



# Indigenous Primary Health Care Evacuation Guide

Complementary Standards for more  
Inclusive and Culturally Safer Evacuations

**2025**



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# BACKGROUND & PURPOSE OF GUIDE

The current state of evacuation planning and response for Indigenous communities reveals a significant gap: not all Indigenous Primary Health Care Organizations (IPHCOs) are actively engaged in the evacuation process. IPHCOs are key, valuable, partners in providing primary care services to evacuees, yet they are often overlooked in the planning and implementation of evacuation strategies. A successful evacuation starts with inclusion of IPHCO in the host community with planning efforts. IPHCO involvement ensures that culturally appropriate and community-specific healthcare needs are met for evacuees while in the host community during evacuations.

The purpose of this guide is to outline the steps necessary to incorporate IPHCOs into the evacuation response teams effectively. By leveraging the expertise of IPHCOs, evacuation efforts will be culturally safe, ensuring that the health and well-being of Indigenous evacuees are prioritized, and culturally appropriate care is provided. This approach not only enhances the quality of care delivered but also strengthens the overall evacuation strategy.

To achieve this, the following steps are recommended:

1. **Identify Host Communities:** Determine the locations where evacuees will be hosted during an evacuation.
2. **Conduct an Environmental Scan:** Assess the presence of IPHCOs or other Indigenous organizations within these host communities.
3. **Engage IPHCOs Early:** Engage with IPHCOs or Indigenous organizations from the onset of the planning process to ensure their expertise and leadership are integrated into the response efforts.
4. **Transition Leadership:** Whenever possible, transition leadership roles to IPHCOs or Indigenous organizations to support community-led response efforts.
5. **Provide Support in IPHCO-Absence Areas:** In areas where IPHCOs are not present, this guide offers alternative strategies to ensure that culturally appropriate primary care services are still available.

IPHCOs are strategically located across the province, though their presence is not universal. This document will serve as a support tool for communities without IPHCOs, offering guidance on how to engage other Indigenous organizations and resources to ensure comprehensive and culturally sensitive evacuation responses. Refer to the [IPHCC website](#) for a map of IPHCOs across the province.

This Guide provides both Indigenous and non-Indigenous partners involved with evacuation responses in Ontario the tools needed to establish a culturally inclusive and safer emergency management and primary health care response process. It's recognized that these responses involve many parts of the health system including primary care, acute care, and public health services. It is meant to complement existing emergency management documents including, but not limited to:

- [Joint Emergency Management Steering Committee \(JEMS\) Service Level Evacuation Standards:](#) The JEMS manual describes the considerations and processes of multiple organizations involved in the evacuation of, care for and return of First Nations, Inuit, and Métis evacuees during an emergency. It aims to include clear and transparent processes related to the supports, roles and responsibilities, and decision-making of all organizations participating in the evacuation, hosting, and return of First Nations, Inuit, and Métis evacuees to community.
- [Ontario's Mass Evacuation Plan – Part 1: Far North:](#) This document complements the JEMS manual and outlines the Government of Ontario's approach to collaborating and coordinating with different levels of government, First Nations, non-governmental organizations, and other relevant groups for a timely evacuation of Ontario's northern communities.
- [Health Needs During the Evacuation of a First Nation: Guidance for Host Providers:](#) This document offers guidance to providers in a host community who play a role in supporting the health needs of Indigenous communities during an evacuation. It offers guidance on the roles and responsibilities of various partners in the health system before and during an evacuation.
- [Provincial Emergency Response Plan \(PERP\):](#) This document describes the Government of Ontario's approach to a coordinated emergency response, with the intent that different levels of government and responding organizations can plan to work with Ontario before, during, and after an emergency. It outlines emergency response organizational structures, responsibilities, and guidance for the centralized coordination of response and recovery activities.
- [Federal Emergency Response Plan \(FERP\):](#) This document outlines the Government of Canada's processes to facilitate an integrated response to emergencies and is meant to complement the federal emergency response with those of provincial/territorial governments, non-governmental organizations, and the private sector. It includes both national and regional-level elements, which highlight how to effectively integrate efforts at different and same levels of the Federal Government.



