Ontario

Ministry of Health

Health needs during the evacuation of a First Nation: Guidance for Health Providers

When a First Nation evacuates due to an emergency, community members may arrive in a host community with a variety of health needs. Host communities need to ensure that appropriate health services are available for evacuees as they arrive.

The Ministry of Health (the ministry) developed this document to provide guidance for health system entities and service providers in host communities. It includes information on health system roles and responsibilities, the potential health needs of evacuees from First Nations, and strategies to provide health services to evacuees.

Each evacuation is unique and new needs may emerge that are not covered in this document. Health care providers should work together, in collaboration with the ministry, the host provider, the First Nation and local Indigenous Primary Health Care Organization, to address additional aspects of health care for evacuees as they are identified.

Health System Roles and Responsibilities

A variety of health service providers support the health needs of First Nation evacuees. The following is an overview of the key health system entities and service providers involved in coordinating health care services for evacuees.

Health Care Providers in the First Nation

Health care providers in the First Nation complete a Health Inventory in advance of an evacuation that provides a general picture of the community's health needs. This includes a count of medical and primary evacuees and the number of individuals who require specific health services such as home care, mental health services, etc. The completed Health Inventory helps local health care providers in the host community plan health service delivery during the evacuation.

Health care providers in the First Nation may or may not be evacuated with the First Nation members.

Community health care workers who reside in the community, may evacuate with their community. While these providers may be able to continue acting as a support to their clients, they are evacuees themselves and may not be in a position to operate as a service provider.

Community health care workers who do evacuate may not be able to operate under the same scope of practice outside of the First Nation (e.g., they may not be able to perform the same range of controlled acts that have been delegated to them in the First Nation) or may not be able to practice at all depending upon the requirements of their employer.

The local health provider lead can facilitate discussions with evacuated health care workers to understand what services they can, or feel comfortable to perform, in the host community. The ministry can help support these connections as required.

During the evacuation, the host community health care providers may liaise with the First Nations health care providers to ensure continuity of health care. The ministry can help facilitate this connection.

Local Health Provider Lead

A local health provider lead steps forward to act as the lead agency for the coordination of health services in the host community. Depending on local arrangements, this may be Ontario Health, an Indigenous health care organization, the public health unit, or another local health service provider. Where an Indigenous health care organization is unable to take on the role of local lead health provider, they may be able to provide advice and recommendations on the planning and delivery of health services for the community. The inclusion of Indigenous-led organizations in service planning and delivery is critical to ensure culturally appropriate care delivery and to help build rapport and confidence with evacuees and the leadership of the First Nation.

The local health provider lead coordinates the development and implementation of strategies to provide health care services to evacuees in collaboration with its local/regional partners, Indigenous Services Canada, the ministry and others.

The local health provider lead provides ongoing updates to health organizations in the host community on the evolving situation, including impacted primary health care providers (e.g., Indigenous primary care organizations, community health centres, and family health teams), hospitals, community-based pharmacies, mental health and addiction service providers, long-term care homes and home care providers.

The local health provider lead liaises with the ministry to share updates on the response in the host community, including flagging issues that require provincial or federal support or coordination.

The local health provider lead also works closely with the host provider (e.g., municipality, Indigenous emergency operations centre, non-governmental organization, third-party contractor) to ensure that the health response is integrated into the overall host response.

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The ministry plays a role in coordinating the health response with local/regional, provincial, federal, and Indigenous health partners. The ministry coordinates with partners through planning meetings, notification, ongoing communication, the development of recommendations and guidance, and other supports as necessary.

The ministry contributes to First Nation evacuation host planning, led by Emergency Management Ontario (EMO) and Indigenous organizations by providing advice on health service availability in proposed host communities.

When the ministry is notified that a First Nation may evacuate, the ministry in turn notifies Ontario Health, the public health unit, and Home and Community Care Support Services in the host community to ensure that local health service providers are aware of the pending evacuation and any immediate health needs. Local health service providers then activate their health hosting plans to ensure access to health services for evacuees as they arrive. The ministry will also notify other partners that may provide additional health services, if required (e.g., Ornge).

The ministry shares contact information for health care providers in the First Nation with the local health provider lead so that it can be disseminated to health care providers in the host community. This enables health care providers to consult each other, to access medical records (which typically don't leave the First Nation during an evacuation), and to develop appropriate care and treatment plans for patients.

Throughout an evacuation response, the ministry facilitates additional coordination activities including:

- **Videoconferences & Teleconferences** with health partners, including health organizations in the First Nation, the local health provider lead in the host community, Indigenous Services Canada, and other provincial health system partners to work through arrangements for health services and any emerging issues that require provincial support or coordination.
- **Situation Reports** with an overview of the evolving event(s). This report is sent to health partners and can be shared broadly to support situational awareness across all responders.

Evacuee Health Service Needs

As with all communities, the health needs of evacuees from First Nations vary. Indigenous Services Canada (ISC) works with First Nations that are at risk of an evacuation to fill out a Health Inventory Template for their community which identifies a general summary of the health services needed to support evacuees. When an

evacuation is expected, the ministry shares this document with health service providers in the identified host community to help inform health service planning efforts.

