agri-Food Canada)
- Transportation (Transport Canada)
- Government (Public Safety Canada)
- Information and communication technology (Innovation, Science and Economic Development Canada)
- Health (Public Health Agency of Canada)
- Water (Environment Climate Change Canada)
- Safety (Public Safety Canada)
- Manufacturing (Innovation, Science and Economic Development Canada, Department of National Defence)

Participation in sector networks as well as the National Cross-Sector Forum, as described in the *National Strategy for Critical Infrastructure*, will also help to mitigate the impacts of a pandemic on critical infrastructure and services via information sharing, partnership building, and the promotion of risk management activities.

In the event that the impact of a pandemic is greater than anticipated, it is possible that typical BCPs that call for the shifting of reserves of critical personnel and materials from affected to safe areas may be impractical if not impossible to implement. In such circumstances businesses may fail and critical services may become encumbered. Departments may be able to assist in this situation by working with the sectors relevant to their mandate (via sector networks to mitigate the consequences of catastrophic failure; this includes addressing with private sector stakeholders the implementation of sector specific plans as well as the implementation of relevant Emergency Support Functions as described in the FERP).

Canadian critical infrastructure is highly interconnected with other countries, especially the United States. Disruptions of critical infrastructure abroad could potentially have cascading impacts in Canada. For example, the electrical grid is a cross border system, and issues in the United States could have severe implications for electrical power generation and transmission in Canada. To reduce the negative effects of an outbreak on cross border critical infrastructure, countries should seek to:

- Coordinate before, during and after a pandemic;
- Establish a mutually supportive operating environment; and

- 
- Assist one another in improving the resiliency of critical infrastructure in the face of the pandemic threat.

For Cybersecurity and Infrastructure Security Agency's (CISA – United States) insights on COVID-19 risk management to infrastructure owners / operators consult:

[https://www.cisa.gov/sites/default/files/publications/20\\_0306\\_cisa\\_insights\\_risk\\_management\\_for\\_novel\\_coronavirus.pdf](https://www.cisa.gov/sites/default/files/publications/20_0306_cisa_insights_risk_management_for_novel_coronavirus.pdf)

### Anticipated Impacts by Sector:

- **Energy and Utilities:** Potential impacts to the sector include employee absenteeism and its effects on energy supply (i.e., upstream oil and natural gas production and distribution; electricity generation, transmission and distribution); upstream disruptions of supply chains supporting the sector (i.e., chemicals for oil and gas production, oil and gas for electricity production); and fuel supply and distribution.
- **Finance:** Potential impacts to the sector include employee absenteeism. Outbreaks have the potential to affect financial markets, but are unlikely to affect operations.
- **Food:** Food shortages in stores expected if people make reserves in anticipation of quarantine measures. Travel restrictions may also affect the agricultural industry in the medium run, which is reliant on the temporary foreign worker program. Potential impacts to the sector include employee absenteeism and upstream disruptions of supply chains supporting the sector (i.e., fertilizers, chemicals and equipment).
- **Transportation:** Transportation may be limited and restricted to help contain and delay the spread of the outbreak. This includes all modes of transportation, interprovincial and international bridges, and border crossings. Transportation sector workers are also at greater risk of exposure due to the sources and volume of passengers passing through commercial transportation facilities. Potential impacts to the sector include employee absenteeism.
- **Government:** Potential impacts to the sector include employee absenteeism, which can hinder the government's ability to deliver critical services.
- **ICT:** Excessive loads on the telecommunications networks and the internet may occur due to changes in activity as more people work from home or alternate sites rather than from schools, work locations or primary sites. Potential impacts to the sector include employee absenteeism and upstream disruptions of supply chains supporting the sector (i.e., IT equipment manufactured in affected countries).
- **Health:** Hospitals and other healthcare facilities can expect to receive large volumes of infected individuals, at times beyond the capabilities of facilities. Healthcare workers are also at greater risk of exposure due to direct contact and high concentration of infected individuals within the workplace. Health research facilities such as the National Microbiology Laboratory and other laboratories need to ramp up to manage the volume of additional tests for COVID-19 while at the same time they will be expected to be working on the development of a



vaccine. Potential impacts to the sector include employee absenteeism and upstream disruptions of supply chains supporting the sector (i.e., personal protective equipment, medicine and medical supplies).

