

Health Needs during the Evacuation of a First Nation – Fact Sheet for Municipal Partners

When First Nation members evacuate because of an emergency, they may arrive in a host community with a variety of health needs. If a host community is receiving medical evacuees and primary evacuees – individuals who have been identified as being vulnerable to a particular hazard or as having complex health needs – some evacuees will likely require access to health services soon after they arrive at the evacuation centre.

The Ministry of Health and Long-Term Care (the ministry) developed this fact sheet to provide guidance for municipal staff on strategies to address the health needs of evacuees.

Potential Health Needs

The following is a list of potential health needs of evacuees:

- Refilling medications: Evacuees may need to refill medications or replace lost medications required to manage chronic conditions such as heart problems, asthma or diabetes, or to continue ongoing medication programs such as birth control.
- Ongoing care needs: Evacuees may have been receiving ongoing treatment in their community – such as home care support or home dialysis – that must be continued in the host community.
- Specific care needs: Some communities have specific health challenges that require coordinated strategies to make sure that their residents have access to appropriate care services while they are outside of their community. Communities may have large numbers of pregnant women, including some individuals whose pregnancies may be complicated, or large proportions of elderly or very young individuals.
- New care needs: The evacuation may cause health problems or make existing health concerns worse – e.g., minor injuries received during the evacuation or breathing problems such as asthma that worsen because of forest fire smoke.

- Psychosocial care needs: Evacuations are always stressful. Evacuees may worry about the emergency or hazard that caused their evacuation and the status of their homes and community. Being in a new environment can also cause stress, as people are now in unfamiliar settings with new daily patterns and away from their usual support systems (family members, friends) and health care providers. Stress can also make some existing health conditions worse.
- Public health needs: Temporary accommodations, such as evacuation centres, and dining facilities can create risks due to large numbers of people in communal settings and issues with hygiene, food and water safety and sanitation.
- Identification needs: Some evacuees may have forgotten their [Ontario Health Insurance Plan \(OHIP\)](#) card when they left home and others may not have an OHIP card. OHIP cards are not always required to access health services in remote First Nations. Young children may not have their cards yet.
- Translation needs: Evacuees may require interpretation and translation services to access health services or to advise municipal staff about the health services that they need. For example, having interpretation services available in Cree and Ojicree may be important.

Roles and Responsibilities of Response Partners

The following provides basic information on the organizations that have a role in supporting and protecting the health of evacuees:

Municipal Staff

Municipal staff play an important role in supporting and promoting the health needs of evacuees.

- Communication: Municipal staff are in regular communication with evacuees and make sure that important information is shared, including how to access health services. Municipal staff may also learn about health-related issues that have been identified by the evacuees and share these with local health system partners or the ministry so that they can find appropriate solutions. Also, municipal staff should identify liaisons within the local health system to ensure that information is being shared and all local response partners are working together.
- Host assessments: The [Office of the Fire Marshal and Emergency Management](#) contacts municipal staff when an evacuation is pending to enter into discussions about the ability of the municipality to become a host community. While considering whether or not to act as a host community, the ministry strongly recommends that municipal partners talk to their local health system partners to assess the capacity of the community to take care of the evacuees' health needs.

- Evacuation centre planning: Decisions made about the planning and design of evacuation centres can have important health consequences (see [Promoting and Supporting Health at Evacuation Centres](#) for more information).

Local Health System Partners

During the evacuation of a First Nation to a host community, the planning for and delivery of health services in the host community are the responsibility of the following local health system partners:

- The [Local Health Integration Network \(LHIN\)](#) is the ‘system manager’ in the local health system, coordinating among hospitals, community care and support services, community health centres (CHCs), and long-term care homes in their area. Based on local arrangements, the LHIN may act as the lead agency for the coordination of the local health response. LHINs also coordinate home care services and work with contracted service agencies that deliver care. Placement of patients in long-term care homes is also a responsibility of the LHIN.
- The [public health unit](#) is the health agency at the community level responsible for the promotion and protection of health at a population level and the prevention of disease. This includes services such as inspections, food safety and outbreak investigation, as well as a broad range of other functions, potentially including harm reduction services such as needle exchange / distribution. Based on local arrangements, the public health unit may act as the lead agency for the coordination of the local health response.
- Primary health care providers are the point of first access to the health system, which include CHCs, Aboriginal health access centres (AHACs), family health teams and nurse practitioner clinics. Unless local partners have made special arrangements, hospitals are not an appropriate organization to provide primary care service. Hospital capacity should be protected for emergency health needs and those specialized services that only a hospital can provide.
- Community-based health organizations are local organizations that specialise in the provision of a range of health services including mental health services, addiction services, counselling and diabetes education.
- Community-based pharmacies fill prescriptions and provide information about how to take medication safely.
- Municipal paramedic services are responsible for land ambulance services.

