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

When a First Nation is evacuated 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 and Long-Term Care (the ministry) developed this fact sheet to provide guidance for health system partners in host communities. This fact sheet includes information on the potential health needs of evacuees from First Nations, health system roles and responsibilities, and strategies to provide health services to evacuees.

Health Needs of Evacuees

As with all communities, the health needs of evacuees from First Nations vary from individual to individual and community to community. The ministry works with First Nations that are at risk for an evacuation to conduct a high-level needs assessment of the community's health status. This community health profile is shared with health system partners in host communities. The following are health needs that have occurred during previous evacuations.

Continuity of Health Services

Evacuees may arrive in a host community with pre-existing health conditions. They may require access to health care providers to ensure continuity of care for existing and chronic conditions. For example, evacuees may need medication 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.

Some First Nations may have specific health needs that require coordinated strategies to make sure that evacuees are appropriately supported while they are outside of their community. For instance, the prevalence of diabetes, dermatological conditions (e.g., community-acquired Methicillin-Resistant Staphylococcus Aureus) and other chronic conditions may be high in some First Nations. Communities may have large numbers of pregnant women, including individuals with pregnancies designated as being high risk, and large proportions of elderly or young children.

Psychosocial Needs

Evacuations can be stressful. Evacuees may be stressed by the disruption to their routines and worried about the status of their homes and belongings. Evacuees may be challenged by

unfamiliar settings and separation from their formal support systems. Evacuees may also be separated from their family, friends and other community members that make up their informal support systems. This can lead to anxiety and an exacerbation of health issues.

Some First Nations have identified that a number of their residents are struggling with mental health and substance abuse issues.

New 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 influenza. They may also develop a serious illness and require medical assessment at a hospital or by a specialist.

Cultural and Health System Differences

Evacuees from isolated First Nations access health services through federal- or band-run nursing stations. They typically do not require an [Ontario Health Insurance Plan \(OHIP\)](#) card to access services in their community, so some evacuees may not have up-to-date OHIP cards. This often occurs with young children, as their caretakers may not have registered them for a card yet. Evacuees may also forget to bring their OHIP cards when they evacuate.

Evacuees that receive services through a federal- or band-run nursing station may be used to a specific model of care. For example, they may visit a health care provider for issues that don't usually lead to a visit in the standard provincial system, such as for a headache or minor cut. Alternately, they may not be comfortable with the health system in the host community and may be reluctant to seek medical attention.

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 Roles and Responsibilities

A variety of health system partners support the health needs of First Nation evacuees.

Local Lead Health Partner

A local lead health partner 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 the [Local Health Integration Network \(LHIN\)](#) or [public health unit](#).

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

The local lead health partner coordinates the development and implementation of strategies to provide health care services to evacuees in collaboration with its local partners, the ministry and others.

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

The local lead health partner also works closely with the municipal emergency operations centre to ensure that the health response is integrated into the overall host community response.

Ministry of Health and Long-Term Care

The ministry plays a role in coordinating the health response through notification, ongoing communication, the development of recommendations and guidance, and other support as necessary.

When there is the risk that a First Nation may be evacuated, the [Office of the Fire Marshal and Emergency Management](#) notifies the ministry to ensure that health system supports are in place for the incoming evacuees in the host community. The ministry in turn notifies the public health unit, the LHIN and emergency medical services (EMS) in the host community to ensure that local health system partners are aware of the pending evacuation and any immediate health needs.

The ministry uses the procedures and processes outlined in the [Ministry Emergency Response Plan \(MERP\)](#) to coordinate the activities of the health system, including activation of the Ministry Emergency Operations Centre.

The ministry sends regular situation reports about the evolving event to the public health unit, LHIN and EMS. The local lead health partner shares these reports with other local health organizations to support situational awareness across all responders.

The ministry facilitates regular teleconferences with health organizations in the First Nation and the local lead health partner in the host community to work through issues that require provincial support or coordination.

The ministry shares contact information for the health care providers in the First Nation with the local lead health partner 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*, and to develop appropriate care and treatment plans for patients.

The ministry also facilitates a “Patient Roundtable” teleconference, a forum for health care providers in host communities and the evacuees’ regular health care providers to discuss culturally appropriate approaches to care and treatment.

Health Care Providers in the First Nation

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

Community health workers, who are typically unregulated professionals, are usually members of the First Nation and may be evacuated with their community. While these providers may be able to continue acting as a support to their clients, they are evacuees themselves and cannot operate as a service provider 24/7. As well, they may not be able to act under the same scope of practice when they are outside of the First Nation.