- **Water:** Potential impacts to the sector include employee absenteeism and upstream impacts on supply chains supporting the sector (i.e., chemicals for water treatment).
- **Safety:** The safety sector is likely to help contain, manage and mitigate the outbreak. Safety sector workers are at greater risk of exposure due to the higher probability of direct contact with infected individuals. Potential impacts to the sector include employee absenteeism.
- **Manufacturing:** Potential impacts to the sector include employee absenteeism and upstream disruptions of supply chains supporting the sector (i.e., raw materials, machinery and other inputs for production). Economic damage caused by an outbreak could also negatively affect demand for manufactured goods. Disruptions in manufacturing may affect other sectors, which are dependent on the goods produced. Disruptions to the transportation sector may also have an impact on the delivery of manufactured products.

## Critical Infrastructure Engagement

In planning for an event, including a potential outbreak of COVID-19, PS leverages the following engagement mechanisms to share information and to address potential risks:

- **National Cross- Sector Forum (NCSF)** – Chaired by the Deputy Minister, Public Safety Canada, along with provincial/territorial and industry co-chairs, the NCSF includes senior leaders from each of the 10 Critical Infrastructure (CI) sectors, and is the key mechanism for discussion and information exchange within and between the federal, provincial and territorial governments and the critical infrastructure sectors. Membership is a mix of National Associations (e.g. Canadian Electricity Association, Canadian Water and Wastewater Association) and individual CI owners/operators.
- **Multi-Sector Network (MSN)** – The MSN is a working-level committee with representatives from CI owners and operators from across the ten CI sectors. Participants may also include representatives from the NCSF; lead federal departments; provinces and territories; and, the international CI community.
- **CI Sector Networks** – National sector-specific standing fora to address sectoral and regional issues, and enable information sharing on critical infrastructure. Lead Federal Departments are responsible for leading the activities of CI Sector Networks, in order to:
  - Promote networking and partnership building with sector and cross-sector stakeholders
  - Encourage more robust information sharing, including threat briefings
  - Advance a common understanding of sector risks and interdependencies

- **Lead Federal Departments for Critical Infrastructure Network (LFD CI Network)** – The LFD CI Network seeks to improve information sharing and to foster collective action and collaboration among Canada’s 10 critical infrastructure (CI) sectors. Through cross sector network meetings and the development of trusted partnerships between government department and agency leads, the group works to strengthen the collective capacity of government and industry to prevent, mitigate, prepare for, respond to, and recover from disruptions affecting Canada’s CI. The network consists of director-level officials from Lead Federal Departments (LFDs) for each of the 10 CI sectors. (**Contact list follows**)
- **Federal-Provincial-Territorial CI Working Group (F/P/T CI WG)** - The F/P/T CI WG provides advice, assistance, direction and recommendations to the standing forum of F/P/T senior officials responsible for emergency management (SOREM) and, through them, the F/P/T ministers and deputy ministers responsible for emergency management. In addition, the Working Group provides advice, assistance, direction and recommendations to other relevant groups on CI matters, including national security and cyber security. The F/P/T CI WG is co-chaired by a representative from a Province or Territory (currently British Columbia) and a representative of Public Safety Canada. The F/P/T CI WG membership includes a representative from each province and territory.

Critical Infrastructure Sector	Lead Federal Department or Agency	Primary Contact(s)	Email Address
Energy and Utilities	Natural Resources Canada	Felix Kwamena - Director - Energy Infrastructure Security  Chris Piercey – Director, Cyber and Energy Security Policy and Outreach	<a href="mailto:felix.kwamena@canada.ca">felix.kwamena@canada.ca</a>  <a href="mailto:christopher.piercey@canada.ca">christopher.piercey@canada.ca</a>
Finance	Finance Canada	Justin Brown - Chief - Financial Stability Sector	<a href="mailto:justin.brown@canada.ca">justin.brown@canada.ca</a>
Food	Agriculture and Agri-Food Canada	Lucie Dubois - Director - Policy, Planning and Emergency Management	<a href="mailto:lucie.dubois@canada.ca">lucie.dubois@canada.ca</a>
Government	Public Safety Canada	Ryan Hunt - Director - Critical Infrastructure Partnerships	<a href="mailto:ryan.hunt@canada.ca">ryan.hunt@canada.ca</a>
Health	Public Health Agency of Canada	Alixandria Clymans - Director, Office of Situational Awareness	<a href="mailto:alixandria.clymans@canada.ca">alixandria.clymans@canada.ca</a>
Information and Communication Technology	Innovation, Science and Economic Development Canada	Wen Kwan - A/Senior Director - ICT Resilience	<a href="mailto:wen.kwan@canada.ca">wen.kwan@canada.ca</a>
Manufacturing	Innovation, Science and Economic Development Canada  National Defence Canada	Patrick Hum - Senior Director - Manufacturing Industries Directorate  Anne Bank - Director - Industry Relations, Analysis and Policy	<a href="mailto:patrick.hum@canada.ca">patrick.hum@canada.ca</a>  <a href="mailto:anne.bank@forces.gc.ca">anne.bank@forces.gc.ca</a>
Safety	Public Safety Canada	Ryan Hunt - Director - Critical Infrastructure Partnerships	<a href="mailto:ryan.hunt@canada.ca">ryan.hunt@canada.ca</a>
Transportation	Transport Canada	Peter Lavallée – A/Executive Director - Emergency Preparedness	<a href="mailto:peter.lavallee@tc.gc.ca">peter.lavallee@tc.gc.ca</a>
Water	Environment Climate Change Canada	Ryan Hunt - Director - Critical Infrastructure Partnerships – Public Safety Canada (temporary)	<a href="mailto:ryan.hunt@canada.ca">ryan.hunt@canada.ca</a>
Treasury Board of Canada Secretariat, Canadian Security Intelligence Service (CSIS) and the Royal Canadian Mounted Police (RCMP) are ex officio members.			

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## ANNEX I – BUSINESS CONTINUITY MANAGEMENT

### Business Continuity Management for Infectious Disease and Pandemic Planning

Business continuity management (BCM) is an integral security control to provide reasonable assurance that in the event of a disruption, the department can maintain an acceptable level of delivery of critical services and activities, and can achieve the timely recovery of other services and activities. In a pandemic context, the disruption may be driven by extensive, sustained employee absenteeism, the establishment of quarantine areas preventing access to key facilities, or other situations impacting the delivery of Government services.

The practice of BCM provides the necessary structure for:

- Processes for conducting business impact analysis and for developing business continuity plans, measures and arrangements;
- Coordination of business continuity management with security event management and emergency management activities;
- Processes and timelines for providing awareness and training and for testing business continuity plans, measures and arrangements;
- Coordination with partners and other stakeholders; and
- Processes and timelines for review and maintenance of business impact analysis and business continuity plans, measures and arrangements.

Core to a BCM program is conducting **business impact analysis** (BIA). A BIA analysis the potential impacts of a service or activity disruption relative to the a given organization's mandate. Critical services are those that are critical to the health, safety, security or economic well-being of Canadians or to the effective functioning of government. **Business continuity plans** (BCP) and their associated measures and arrangements, are the planning instruments developed based on the results of the BIA to ensure the continued deliver of critical services.

BCM programs need to conduct regular testing of business continuity plans to ensure an acceptable state of preparedness, in accordance with departmental practices. In a pandemic context, organizations should conduct exercises that simulate the likely impact to their organization, including scenarios with sustained and significant employee absenteeism. Shortfalls or gaps in BCPs identified through testing or invoking of plans during an event, as well as regular reviews of BCPs, necessitate corrective actions which also consider changes in services, activities, resources or threat environment to ensure business continuity management practices continue to meet the needs of the department.

Under the *Policy on Government Security* (PGS), Deputy heads of 107 departments and agencies are responsible for establishing the department's security governance, including responsibilities for security controls and authorities for security risk

management decisions with the aim to effectively manage government security controls in support of the delivery of Government of Canada programs and services.