Depending on local arrangements, LHINs or public health units are typically the partners who support the coordination of health services at the local level and should be key points of contact for municipal planners.

Ministry of Health and Long-Term Care

During an emergency or critical event that requires provincial support, the ministry helps to coordinate the health response. This includes notification processes, ongoing communication and guidance, direction and other support as necessary. The ministry also works to coordinate

and link the health system response to the overall provincial response through collaboration with the Office of the Fire Marshal and Emergency Management and other provincial ministries.

Promoting and Supporting Health at Evacuation Centres

Municipal staff can carry out a number of mitigation activities in collaboration with local health system partners to decrease the chance that evacuees will face health problems during their stay in the host community.

Evacuation Centre Programming and Psychosocial Needs

Having recreational activities for a range of ages can help keep people busy and occupied, helping them to feel less worried. Municipal staff can get input from the evacuees and First Nation leadership to identify community interests and what activities are preferred.

Clear and consistent information sharing can decrease anxiety and stress among evacuees and First Nation leadership. This includes information about the status of the evacuation and the emergency or hazard that caused it, the status of the critical infrastructure and housing in the First Nation, and the resources available to the evacuees while they are in the host community.

Having access to quiet, private spaces in the evacuation centre can help people who are upset, worried or overwhelmed by having a lot of people around them.

Public Health and Evacuation Centres

There are a number of roles that the public health unit can play in mitigating health risks. Under legislation, public health units are responsible for addressing a number of issues that arise during emergencies, including food safety issues and carrying out inspections. This applies to spaces like evacuation centres. Municipal staff should work with their public health unit early in the planning process to ensure facilities are inspected. For example, public health staff can also give advice about the selection and set-up of evacuation centres.

Public health units have expertise in areas such as healthy eating, food safety, preventing infectious diseases and environmental health that support municipal planners. Public health units also know about health trends in the host community – such as food recalls or whether there are current communicable disease outbreaks and boil water advisories – and can advise municipal staff on issues to monitor.

Tips for Environmental Safety and Preventing Communicable Disease

To prevent the spread of communicable diseases at the evacuation centre, municipal planners should put in place strategies to support the health and safety of evacuees, such as:

- ensuring proper sanitation, bathing and hand-washing facilities are in place for evacuees, such as including hand sanitizer stations throughout the evacuation centre

- ensuring the availability of individual-use (not shared) items like towels and soap
- ensuring appropriate cleaning standards and processes
- preventing the over-crowding of evacuation centres
- creating spaces within the evacuation centre where anyone with a communicable disease (such as influenza) can be housed while they are ill to prevent transmission to others
- linking with public health units to identify and manage any communicable disease outbreaks

Food Safety

Safe food handling and water safety are important ways to keep an evacuation centre safe. Public health units can provide advice and guidance on food and water safety in an evacuation centre.

Often local residents wish to help during an emergency by preparing food for evacuees. This causes issues from a public health perspective, as there is no way to guarantee that the food has been prepared properly or kept at a safe temperature during transportation. Municipal staff should always use professional food service providers who have been inspected and approved by the public health unit.

Healthy Eating

Some communities have a high prevalence of diabetes. This makes decisions about what food is served an important health issue – the right food can help keep people healthy. Municipal staff should consult with their public health unit, local [Diabetes Education Program](#) or local dialysis centre (for individuals on dialysis) to identify appropriate food options for individuals with diabetes.

Similarly, individuals with heart disease may have dietary restrictions (e.g., low sodium). Municipal partners should consult with their public health unit or a registered dietitian from a health organization (such as the hospital or long-term care home) on appropriate foods for individuals on restricted diets.

First Nation leadership can provide advice on food that is culturally appropriate. First Nation members may not eat a lot of dairy or fresh fruit due to tradition or availability of these foods. While these might seem like healthy options, a major change in diet can cause stomach upset.

Health Care Services for Evacuees

Many health system partners come together to plan for and deliver health services to evacuees. As a best practice, the LHIN and/or public health unit works closely with the municipal Emergency Operations Centre (EOC) to ensure that the health response is integrated into the overall host community response.

Registration

Municipal staff should work with local health system partners to develop a strategy to identify evacuees who may require access to health services during their stay in the host community. One approach is to work with local health system partners to recruit health care providers (paramedics, nurses or nurse practitioners) to conduct passive assessments of evacuees as they arrive at the evacuation centre, as well as to provide support and referral for evacuees who self-identify as requiring health care.

In the course of registering individuals at evacuation centres, staff may collect, use and handle personal information and/or personal health information. As part of their planning, municipalities should ensure that they have processes in place that comply with applicable privacy legislation, including the [Municipal Freedom of Information and Protection of Privacy Act](#) and the [Personal Health Information Protection Act](#).

Primary Health Care

Primary health care services are routine care, treatment and referral services that are provided by health care providers such as family physicians, nurse practitioners and paediatricians. Primary health care services are usually the first point of contact that people have with the health care system.

The ministry does not recommend relying on the hospital's emergency department (ED) as the location for the evacuees to access primary health care services. While some evacuees needing to visit the ED is inevitable, visiting it for minor issues can create long wait-times, overwhelm ED resources, and make it more difficult for people who have urgent health issues requiring ED attention to access care.

Municipal staff and local health system partners should work together to ensure that evacuees have access to primary health care services during their stay in the host community. There are different ways to do this:

- One model is to bring these services to the evacuation centre as an 'onsite clinic'. There are many advantages to this approach; however, it may not be feasible in all communities. If prescriptions are a major demand, an onsite clinic would need to be staffed by a doctor or nurse practitioner – nurses and paramedics cannot write prescriptions.
- Another model is to designate a local primary health care organization to provide services for the evacuees. Considering how evacuees will find out about services in the community, how they will book appointments, and how they will travel back and forth is important.

Recognizing that evacuees will not be familiar with the local health care system is important. Individuals who live in First Nations usually access primary health care services through a nursing station, a different way of receiving health services than the rest of the province. Having materials about different health services available in the evacuees' own language and arranging a tour of local health care organizations for influential elders can help increase their comfort with new health care providers.

Urgent Care

Municipal staff should have a strategy in place to ensure rapid access to 911 services on a 24/7 basis in the evacuation centre. It is also a best practice to have someone on site with first aid and CPR training at all times and to make sure that evacuees know how to contact this person.

Continuing and Specialty Care

Some evacuees may need access to ongoing or specialty health services. In these situations, municipal planners may need to be put into place special plans and programs to help ensure that people have the health care they need while not putting too much pressure on the local health care system. The ministry leads this planning with local health system partners. Municipal staff should work with local health system partners to connect evacuees with appropriate local health care organizations. A best practice is include local health system partners in the planning process so they identify the roles they can play to support evacuees.

If health officials in the First Nations communities identify specific health issues ahead of time First Nation health care organizations, health system partners in the host community and the ministry may develop special plans.

Pharmacy Services

Municipal staff and health system partners should ensure that evacuees have access to a community-based pharmacy to renew their existing prescriptions and fill any new prescriptions.

A best practice involves having pharmacy information posted in a public area or arranging periodic trips for people who need to fill prescriptions. First Nations have some coverage for prescription medications and other services under the Health Canada's [Non-Insured Health Benefits \(NIHB\) program](#). The ministry works with the LHIN and/or the public health unit to notify the pharmacist(s), dentist(s), and eye care specialist(s) in the host community who are likely to provide services to the evacuees of the to process to submit claims under the NIHB program.

Ontario Health Insurance Plan Coverage

First Nation members do not always need an OHIP card to access health services within their communities, so some may not have cards. Others may have forgotten them. Evacuees without an OHIP card must access a ServiceOntario centre to register for a replacement and/or new card.

When a First Nation is evacuated to a host community, the ministry keeps ServiceOntario up-to-date to make sure that they are ready to help incoming evacuees. Municipal staff can find their nearest ServiceOntario centre through the Ontario government's [service location finder](#) or by contacting their local health system partners.

If a lack of OHIP cards is a significant issue or if they are experiencing challenges in helping people get OHIP cards, municipal staff can talk to their local health system partners, who will in turn contact the ministry.

Even without an OHIP card, evacuees can access emergency care at a hospital ED.

Psychosocial Care

Municipal staff should work with local health system partners as well as social service agencies to help ensure that psychosocial support – such as mental health counselling – is available for evacuees. This may involve bringing in counsellors to the evacuation centre, identifying local community mental health services that could accept additional clients, or linking evacuees to counsellors over the phone.

Contact Information

To identify their local health system partners, municipal staff can use the [LHIN locator](#) and [public health unit locator](#).

For more information about the health system's role in supporting evacuees, municipal staff can contact the ministry by email at emergencymanagement.moh@ontario.ca or by phone at (416) 212-0822.