When implementing health services, continuity of care should guide planning. Evacuees may arrive in a host community with pre-existing health conditions. For example, evacuees may need prescription refills to manage chronic conditions (such as cardiovascular disease, asthma, diabetes and psychiatric disorders) or to continue prophylactic programs (such as birth control). Evacuees may need to replace assistive devices (such as eye glasses, walkers, glucose monitoring equipment and canes) and may need continued access to primary health care and home care services.

Local health service providers should work to ensure evacuees can access required health care to ensure continuity of care for existing and chronic conditions.

Some evacuees may have specific health needs that require coordinated strategies to make sure that they are appropriately supported while they are outside of their community.

The following sections of this document outline health services that should be incorporated into planning where possible/applicable to support continuity of care and address new needs that may emerge.

Primary Health Care Services

Access to primary health care services is important to reduce the impact on other health services in the host community (e.g., hospital emergency departments). The local health provider lead should work with host-provider staff and other health organizations to develop a strategy for evacuees to access timely primary health care during their stay in the host community.

Indigenous primary care organizations are the preferred health service provider for primary care. Where they are unavailable or unable to take on the role, it is critical that the primary care provider consults and engages with local or regional Indigenous health services organizations to inform their approach to care delivery for evacuees. When unavailable to be the primary provider, Indigenous primary care organizations may still be involved in providing care to evacuees by sitting at decision making tables, providing referrals, bringing in Elders, and offering part of their services.

Different models of primary care delivery can be put in place dependent on the resources within a host community:

- Health care providers can establish a temporary onsite clinic at the evacuation centre. This clinic should be staffed with health care providers that can provide routine care and treatment, and have processes for providing necessary prescriptions and referrals for specialized services. It is important that the physical space and set-up provides complete privacy to patients. Although there are many advantages to this approach, it may not be feasible in all communities. As well, there are a number of practical details that must be considered. For example, health care providers would need to have information management practices and processes in place that comply with the Personal Health Information Protection Act and other applicable privacy and record-keeping requirements. How a temporary clinic will be funded must also be considered in the planning process.
- Designating an existing primary health care provider in the host community is another strategy. A community health centre, Indigenous primary health care organization, or family health team might be able to fill this role. If using an existing provider outside the evacuation centre, local health system providers should work with host-provider staff to consider how evacuees will find out about services in the host community, how they will book appointments, and how they will travel back and forth. It is important that there are clear processes on how to access care, recognizing that health needs can emerge at any time during the day.

When developing the model for evacuees to access primary health care services, things to consider include:

- What types of health services do evacuees require? Is this information available ahead of time or is it to be collected during registration?
- Is there an appropriate space in the evacuation centre to host a clinic that has the necessary infrastructure and provides complete privacy for patients (visual and auditory) when they are interacting with the health care provider
- What local health organizations could provide services for evacuees during their stay in the host community?
- How can the services be delivered in a culturally appropriate way?
- Will Indigenous Cultural Safety courses be available for all health care providers?
- How far away is the designated primary health care organization from the evacuation centre?
- How comfortable are evacuees traveling within the host community to access services?

Home Care Services

Evacuees may need continued access to home care services while they are at the evacuation centre to support activities of daily living (e.g., bathing, dressing) and to provide basic health care (e.g., wound care).

Health care providers in the First Nation typically identify home care needs prior to the evacuees' arrival in the host community; however, host community health service providers may also identify them upon evacuees' arrival in the host community. The local health provider lead and Home and Community Care Support Services work with home care agencies to provide these services.

Pharmacy Services

Local health service providers should work with host-provider staff to ensure that the evacuees have access to a community-based pharmacy to renew existing prescriptions and fill new prescriptions. Designated pharmacies should be made aware of important medications that evacuees will require with as much notice as possible (e.g. suboxone). A best practice involves having local pharmacy information posted in a public area or arranging regular trips to a local pharmacy for people who need to fill prescriptions.

Designated pharmacies should be familiar with the Non-Insured Health Benefits (NIHB) program (see Non-Insured Health Benefits section for more information)

Psychosocial Services

Evacuations can be stressful. Evacuees may be stressed by the disruption to their routines and worried about the status of their homes, families, pets and belongings. Evacuees may be challenged by unfamiliar settings and separation from their usual support systems. Evacuees may also be separated from their family, friends and other community members. This can lead to anxiety and an exacerbation of health issues.

Host community health service providers should consider access to psychosocial services (e.g., access to mental health counselling and Traditional Healing and wellness practices) in their planning.

Specialized Health Services

Some evacuees may need access to specialized health services while they are in the host community, such as dialysis, diabetes management, harm reduction supports, withdrawal management services and dental services. The Health Inventory Form, completed by the First Nations health care providers in advance of the evacuation, will provide a general picture of these needs and is a starting point for host community health service provider planning. Additional needs may be identified during the

evacuation. The local health provider lead engages appropriate health organizations in the host community to develop strategies to respond.