Additionally, the PGS highlights that the Treasury Board of Canada Secretariat is responsible for establishing and overseeing a whole-of-government approach to Security management, including BCM, as a key component of all management activities. Public Safety Canada supports BCM by providing leadership, technical advice and guidance for matters related to business continuity management.

More information on the Policy for Government Security can be found at:

<https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=16578&section=html>

The Directive on Security Management, that supports the PGS, aims to achieve efficient, effective and accountable management of security within departments and agencies. It prescribes, more fully, the requirements of Departmental BCM programs. It can be found at: <https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=32611>

Sound BCM practice should be developed in consideration of an *all hazards* approach, such that impact analysis and plan development can address a variety of hazards or threats facing and organization. However, it is recognized that a pandemic event requires thinking through key considerations that may not arise from other hazards or threats.

In reviewing BCM program activities for potential pandemic events, organizations should consider the following:

### Prepare

- During a pandemic, the business continuity response and recovery will differ greatly from other types of emergencies, with the potential to reach every workplace, including regional offices.
- Outbreaks develop over time, and may affect organizations in waves over many months.
- Departmental services will be affected differently. Employee absence rates will be arbitrary.
- Due to a high absentee rate, and a greater dependence on internal enterprise services, there may be a strong domino effect on critical services and activities.
- External factors and unforeseen circumstances will change work requirements, and as a result, your organization may find itself setting priorities on a daily basis.
- Understand your business; refer to your business impact analysis.

### Common areas to examine

- **Personnel:** Identify and train critical staff.
- **Equipment:** What is critical? Do you need new equipment? Do you need duplicate or “back up” equipment?
- **Availability of resources and workplace assets:** Ensure that you have access to equipment, facilities, utilities, computers, machinery or equipment, tools, vehicles, communication equipment on-site or off-site. Includes ability to access systems from remote locations.

- **Availability of other back-ups:** For each critical service, activity and business enabling function (BEF), plan for back-ups (E.g. critical records and information).
- **Remote access:** Priority access for staff supporting critical services and activities.
- **Business commitments:** Research possible implications for service level or arrangements (E.g. contractual arrangements in funding agreement).
- **Chain of command:** Who is next in line for management and decision? Alternates must be trained to fulfill their roles in the plan.
- **Accounting:** Ensure continued payroll, finances, accounting systems.
- **Contact list for emergencies:** Maintain an up-to-date contact list for your staff, and your clients.

### Additional information – Infectious Disease and Pandemic Planning

The objective of this table is to provide additional guidance to assist federal institutions in the development, implementation, and maintenance of pandemic business continuity plan.

Measures	Potential Actions
<b>Flexible work options</b>	<ul style="list-style-type: none"> <li>• Allow employees who cannot report to the office to work from home.</li> <li>• Set up the infrastructure to support teleworking.</li> <li>• GCcoworking.</li> </ul>
<b>Alternative staffing arrangements</b>	<ul style="list-style-type: none"> <li>• Postpone face-to-face meetings and unnecessary travel.</li> <li>• Encourage WebEx and teleconferencing.</li> <li>• Limit contact between clients and employees (i.e. via protective barriers such as acrylic glass).</li> <li>• Consider creating small working units to minimize contact.</li> <li>• Stagger staff so there is an unoccupied workstation in between each person.</li> <li>• Stagger employee office hours.</li> <li>• Temporary staffing (i.e. recall recently retired or casual staffing).</li> </ul>
<b>Alternate ways to conduct business</b>	<ul style="list-style-type: none"> <li>• Manual workarounds.</li> <li>• Electronic process (signatures, etc.).</li> <li>• Continue business operations in the absence of technology.</li> <li>• Remote access to central database. <ul style="list-style-type: none"> <li>○ Remote access is prioritized for staff who support critical services, activities and BEFs.</li> </ul> </li> </ul>