It is rare for regulated health professionals such as nurses, nurse practitioners and physicians to be evacuated as they are typically not members of the First Nation. Nursing staff who do

* Medical records typically don’t leave the First Nation during an evacuation.

evacuate may not be able to operate under the same scope of practice outside of the First Nation (i.e., they cannot 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 lead health partner should facilitate discussions with evacuated health care providers to understand what services they feel comfortable to perform in the host community.

Strategies to Provide Health Services

Evacuees may need to access a range of health services while they are in the host community.

Strategies to support access to health services should be developed by the local lead health partner, in collaboration with municipal staff and other health organizations. It may be helpful to engage Aboriginal-specific service providers in the host community in this process as they may have suggestions related to the provision of culturally competent health care, such as the Aboriginal health access centres, Aboriginal family health teams and Indian Friendship Centres.

The following outlines aspects of the health system response that need to be addressed by the local lead health partner, in collaboration with municipal staff and other health organizations.

Registration Process

Host community municipal staff register evacuees upon their arrival in the host community. As part of this process, the ministry recommends that municipal staff work with local health system partners 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, health care providers (e.g., paramedics, nurses or nurse practitioners) could be recruited 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.

In the course of registering individuals at evacuation centres, municipal staff and local health system partners 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, such as the [Municipal Freedom of Information and Protection of Privacy Act](#) and the [Personal Health Information Protection Act](#).

Primary Health Care Services

The local lead health partner should work with municipal staff and other health organizations to develop a strategy for evacuees to access primary health care during their stay in the host community. A variety of models could be put in place:

- Health system partners could establish an onsite clinic at the evacuation centre. This clinic could be staffed with health care providers such as paramedics, nurses, nurse practitioners or physicians. 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.

- Designating an existing primary health care setting in the host community is another strategy. A community health centre, Aboriginal health access centre or family health team might be able to fill this role. If services are not brought into the evacuation centre, it is important to have a clear process for evacuees to access primary health care services, recognising that the need for care can emerge at any time during the day. Local health system partners should work with municipal 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.

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?
- What local health organizations could provide services for evacuees during their stay in the host community?
- 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.

Home care needs are typically flagged by health care providers in the First Nation prior to the evacuees' arrival in the host community; however, they may also be identified during the registration process. The local lead health agency and the Community Care Access Centre work with home care agencies to provide these services.

Specialized Health Services

Some evacuees may need access to specialized health services while they are in the host community, such as diabetes management (e.g., dialysis), psychological supports, harm reduction supports, withdrawal management services and dental services. These issues may be flagged to the local lead health agency from a variety of sources, such as municipal staff, the ministry or the health care providers in the First Nation. The local lead health partner engages appropriate health organizations in the host community to develop strategies to respond

If health needs are known ahead of time, plans may be developed by First Nation health care organizations, the local lead health partner, other health organizations in the host community and the ministry to ensure that evacuees have access to the health services they need while not putting too much pressure on the host community. For example, some First Nations struggle with substance abuse and mental health issues. There may be a need for enhanced

psychological support, harm reduction supports (e.g., needle exchange services, opiate substitution programs, overdose prevention programs) and withdrawal management services to be available to evacuees. This may involve sending an outreach worker to the evacuation centre, identifying local community health services that could accept additional clients, or linking evacuees to counsellors over the phone. While some communities have self-identified as struggling with these issues, others have not. The question of whether such supports are needed for a given community is a sensitive issue. Efforts must be made to address these issues without stigmatizing the First Nation.

Pharmacy Services

Local health system partners should work with municipal staff to ensure that the evacuees have access to a community-based pharmacy to renew existing prescriptions and fill new prescriptions. 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.

First Nations have coverage for prescription medications and other services under the Health Canada's [Non-Insured Health Benefits \(NIHB\) program](#). The ministry works with the local lead health agency to notify the pharmacist(s), dentist(s) and eye care specialist(s) in the host community that are likely to provide services to the evacuees of the process to submit claims under the NIHB program. All other provincial or third-party coverage must be exhausted first as NIHB is the payer of last resort.

Public Health Services

Public health services should be provided to evacuees. This includes 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 municipal staff about public health standards and best practices. Municipal partners 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, specific strategies may need to be developed. For example, if evacuees are brought to a host community that is experiencing a communicable disease outbreak, a plan need to be developed 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.

Awareness of the Local Health System

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

OHIP Coverage

First Nation community members don't always need an OHIP card to access health services in isolated First Nations, so many do not have 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 system partners should notify the ministry.

Emergency Medical Assistance Team

During evacuations that pose a strain on 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. The request to deploy EMAT must be coordinated by the LHIN based on demonstrated local need – including evidence that local and regional resources aren't able to provide sufficient capacity. Any deployment of EMAT is coordinated by the LHIN and ministry.

Contact Information

For more information on the health needs of evacuees from First Nations, health system roles and responsibilities and potential strategies to provide health services to evacuees, contact the ministry by phone at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca.