

Ministry of Health

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

When First Nation members evacuate because of an emergency, they may arrive in a host community in Ontario with a variety of health needs. Medical evacuees and primary evacuees – individuals who have complex health needs or have been identified as being vulnerable to a particular hazard – will likely require access to health services soon after they arrive in a host community. Additionally, new health needs may emerge during the evacuation.

The Ministry of Health (the ministry) developed this guidance document to provide guidance for host providers (e.g., municipality, Indigenous emergency operations centres, non-governmental organization, third-party contractor) on how to address the health needs of evacuees in coordination with health system partners.

Roles and Responsibilities of Partners

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

Host Providers

Host providers play an important role in supporting and promoting culturally-appropriate health needs of evacuees.

Prior to an evacuation, host providers should:

- Understand the local health system capacity: When determining whether or not to act as a host provider, the ministry strongly recommends that host providers talk to their local health service providers to assess the capacity of the local/regional health system to take care of the evacuees' health needs, with specific consideration to culturally safe care service capacity.
- Undertake evacuation centre planning: Decisions made about the planning and design of evacuation centres (e.g. a hotel, municipal or conference centre, dormitory etc.) can have important impacts on the health and wellbeing of evacuees (see [Promoting and Supporting Health at Evacuation Centres](#) for more information).

During an evacuation, host providers are responsible for:

- Supporting the identification of evacuees' health service needs: Evacuees may inform host providers of health service needs during the evacuation. These needs should be shared with local health service providers so that they can find appropriate solutions.
- Communication with evacuees: host providers are in regular communication with evacuees and can make sure that important information is shared with evacuees. This includes providing information about how to access health services while evacuated. Information should be available in the evacuating community's language.
- Coordination with health service providers: host providers should work with local health service providers (as applicable) to arrange for health services during an evacuation, including transportation to appointments. Host providers should identify health liaisons that will work with local health service providers to ensure that information is being shared and all local response partners are working together.

Local Health Service Providers

During the evacuation of a First Nation to a host community in Ontario, the planning for and delivery of health services in the host community are the responsibility of many local health service providers. A local health provider lead will typically be identified to support the coordination of local health services and are key points of contact for host providers. Depending on local arrangements it may be an Indigenous health care organization, an Ontario Health Team, a community health centre, an Ontario Health region, the local public health unit, or another health system organization that takes on this role.

Even if host providers choose to privately contract some health services (e.g., nursing services, personal support worker care, etc.), it is likely that services within the local health system will need to be used in whole or in part to ensure evacuees can access all required health services while in the host community. The following are health system entities that normally support evacuations:

- Ontario Health, a provincial agency which is divided into 6 regional offices, coordinates local and regional health services among hospitals, Ontario Health Teams and other community care organizations (for example, community health centres (CHCs) and indigenous primary care organizations). Ontario Health also collaborates with other organizations and agencies, such as Home and Community Care Support Services to ensure seamless and integrated care in every community.

- Ontario Health Teams are a new way of organizing and delivering care that is more connected to patients in their local communities. There are 58 Ontario Health Teams across the province. Under Ontario Health Teams, health care providers (including hospitals, doctors, and home and community care providers) work as one coordinated team. A list of Ontario Health Teams can be found on the ministry's website: <https://www.ontario.ca/page/ontario-health-teams>
- Home and Community Care Support Services (HCCSS) coordinate home care services and works with contracted service agencies that deliver care. Placement of patients in long-term care homes is also a responsibility of HCCSS.
- The local public health unit is responsible for the promotion and protection of health at a population level and the prevention of disease. During an evacuation, the public health unit in the host location can provide advice on public health strategies and may undertake facility/accommodation inspections, food safety inspections, and outbreak investigations. Public health units may also provide a broad range of other functions including harm reduction services (such as needle exchange and distribution) and immunization services.
- Primary health care providers are the point of first access to the health system, which include Indigenous primary health care organizations, community health centres (CHCs), family health teams and nurse practitioner clinics.
- Pharmacists in community-based pharmacies fill prescriptions and provide information about how to take medication safely.
- 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.
- Hospitals provide medical attention for emergency health needs and specialized services.
- Municipal paramedic services are responsible for land ambulance services.

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The ministry coordinates the provincial health system response through planning, notification, ongoing communication, the development of recommendations and guidance, and other support as necessary for provincial health service providers. The ministry can help facilitate connections between host providers and the local health system to support planning for health services.

During an emergency or critical event, the ministry also coordinates and links the health system response to the overall provincial response through collaboration with the host provider or Emergency Management Ontario (EMO) and other provincial ministries.

The ministry will also work to coordinate and integrate the provincial health system response with federal, First Nations and third-party health service providers.

Potential Health Needs and Services

Many health system service providers come together to plan for and deliver health services to evacuees. As a best practice, host providers work closely with local and regional health service providers during the planning and response phases to ensure that the health response is integrated into the overall host community response.

When implementing health services, continuity of care should guide planning. Evacuees may arrive in a host community with pre-existing health conditions. Local health service providers and host providers should work together to ensure evacuees can access required health care in a timely manner that is culturally appropriate to support coordinated continuity of care for existing and chronic conditions.

Additionally, it is important to recognize that evacuees will not be familiar with the local health care system in the host community. Host providers should help facilitate clear communications explaining how evacuees can access health services, including how transportation to health facilities (e.g., clinics) will be provided when required. It is also important to have communication materials about different health services available in the evacuees' own language. Evacuees may require interpretation and translation services to advise host providers about the health services that they need. Host providers should consider translation services in their planning considerations.

The following section outlines health needs and associated 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

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.

Access to primary health care services is important to reduce the impact on other health services in the host community. 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. Hospitals should be used for emergency or specialized care needs.

The host provider should work with the local health provider lead and other health organizations to develop a strategy for evacuees to access primary health care during their stay in the host community and ensure continuity of care. It is best practice to include local or regional Indigenous primary care organizations in the planning and delivery of primary care services to ensure an Indigenous-led and informed approach is taken. Primary care services should include medical professionals that can prescribe medications (e.g., doctor, nurse practitioner, pharmacist¹) especially if prescriptions are a major demand – nurses and paramedics cannot write prescriptions.

The specific model for access to primary health care depends on the capacity of the health system and can include:

- **Onsite primary care services:** This involves setting up a temporary clinic in or near the evacuation centre where primary care can be delivered. It may utilize a physical space within the evacuation centre or be in a mobile set-up. There are many advantages to this approach; however, it may not be feasible to implement this model in all host communities.
- **Offsite primary care services:** Primary care services delivered at an existing health facility within the community, such as an Indigenous primary care organization, a family health team, a nurse practitioner-led clinic or a community health centre. In this model, host providers should work with the health service provider to support information and awareness about how to access health services and book appointments. Host providers should also plan for supporting travel for evacuees to and from the health facility.

Urgent Care

Host providers should have a strategy in place to ensure rapid access to 911 emergency services on a 24/7 basis in the evacuation centre. Host providers can help share information on the nearest hospitals and when individuals should go to hospital.

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.

¹ Pharmacists are able to prescribe medications for some minor illnesses.

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.

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

Pharmacy Services

Evacuees may need to fill new or existing prescriptions or replace lost medications.

Host providers should work with local health service providers to ensure that the evacuees have access to a community-based pharmacy to renew existing prescriptions and fill new prescriptions. Some best practices include having local pharmacy contact information posted in a public area of the evacuation centre and arranging regular transport 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 depression, anxiety and stress which can make existing health conditions worse.

Host providers should work with local health service providers, community and Indigenous-led support organizations, 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, providing access to traditional healing and wellness supports (e.g., sharing circles), identifying local community mental health services that could accept additional clients, or linking evacuees to counsellors over the phone. Determination of supports should be developed in collaboration with the evacuating community.

Specialized Health Services

Some evacuees may need access to specialized health services while they are in the host community location, such as dialysis, diabetes management, neonatal care, harm reduction supports, withdrawal management services and dental services.

Host providers, the health care providers in the First Nation and local health service providers may identify these needs to the local health provider lead. The lead will in turn engage with appropriate health organizations in the host to ensure evacuees have access to the care they need.

Public Health Services

There are a number of roles that the public health unit can play in mitigating health risks during an evacuation. Public health units have expertise in areas such as healthy eating, food safety, preventing infectious diseases and environmental health. Under legislation, public health units are responsible for addressing inspection of evacuation facilities and feeding facilities. Public health units can advise on interventions to control environmental and communicable disease hazards. They can also support 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 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 host providers on issues to monitor or specific strategies that may be required.

Public health unit staff play an important role in collaborating with and educating host providers 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.

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.

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.

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. Host providers can find their nearest ServiceOntario centre through the [ServiceOntario location finder](#) or by contacting their local health service providers.

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

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

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 connections to NIHB supports 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.

Promoting and Supporting Health at Evacuation Centres

Host Providers can carry out a number of mitigation activities in collaboration with local health service providers to decrease the chance that evacuees will face health problems during their stay in the host community. The following are some strategies to support

health needs at evacuation centres (e.g., a hotel, municipal or conference centre, dormitory etc.).

Registration Process

Host Provider staff should work with local health service providers 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 service providers to 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.

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 providers should ensure that they have processes in place that comply with applicable privacy legislation, such as the [Personal Health Information Protection Act](#).

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. Host providers 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.

Tips for Environmental Safety and Preventing Communicable Disease

To prevent the spread of communicable diseases at the evacuation centre, host providers 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 accommodation spaces
- creating separate accommodation spaces 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

The local public health unit can provide advice on implementing the above [Infection Prevention and Control](#) measures, as needed.

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.

Host providers should always use professional food service providers who have been inspected and approved by the public health unit.

Healthy Eating

Decisions about what food is served is an important health issue – the right food can help keep people healthy. In addition to general food sensitivities or allergies, some people have special dietary requirements to help manage health conditions.

For example, individuals with heart disease may have dietary restrictions (e.g., low sodium).

Host providers should consult with their public health unit or a registered dietitian from a health organization (such as the local indigenous primary care organization or a community health center provider) on appropriate foods for individuals on restricted diets. Local programs and organizations, such as local [Diabetes Education Programs](#) or local dialysis centres (for individuals on dialysis) can help identify appropriate food options for individuals with diabetes.

First Nation leadership or community liaisons can also provide advice on food that is culturally appropriate. Major changes in food or diet can cause stomach upset and may also contribute to feelings of stress and worry for evacuees.

Traditional Indigenous foods such as wild game meat play an important role in the health and cultural identity of Indigenous peoples in Ontario. If host providers intend to serve wild game at an evacuation centre, the requirements of all [regulations](#) must be met.

Contact Information

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