<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Consider carpooling or other arrangements if public transportation is not available, or not recommended, but staff are required to report to work.</li> <li>• Maintain a list of nearby Parkades.</li> <li>• Make tax chit available for employees.</li> </ul>
<b>Workforce management</b>	<ul style="list-style-type: none"> <li>• Liaise with staffing agencies to manage potential workforce outage.</li> <li>• Consult unions and departmental human resources for staffing requirements.</li> <li>• Contact your Occupational Health and Safety Coordinators regarding any health risks in the workplace.</li> <li>• Communicate the importance of employees staying home if they think they are ill, or if they are ill. Allow enough time for people to recover completely in order to return to work.</li> <li>• Use Employee Assistance Program (EAP) or counselling services to deal with stress and grief related issues.</li> </ul>
<b>Critical services dependencies mapping</b>	<ul style="list-style-type: none"> <li>• Who do you rely on?</li> <li>• Who relies on you?</li> <li>• Liaise with stakeholders and clients and review memorandums of understanding (MOUs), service level agreements (SLAs), policy, legislative, and other legal requirements, and ensure that appropriate BCPs are in place for vendors and suppliers.</li> </ul>
<b>Training and awareness</b>	<ul style="list-style-type: none"> <li>• Cross train employees so they can effectively cover other duties, including delegates and backups.</li> <li>• Provide training and awareness in effective personal hygiene.</li> <li>• Provide supplies for handwashing and personal hygiene.</li> </ul>
<b>Crisis communication</b>	<ul style="list-style-type: none"> <li>• Ensure that all employees have knowledge of their roles and responsibilities.</li> <li>• Keep an up-to-date list of all employees for communication purposes.</li> <li>• Determine communication channels for stakeholders (including employees, clients and third parties).</li> </ul>

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## ANNEX J – FEDERAL POPULATIONS

The Federal Government is responsible for providing integrated services to their dependent population and is committed to keeping Canadians safe from the spread of COVID-19 in Canada. A dependent population is any person, or group that relies solely on the federal government for support in day to day living, or is legally mandated to abide, report or adhere to the federal government directives.

**Correctional Service of Canada (CSC):** is responsible for managing institutions of various security levels and supervising offenders under conditional release in the community. In the event of a pandemic, Correctional Service Canada (CSC) has business continuity plans for each operational site (43 institutions, 14 community correctional centers, and 92 parole and sub-parole offices), to ensure continued delivery of services, including food, health care, etc. These business continuity plans are in place at each and every site, and are updated and tested no less than yearly, with medical emergencies tested quarterly.

**IRCC:** provides health-care coverage under the Interim Federal Health Program (IFHP) to more than 60,000 in-Canada asylum claimants who do not have access to basic provincial or territorial health-care benefits. These populations can receive medical services and products from a limited number of IFHP registered health-care providers in their communities. In the event of increased transmission in Canada, asylum claimants relying on the IFHP to receive health-care services may be particularly vulnerable to stigma, potential refusal of health-care services, or inability to receive proof of their coverage in the event of disruptions to operations.

If an IFHP beneficiary is refused service by an IFHP health-care provider because they suspect COVID-19, the client should call the provincial health line for advice on where they should present themselves for care; go to a local public health unit; or present themselves to an emergency room at a hospital. IRCC will ensure the hospital is reimbursed for services provided. In the event that a client is refused treatment due to stigma or fear, IRCC will investigate and address any refusal of treatment/service with the implicated IFHP health-care provider, as this violates their agreement as providers under the Program. In the event that IFHP eligible clients are unable to receive coverage due to office closures, the department would review and assess these cases for retroactive coverage and would engage with the health-care providers concerning reimbursement of costs for these services, to ensure that the client is not penalized based on their health-care needs.

**Canada Border Services Agency (CBSA):** operates three Immigration holding Centers (IHCs), Laval, Toronto and Surrey. Within its detention facilities, the CBSA ensures the care and control of persons detained under the Immigration and Refugee Protection Act (IRPA). Health-care services for IRPA detainees within these facilities, along with coverage of medical care provided to detainees off-site, is funded under the Interim Federal Health Program, which is managed by Immigration, Refugees and Citizenship Canada. The CBSA provides all essential services through vendors, such as medical, food and cleaning. In an effort to protect those within IHCs, a screening process was implemented 31 JAN 2020, and is administered for all new admissions in



order to decrease the likelihood of COVID-19 being brought into the facilities. Furthermore, procedures for both detainees and staff working in IHCs are put in place should an individual become ill or need to be isolated. In the event of a pandemic outbreak within the facility, the CBSA has the ability to transfer non-infected detainees to other IHCs or to other provincial facilities through existing memorandums of understanding (MOU).