Recognizing that not all specialized services may be available in the identified host community, local health service providers should work with the host provider to identify mitigation strategies or, when needed, identify alternative host locations for evacuees with specific health service requirements.

Public Health Services

Public health units provide a range of services to evacuees. These include inspection of evacuation facilities and feeding facilities, as well as interventions to control environmental and communicable disease hazards. Public health units may also be involved in a range of other functions to support the evacuees, such as harm reduction services (e.g., needle exchange), health promotion activities and immunization.

Public health unit staff play an important role in collaborating with and educating host-provider staff about public health standards and best practices. Host providers should engage public health unit staff early in their planning process so that they can easily integrate practices that promote good health outcomes and comply with relevant public health standards.

Depending upon the health status of the evacuated community and the host community, public health units may need to develop specific strategies. For example, if evacuees are brought to a host community that is experiencing a communicable disease outbreak, public health may develop a plan to monitor the health of evacuees and intervene as appropriate. The ministry can work with local public health unit staff to support strategy development as needed.

Services for New Health Needs

New health needs may emerge while the evacuees are staying in the host community. Evacuees may get injured, such as cuts and scrapes, or they may get sick, such as contracting a communicable disease such as influenza. They may also develop a serious illness and require medical assessment at a hospital or by a specialist. Health care arrangements should consider how evacuees will access health care for needs that emerge during the evacuation.

Health Service Considerations

The following outlines aspects of the health system response that the local health provider lead should consider, in collaboration with host-provider staff and other health organizations, to meet the health needs of evacuees.

Registration Process

Evacuees are registered upon their arrival in the host community by the host provider. As part of this process, the ministry recommends that host-provider staff work with local health service providers to identify evacuees who may require access to health services during their stay, such as pharmacy services, home care services and specialized services.

During registration, the host provider could recruit health care providers (e.g., 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. This can support evacuees to access timely services during their stay in the host community.

While registering individuals at evacuation centres, host-provider staff and local health service providers may collect, use and handle personal information and/or personal health information. As part of their planning, health service providers should ensure that they have processes in place that comply with applicable privacy legislation, such as the Personal Health Information Protection Act.

Equally important is to ensure that registration processes are welcoming, sensitive and culturally-appropriate, in recognition that evacuees may be arriving in various states of stress, worry and/or distress.

Culturally Appropriate Care

The local health provider lead should develop culturally appropriate care strategies to support the health needs of evacuees. Engaging Indigenous service providers such as Indigenous primary health care organizations and Indigenous Friendship Centres in the health service planning is critical in this process as they may be able to provide some services or have suggestions related to the provision of culturally appropriate health care. Providing Indigenous Cultural Safety training to health care providers involved in supporting the evacuation is a best practice for creating a culturally-safe environment for evacuees.

Evacuees may require interpretation and translation services to ensure they are able to access health services. For example, many First Nations in the northwest region of Ontario speak Cree and Ojicree.

Health System Differences and Awareness

Individuals from remote First Nations access health services through federal- or band-run nursing stations. Evacuees who receive services through a federal- or band-run nursing station may be familiar with a specific model of care. Alternately, they may not

be comfortable with the health system in the host community and may be reluctant to seek medical attention.

It is important to recognize that evacuees may not be familiar with the local health system. Providing materials about health services in the evacuees' own language and arranging a tour or overview session of local health organizations for influential elders can increase the evacuees' comfort with new health care services and providers.

Ontario Health Insurance Plan (OHIP) Coverage

First Nation community members don't always need an Ontario Health Insurance Plan (OHIP) card to access health services in remote First Nations, so many do not have cards or up-to-date cards. Others may have forgotten them during an evacuation. Evacuees without an OHIP card need to access a ServiceOntario centre to register for a replacement or new card.

If a lack of OHIP cards is a significant issue, local health service providers should notify the ministry.

Non-Insured Health Benefits (NIHB) Coverage

Health Canada's Non-Insured Health Benefits (NIHB) program provides eligible First Nations and Inuit clients with coverage for a range of health benefits that are not covered through other social programs, private insurance plans, or provincial or territorial health insurance. For example, NIHB clients have coverage for prescription medications and some dental services. All other provincial or third-party coverage must be exhausted first as NIHB is the payer of last resort.

As required, the NIHB office works with the local health provider lead 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 process to submit claims under the NIHB program. The ministry can facilitate these connections if required.

Visit the NIHB webpage for more information on the NIHB and how health service providers can enrol to submit claims directly to Indigenous Services Canada.

Emergency Medical Assistance Team

During evacuations that overwhelm the health care resources in a host community, the province's Emergency Medical Assistance Team (EMAT) may be able to provide additional support, either by providing care at evacuation facilities or supporting local hospitals. Ontario Health must coordinate the request to the Ministry of Health to deploy EMAT based on demonstrated local need – including evidence that local and regional resources aren't able to provide sufficient capacity.

Contact Information

For more information on health system roles and responsibilities, health needs of evacuees from First Nations, and potential strategies to provide health services to evacuees, contact the ministry by phone at (416) 212-0822 or by email at eocoperations.moh@ontario.ca.