**CAF:** has its own Primary Care health system, which also includes dental care. Domestically, provision of care is afforded to all members of the Regular Force (as they are not entitled to provincial healthcare given their exclusion under the Canada Health Act), limited care to the Reserve Force (as they are entitled to provincial healthcare) and does not normally provide care to the dependents of CAF members, retired military nor DND civilians. The CAF is reliant on the P/T systems for provision of specialty and in-patient care. The CAF does not have nor run military hospitals within Canada. For deployed operations the provision of care varies by mission and location and can include primary, specialty and in-patient care.

The CAF focus since the outbreak of COVID-19 has been on limiting the exposure risk to its personnel / work force, so as to maintain operational effectiveness domestically and abroad. In the context of the maintenance of our health system during a pandemic the goal is for Canadian Forces Health Services (CFHS) to retain sufficient manning levels, given the precautions put in place, to respond to the increasing demands placed upon the system by COVID-19 and to avoid burdening the P/T and host nation health systems with our patients. Practically this means that the CAF/CFHS will attempt to manage all COVID-19 cases within its means, realizing, however, it will still be reliant on the P/T system for those cases requiring specialty care or hospitalization. Loss of CFHS personnel due to illness coupled with increasing demands upon the health system due to COVID-19 infections within the CAF population is anticipated to limit our capacity for response to health service related RFAs during the mitigation phase.

**Royal Canadian Mounted Police (RCMP):** supports primary responding government organizations in applicable federal, P/T areas and other jurisdiction as required. This support will likely focus on general duty police tasks such as protection, evacuations, site security of medical facilities, health staff, medical shipments, treatment / vaccine clinics.

The RCMP, as with other police services, must closely coordinate its preparedness and response activities with public health and medical officials as they may be required to enforce these interventions in accordance with applicable federal, P/T legislation and regulations. In addition, RCMP nationally, regionally and/or locally will support primary responding government organizations in other areas. This support will likely focus on general duty police tasks, e.g. protection, evacuations, site security of medical facilities, health staff, medical shipments, treatment / vaccine clinics.

**SSC:** Responsible for the provision of foundational information technology services to other government departments, including network connectivity, internet access, application hosting, information security and electronic mail. Supports the provision of critical services within the Government of Canada, and works with key public sector and

private-sector stakeholders to implement enterprise-wide approaches for managing IT infrastructure services.

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## ANNEX K – IT SHARED SERVICES

SSC is responsible for providing IT services (Email/Workplace Technology, Data Centers, Telecommunications, Cyber and IT Security) to Government of Canada organizations, who in return deliver hundreds of critical services directly to Canadians. Due to this responsibility, SSC has an important role to play during emergencies, in support of our partners mission critical programs and to ensure their critical services are operational during emergency events. In addition, several of SSC's customer departments are First Responders (RCMP, DND, etc.) who have a primary role to play during an emergency event and therefore it is imperative that SSC is ready to support them.

As the main IT service provider to the Government of Canada, SSC has established an Emergency Management program with a *formal EM organizational structure to mitigate and respond to emergency events in support to Government of Canada organizations, and to protect SSC assets*. SSC's EM program recognizes the importance of effective emergency management to reduce and mitigate the effects of any emergency to the Government of Canada, employees, programs, and services in addition to ensuring critical services availability for Government of Canada organizations in times of crisis.

During a pandemic, some services provided by Government of Canada organizations may require enhanced support from SSC. At the request of the partner, SSC can establish a Heightened Awareness Window (HAW) for those specific applications/services.

Heightened Awareness Window is a request made, on behalf of the partner, to ensure that technical teams will respond quickly in the event of any incident affecting the requested Service or Application. Although the HAW will trigger an immediate response, it is still integrated with the existing Enterprise Incident Management (IM) process within SSC.

If partners would like to establish a HAW for a service/application in support of COVID-19, please contact your department's SSC Client Executive.

During a pandemic, it is expected that telework will be used extensively as a mitigation strategy by SSC partners. Every department has a fixed amount of VPN capacity. It is the responsibility of each department to manage their telework capacity in order to meet their own business needs. Once a departmental VPN gateway reaches its maximum allotted connections, no new VPN connections can be established until someone logs out from that gateway.

If a department deems that it requires more VPN capacity due to the pandemic, SSC must be contacted **as early as possible**. Partners using the GCSRA Service can be provisioned more quickly than partners using the Legacy SRA Service.

The table below outlines the Government of Canada organizations telework capabilities per department that are supported by SSC.

<b>GCSRA Service as of February 27, 2020</b>		
	<b>Service Details</b>	
<b>Partner/Client</b>	<b>Gate Max</b>	<b>Planned Upgrades in support of COVID-19 Readiness</b>
<b>Atlantic Canada Opportunities Agency</b>	250	
<b>Canada Economic Development for Quebec Regions</b>	200	
<b>Canada School of Public Service</b>	750	
<b>Canadian Heritage</b>	1000	By end of Q1 2020
<b>Canadian Radio-Television and Telecommunications Commission</b>	200	
<b>Correctional Service Canada</b>	2500	
<b>Department of Justice Canada</b>	12500	
<b>Elections Canada</b>	1000	
<b>Environment Canada</b>	10000	
<b>Finance Canada</b>	500	
<b>Financial Transactions and Reports Analysis Centre of Canada</b>	200	
<b>Health Canada</b>	10000	

<b>Immigration, Refugees and Citizenship Canada</b>	6000	
<b>Industry Canada</b>	5000	
<b>Infrastructure Canada</b>	500	By end of Q1 2020
<b>Library and Archives Canada</b>	500	
<b>Military Police Complaints Commission</b>	25	
<b>National Energy Board</b>	100	
<b>National Research Council Canada</b>	750	By end of Q1 2020
<b>Natural Resources Canada</b>	1500	
<b>Parks Canada Agency</b>	2000	
<b>Privy Council Office</b>	2000	
<b>Public Service Commission</b>	500	
<b>Public Safety Canada</b>	1500	
<b>Public Works and Government Services Canada</b>	1000 0	
<b>Shared Services Canada</b>	5000	By end of Q1 2020
<b>Statistics Canada</b>	1000 0	
<b>Status of Women Canada</b>	250	By end of Q1 2020
<b>Transport Canada</b>	1000	By end of Q1 2020
<b>Treasury Board Secretariat</b>	1500	
<b>Veterans Affairs Canada</b>	950	By end of Q1 2020
<b>Western Economic Diversification</b>	100	
<b>Legacy SRA Service as of February 27, 2020</b>		

	<b>Service Details</b>	
<b>Partner/Client Gates</b>	<b>Gate Max</b>	<b>Additional Review/Actions Required</b>
ESDC (Appgate) KEDC	4000	
ESDC (Appgate) MTL	4000	
ESDC (Appgate) MCT	4000	
ESDC (Fortinet) PDPIV	4000	
ESDC (Fortinet) MTL	4000	
ESDC (Fortinet) MCT	4000	
CINAC SRAKE KEDC	5000	
CINAC SRAEASTDMZ	5000	
CINAC SRA WEST	5000	
StatCan	1500	
GAC:LBPVPN01	750	
GAC:LBPVPN02	750	
GAC:SDCVPN01	750	
GAC:SDCVPN02	750	
DND gate 1	5000	Internal DWAN bandwidth latency
DND gate 2	5000	Internal DWAN bandwidth latency
CFIA	18000	Emergency license increase from 2400 to 18000. We will be renewing the licencing for CFIA by end of April 2020 and we will also be moving to GCSRA

DFO	5000	
CSA	2500	
NRC Gate 1	750	
NRC Gate 2	750	
NRC Gate 3	750	