# INDIGENOUS POPULATION HEALTH APPROACHES TO EVACUATIONS

Population health approaches are meant to improve health. They are also meant to decrease inequity – the avoidable and systematic differences between different population groups. In health system emergency response, Indigenous communities<sup>1</sup> face an increased burden of evacuations and specific challenges with responses. There are several resources available (listed below) that provide guidance and direction on sector evacuations; however, a missing component is the perspective of Indigenous-led primary health care in host communities. This Guide provides complementary standards for more culturally safe health action in emergency management as it pertains to primary health care. It can be used by communities managing their first evacuation, communities recurrently evacuating and/or hosting evacuees, and by those managing support teams.

By definition, emergencies overwhelm existing systems in place and there are common, recurrent challenges around workload, access to primary care, disruption, safety, and other areas. There are specific challenges for Indigenous communities however, and there are ways for health services to deliver culturally safer care to improve health outcomes.

Evacuations of First Nation communities due to environmental issues are unfortunately a common occurrence.

## ONTARIO EVACUATION STATISTICS

(April 1, 2014-March 31, 2024):



**17,274**

First Nations flood evacuees  
(including 267 long-term evacuees  
of more than 2 months)



**11,307**

First Nations wildfire evacuees



Unacceptably, Indigenous communities have experienced culturally unsafe and harmful evacuation experiences due to a lack of consideration for cultural beliefs, traditions, and practices, as well as lack of understanding regarding the ongoing impact of colonization, current day colonial policies and practices within the health system.

The Indigenous Primary Health Care Evacuation Guide was designed to address these concerns with inclusion of the following information for consideration when planning and responding to evacuations:

1. The importance of trauma-informed preparedness/response and the impact of past experiences of trauma and colonization on Indigenous communities.
2. Cultural safety and sensitivity practices and training recommendations.
3. Community health preparedness documents
4. Resources required to support Indigenous communities during and after an evacuation.
5. How to create a supportive environment that prioritizes the mental, physical, emotional, and spiritual well-being of Indigenous communities.
6. Wise practices gathered from Indigenous partners involved in previous sector evacuations.
7. Essential supplies list that accounts for cultural practice items.
8. Sample relationship agreement.
9. Food provisions and sourcing.

In addition to providing practical guidance, this Guide serves as a vital resource for building relationships and improving communication between Indigenous and non-Indigenous teams supporting evacuation responses. The insights and strategies within aim to elevate the evacuation experience, ensuring it is culturally safer, appropriate, and dignified for Indigenous communities.



## RESPONSE STORY:

Considering the needs of  
Indigenous elders

Indigenous elders have special needs to consider during evacuations. During a wildfire evacuation, elder evacuees' experiences were impacted by accommodation-related issues (e.g., overcrowding, lack of privacy), insufficient continuity of health services, lack of access to culture (e.g., language), and the lack of family support. Community members' support helped improve elders' evacuation experiences.

Citation: <https://scf.rncan.gc.ca/pubwarehouse/pdfs/41091.pdf>

# EMERGENCY MANAGEMENT FRAMEWORK

The provincial emergency management framework is a commonly used framework/cycle that helps clarify steps and procedures for all stakeholders supporting emergency responses. It has been used to structure this Indigenous Primary Health Care Evacuation Guide.

While the framework includes five equal and overlapping components (prevention, mitigation, preparedness, response, and recovery), the Indigenous Primary Health Care Evacuation Guide focuses on preparedness, response, and recovery activities that are done in collaboration with Indigenous partners supporting sector evacuations and other examples of emergency response.

- **Preparedness:** Actions taken to prevent, mitigate, respond to, or recover from an emergency, to protect life, infrastructure, and social, economic, and environmental systems.
  - Preparedness activities may include completing an assessment of hazards and risks, preparing emergency procedures and standards, and carrying out emergency training and exercises.
- **Response:** Actions taken immediately before, during, or after an emergency to ensure a controlled, coordinated, and effective response is put into place. The goal is to prevent loss of life, livelihoods, and services and reduce impacts to health, social, economic, and environmental systems.
  - Response activities may include implementing emergency response plans and procedures to set up and carry out response plans, and ways to coordinate with organizations involved in the response.
- **Recovery:** Process of rebuilding an affected community to the same or higher level of functioning before the emergency. The goal is to deliver effective, immediate, and ongoing support for the emotional, social, physical, environmental, and financial health and well-being of people, organizations, and communities.
  - Recovery activities may include implementing recovery plans with short/long-term priorities, implementing procedures to help return operations to normal after an emergency, and having a communication strategy for the public's awareness of actions taken.





## Better cultural safety in emergency management

This Guide has been developed with the intention of facilitating a shift towards a culturally safer and equitable emergency management process for Indigenous evacuations, as they pertain to primary health care.

The table below uses the relevant stages of emergency management above (preparedness, response, and recovery) to share limitations from previous sector evacuation responses where there is opportunity for enhanced cultural safety and a more equitable approach.

Emergency Response Stage	Priorities for development	
	Limitations:	Actions:
Preparedness	<ul style="list-style-type: none"> <li>Emergency plans do not include Indigenous cultural context</li> <li>Emergency planning committees don't always include the Indigenous organizations in host communities.</li> <li>Changes in plans are not always communicated to the communities or IPHCOs.</li> </ul>	<ul style="list-style-type: none"> <li>Cultural safety training is completed by all collaborators prior to an Indigenous evacuation response.</li> <li>IPHCOs are involved equally in planning committees to ensure appropriate scoping of roles and responsibilities prior to evacuations.</li> <li>Communication guidelines including frequency and are set up prior to response.</li> </ul>
Response	<ul style="list-style-type: none"> <li>Inappropriate health care and living environments</li> <li>Lack of availability of traditional foods, personal care items</li> <li>Response required often exceeds capacity of staff</li> </ul>	<ul style="list-style-type: none"> <li>Creating culturally and linguistically safe spaces with access to traditional healing practices</li> <li>Ensuring response includes traditional food and personal care items</li> <li>Maintain connections with emergency social services</li> </ul>
Recovery	<ul style="list-style-type: none"> <li>Recurrent evacuations with limited application of lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>Resources for Post-Evacuation Support and Re-integration</li> <li>Long term sustainability planning</li> </ul>

*The sections below discuss these growth areas further and provide additional examples and resources to support both Indigenous and non-Indigenous entities support evacuation response.*

## Preparedness

To be prepared for evacuations involving Indigenous communities, a comprehensive understanding of the unique needs of Indigenous communities and Indigenous values is required.

Indigenous communities should be engaged in planning tables equally from initiation. This can be done through establishing inclusive policies and governance structures that involve Indigenous community and organizational representation.

Involvement in decision-making processes fosters a sense of ownership and empowerment in the provision of services during evacuations. It also demonstrates recognition and respect for the knowledge and lived experiences of Indigenous communities. There is significant knowledge and experience in Indigenous ways of knowing, particularly about connection to the land. These are often missing from existing emergency management discussions.

### Trauma Informed Preparedness

Through acknowledging the past and building on strengths of community, planners will be able to create a supportive environment that prioritizes the mental, emotional, and spiritual well-being of Indigenous communities.





[EQUIP Pathways](#) has developed resources for trauma informed care detailing four principles for care.

### **Principle One: Understanding trauma, violence and its impacts**

Good practices include:

- Staff training on the health effects of violence/trauma, and vicarious trauma.
- Being mindful of potential histories and effects, including the indicators of trauma.
- Handling disclosures appropriately, which includes:
  - Believing the experience
  - Affirming and validating
  - Recognizing strengths
  - Expressing concern for safety and well-being

### **Principle Two: Creating emotionally and physically safe environments**

Feeling physically, socially, or emotionally unsafe may cause extreme anxiety in a person who has experienced trauma, potentially causing re-traumatization. Therefore, creating a safe environment is fundamental to successfully engaging people in their care.

Good practices include:

- Create welcoming space and intake procedures, emphasizing confidentiality and patient priorities
- Taking a non-judgmental approach and making people feel accepted and deserving of care
- Fostering connection and trust
- Providing clear information and predictable expectations about programming

### **Principle Three: Co-creating care plans**

It's giving all the options and allowing the client to choose what is best for them while respecting and supporting their decision. Good practices include:

- Having policies and processes that allow for flexibility and enable shared decision-making and participation
- Actively listening and privileging the communities' voice.

In preparing for a sector evacuation, response plans can be co-created at planning tables set up for equitable collaboration from all stakeholders.

### **Principle Four: Using a strength-based and capacity-strengthening approach when working with Indigenous communities.**

This moves towards identifying, valuing, and incorporating the existing strengths within Indigenous communities.



#### **RESPONSE STORY:**

Understanding the histories of trauma and colonization

Some evacuation responses have extended the ongoing experiences of trauma and colonization on Indigenous communities including policing. In one case, and Indigenous community was told that child protection services needed to be involved to provide childcare support services, but no activities, school, or other childcare arrangements were offered for children and families.

## Cultural Safety Training

To minimize avoidable harms, emergency planners and responders can better understand how internalized biases may impact their treatment of Indigenous community members.

Activities to promote improved cultural safety practices among those involved in the sector evacuation are:

1. Require, or at minimum, offer Indigenous Cultural Safety training for all those supporting sector evacuations, from those holding leadership positions to those delivering frontline services.
  - The Foundations of Indigenous Cultural Safety course is currently available on [IPHCC's Learning Portal](#). The course is online and self-directed, so upon registration, learners are given log in information for the Learning Portal and can complete the course at their own pace. Foundations of Indigenous Cultural Safety is an introductory course targeted to any individual working in healthcare. Through a series of simulations, learners can respond to interactions between health care staff and Indigenous patients. These simulations demonstrate situations where cultural safety may either be compromised or upheld in health-based settings.
2. Implement appropriate and respectful engagement practices when collaborating with Indigenous communities.
  - Refer to [IPHCC's FNIM Engagement Guide](#) designed for Public Health Agencies on appropriate engagement.
3. Review internal policies that govern the sector evacuation response, revising where appropriate to ensure sharing of power with Indigenous communities and organizations, and strengthening of relationships.
  - Create an accountability measure to ensure staff completion and compliance with training.





## Equitable Collaboration

Engaging with IPHCOs and other relevant Indigenous organizations is a key first step to thorough preparedness.

Local IPHCOs have significant expertise and cultural knowledge. Including them in the beginning of the decision-making process is critical to ensuring the health and wellbeing of evacuees. Moreover, recognizing that handing off leadership where possible, as early as possible, will ensure the evacuation planning and response is efficient. Below are some areas where IPHCOs can bring expertise forward with the primary health care evacuation response:

- **Cultural Sensitivity:** IPHCOs possess an intimate understanding of the cultural traditions, values, and needs of the communities they serve. As the situation unfolds, they can ensure that evacuation efforts are culturally sensitive and respectful.
- **Community Trust:** IPHCOs have established trust and relationships within their communities over time. This trust is crucial during an emergency, as it facilitates effective communication and cooperation. Handing off leadership early signals respect for their role in guiding the community.
- **Crisis Response Expertise:** IPHCOs often have experience in crisis response and disaster management tailored to community needs. Their insights can enhance the efficiency and effectiveness of evacuation plans, ensuring that vulnerable community members are properly supported.
- **Culturally Appropriate Services:** IPHCOs can provide culturally appropriate healthcare, mental health support, and spiritual guidance during evacuations. Their involvement ensures that evacuees' wholistic needs are met.



### RESPONSE STORY:

#### Communicating early and often

There have been instances where critical information was not shared with the lead IPHCO responding to an evacuation. For example, IPHCOs have received late or inaccurate information about the number of and health needs of evacuees. In one specific case, an IPHCO was not informed about the dialysis needs of five evacuees who arrived in the middle of a Friday night.

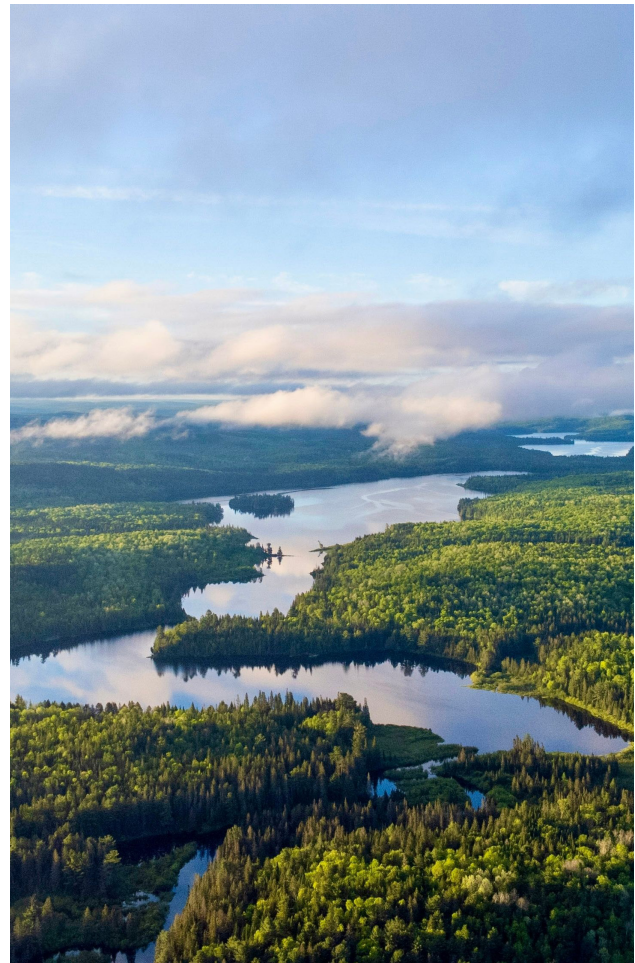
- **Language and Communication:** IPHCOs can bridge potential language barriers and facilitate communication between mainstream authorities and Indigenous community members. This is crucial for relaying accurate information and instructions.
- **Adaptation to Local Conditions:** IPHCOs understand the unique environmental and geographical factors of the region, which can be essential in crafting primary health care evacuation plans that account for these specifics.

*It is important that IPHCOs not be designated to provide services that are out-of-scope for their typical roles, without advance discussion in partnership and additional resources.*

## Community Health Preparedness Documents

Efficient and proactive planning of ongoing sector evacuations should entail compiling the following documents. The gathering of these documents should be the responsibility of lead organization, in collaboration with partners.

1. **Health Records**
2. **Individual Health Profiles:** Personal medical histories, allergies, and current medications.
  - **Vaccination Records:** Updated immunization status for all community members.
  - **Family Health Histories:** Information on genetics or common ailments within families.
3. **Emergency Response Plans**
  - **Evacuation Procedures:** Step-by-step guides tailored to community layout and needs.
  - **Emergency Contact List:** Numbers for health practitioners, clinics, and hospitals in the evacuation and host community.
  - **Special Needs Assessment:** Documented needs for elders, children, and those with disabilities during emergencies.
4. **Traditional Medicine and Practices**
  - **Protocols for Combining Modern & Traditional Medicine:** Guidelines to ensure safe coadministration.
5. **Mental and Emotional Wellbeing Resources**
  - **Mental Health Counsellors & Therapists:** Including those familiar with Indigenous cultural contexts.
  - **Guides on Coping Mechanisms:** Tailored for community-specific traumas or challenges.



6. **Considerations for Community Members with Complex Healthcare Needs**
  - **Chronic Disease Management Plans:** For conditions like diabetes, hypertension, etc., common in the community.
  - **Elderly Care Guidelines**
  - **Expecting Parents**



# RESPONSE (EVACUATION & RETURN)

## *Establishing a culturally safe primary care response*

In any emergency, the initial response can significantly influence subsequent outcomes. For Indigenous communities, a culturally safe onsite primary care response is critical to ensuring long-term wellbeing. Frontline responders are pivotal during evacuations and must receive thorough training in Indigenous cultural safety and engagement protocols. Beyond efficient communication, it is a way to demonstrate respect and trust during vulnerable moments. Merging traditional medicine with western medicine provides a wholistic health approach, uniting immediate relief with long-term healing. The physical environment also plays a role. Within evacuation centers, designated spaces for Indigenous practices, gatherings, and ceremonies maintain a connection to cultural roots.

### **I. Traditional Healing Practices Integration**

- a. Work with local IPHCO or Indigenous organizations to create safe spaces for evacuees. This may involve engaging with Elders, Knowledge Holders, and/or Traditional Healers. It is imperative to take the lead from Indigenous organizations on what is needed to create a safe wholistic environment.

### **II. Language Access and Translation Services**

- b. Provide access to translators/translation services or patient navigators in the local language to facilitate effective communication and ensure comprehensive care that is self-determined. Many IPHCOs



### **RESPONSE STORY:**

Setting up primary care services in an appropriate and respectful location

During an evacuation, mainstream organizations have set up primary care services in various locations without consulting IPHCOs or Indigenous organizations. These locations included a university cafeteria where students were actively eating. Where possible, consultation to provide more culturally appropriate and respectful locations for services to evacuees are recommended.

have access to translation services as coordinated through the IPHCC. IPHCOs requiring access to translation services can contact [relations@iphcc.ca](mailto:relations@iphcc.ca).

- c. Signs and posters should also include the local Indigenous language as much as possible.

### **III. Safe spaces**

- d. Work with the IPHCO or local Indigenous organizations to establish spaces within facilities that are accessible and designed in a way that respects and accommodates Indigenous cultural practices. These can include but are not limited to smudging, speaking with an Elder, etc.

## Food and personal services

In sector evacuations, prioritizing Indigenous traditional foods is crucial for evacuees' health and wellbeing. These foods, which are rooted in ancestral traditions and knowledge, offer not just nutrition but also a connection to community. Recognizing the importance of cultural sensitivity and nutritional adequacy, organizations can collaborate with local Indigenous communities to identify and procure foods that align with traditional and dietary needs. Engaging with Elders and food experts can offer guidance on selecting foods like wild game, fish, berries, and plant-based options that have sustained communities for generations.

To source these foods effectively, partnerships with local producers and suppliers can be established. Reaching out to Indigenous catering companies is also an opportunity to help evacuees in the host community feel welcomed. Mainstream organizations should also consider logistical challenges, such as storage and transportation, to maintain the quality and integrity of these foods. Ensuring cultural safety, a Knowledge Holder can also be present when food is either being prepared or delivered as there may be protocols that may need to be completed.

## Personal Care Items

- Indigenous specific items
  - Smudge kits
  - Ceremony items
  - Four Traditional Medicines: Cedar, Sweetgrass, Sage, Tobacco
  - Apparel such as blankets, hats, mitts
- Skin, hair products (Indigenous made)
- Items that help evacuees feel at home
- Reach out to Medicine person, Traditional Healer, Knowledge Holder



### RESPONSE STORY:

#### Accessing traditional Indigenous foods

Often, Indigenous hunters and harvesters are willing and able to donate traditional food options for evacuees. In some communities, mainstream organizations leading the evacuation response have not allowed local donations.



## Emergency Social Services

Emergency Social Services (ESS) is comprised of emergency shelter, clothing, and food; victim registration and inquiry services; and personal services (as per the *Emergency Management and Civil Protection Act Order in Council (OIC) 1039/2022*).

Emergency shelter, clothing, and food, domesticated animals (Government role/responsibility):

- If a Host Community has exceeded their capacity and requires support, Ministry of Children, Community and Social Services (MCCSS) may request clothes and blankets from the federal National Emergency Stockpile System (NESS) and coordinate delivery to the community in need, if necessary. If emergency shelter or food is required for evacuees, MCCSS will engage with partners to determine the requirements and provide those services on behalf of the province.
- Prior to each evacuation, Indigenous residents are advised to bring clothing with them that is appropriate for the weather conditions. It is the responsibility of the residents to ensure that they bring adequate clothing when evacuated. However, given that many evacuations can occur during periods of seasonal change, some clothing purchases may be required if communities are evacuated for longer than a few days. Individuals with the means to do so are expected to make their own purchases in the Host Community as required. If emergency clothing is required, the Host Community will work with charitable organizations to obtain donated items if possible.
- If appropriate donated items are not available, individuals may apply for emergency funds through the First Nation community Ontario Works Administrator. In all cases, the first point of contact should be with the First Nation Community Liaison.



## *Victim registration and inquiry services*

While doing registry, have Traditional Healers on standby for cultural support (i.e. evacuee wants to speak with someone safe).

Host Communities are expected to provide the full range of emergency social services to evacuees they receive. This includes social services such as translation, recreational activities, and local transportation. In addition to its own resources, a Host Community is expected to utilize all other support available through mutual assistance agreements that it may have with other municipalities, prior to requesting provincial assistance. When emergent social service needs or issues are identified, the Provincial Emergency Operations Centre (PEOC) or Indigenous Services Canada (ISC) will contact the Host Community to determine whether the required services can be provided by the municipality. In keeping with the Emergency Management Framework for Ontario, this shall occur prior to requesting emergency social services assistance from MCCSS.

Provision of personal services is normally included in the arrangements made between Host Communities, the PEOC, and ISC. However, if the host community has exceeded its capacity to provide personal services, MCCSS will seek options to address the specific personal services required. Due to the stress of evacuating from their homes, the need for mental health support can be planned by the Host Community. If there is a need to provide psychosocial counseling, such support will be coordinated on an as-required basis by the Host Community in consultation with ISC, MOH, the First Nation community and MCCSS. If desired by the evacuating community, arrangements should be made with applicable partners

to facilitate access to Knowledge Holders, Elders, and Traditional Healers. The Ministry of Indigenous Affairs Ontario (IAO) funded Social Emergency Manager positions in Nishnawbe Aski Nation (NAN) Tribal Councils and Grand Council Treaty #3 Regional Organizations are responsible for coordinating local mental health services in response to social emergencies within their jurisdictions.

If the PEOC determines that there is an outstanding need and the Host Community has exhausted all the resources available to it, including support from service providers such as NGOs, a provincial level response will be requested from the MCCSS Ministry Emergency Operations Centre (MEOC). Requests for Emergency Social Services should not be directed to MCCSS Regional Offices.

Requests made to the MCCSS MEOC for provision of emergency social services should include:

- Confirmation from the PEOC that the local Host Community has been contacted and is not already providing the emergency social service; and,
- Confirmation from the PEOC that the Host Community has exceeded its existing ESS capacity and can no longer provide the service required and has explored alternate service providers (such as NGOs).

This process is intended to prevent duplication of service where multiple levels of government are involved and, also to prevent unnecessary escalation of requests for service to the province when the municipality is already providing or can provide the service.



## Emergency Social Services Contact Info:

**Indigenous Services Canada (ISC):** Provides support and resources to First Nations communities during emergencies. Contact them for assistance or inquiries related to emergency management.

✉ [Infopubs@aadnc-aandc.gc.ca](mailto:Infopubs@aadnc-aandc.gc.ca)

☎ 1-800-567-9604

💻 [www.sac-isc.gc.ca](http://www.sac-isc.gc.ca)

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## Emergency Management Ontario (EMO):

Coordinates provincial resources to assist in local emergency response.

✉ [askEMO@ontario.ca](mailto:askEMO@ontario.ca)

☎ 1-888-354-7050

💻 [www.emergencymanagementontario.ca](http://www.emergencymanagementontario.ca)

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**Ministry of Children, Community and Social Services (MCCSS):** Provided support for social service needs in emergency situations.

✉ [info.css@ontario.ca](mailto:info.css@ontario.ca)

☎ 1-416-325-5666

💻 [www.ontario.ca/mccss](http://www.ontario.ca/mccss)

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**First Nation Community Ontario Works Administrator:** Supports with applying for emergency funds.

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**Canadian Red Cross (CRC):** Provides immediate disaster assistance, including shelter, food, and clothing.

☎ 1-800-418-1111

💻 [www.redcross.ca](http://www.redcross.ca)



## RESPONSE STORY:

Flagging the needs of evacuees to ensure an appropriate response

IPHCOs have cultural knowledge and expertise, pointing out specific physical, mental, emotional, and spiritual health needs of Indigenous community members to host communities. There have been situations in which these flags have not been appropriately actioned, leaving IPHCOs filling gaps in mental health supports and services. In one case, after IPHCO staff responded to mental health concerns, additional support was needed to deal with their trauma.



# RECOVERY

## *Resources for Post-Evacuation Support and Re-integration*

Following a sector evacuation, gathering feedback from relevant stakeholders, the engaged IPHCO, and community members is crucial. This process fosters an inclusive and collaborative approach, enabling the identification of strengths and areas for improvement.

Debriefing allows for the refinement of future evacuation plans, and cultivates a sense of empowerment within the community, reinforcing that their voices and experiences are valued in shaping more responsive and culturally sensitive approaches to evacuations.

## *Re-integration Activities*

- **Community-Driven Rebuilding:** Initiatives that involve community members directly in reconstruction and decision-making, ensuring that rebuilding efforts resonate with Indigenous practices and values.
- **Feedback Systems:** Mechanisms, like community town-halls or suggestion boxes, for members to voice their experiences, concerns, and suggestions, ensuring the continual evolution and improvement of post-evacuation support.
- **Knowledge Holders**
- **Cultural programming**
- After evacuations, community gatherings can become sacred spaces to come together, finding comfort in shared healing, voicing experiences, and engaging in traditional practices to promote unity, healing, and resilience.



## **RESPONSE STORY:**

### *Indigenous led-responses*

An Indigenous-led response organization, ISN Maskwa, was established by Missanabie Cree First Nation in 2020. ISN Maskwa supports culturally sensitive evacuation support for First Nations communities including an 800-bed emergency centre in Sault Ste. Marie. They have also trained First Nations leaders in many Ontario communities to build teams for support.

*Citation: APTN News*

## *Long-Term Sustainability Planning*

Develop long-term sustainability plans in collaboration with Indigenous communities and organizations, as well as other relevant stakeholders to ensure the continued provision of culturally safe primary healthcare services.

## **END NOTES**

<sup>1</sup> For this Guide, Indigenous communities refer to First Nations as well as Indigenous organizations such as IPHCOs, MNO, TI, ONWA, OFIFC and local entities.

# APPENDIX 1

## Workforce strategies for surge personnel to respond to sector evacuation

Staffing and workforce is a common challenge in emergency response. There are many models that have been explored to address this. Indigenous communities and IPHCOs can ask their health care or public health service providers if they've considered these models or have them in place. Some of these options can allow for more engagement from community members themselves in advance of emergencies, e.g. specific training to be mobilized in response.

There are several strategies that can be used to ensure appropriately trained and ready personnel are available to respond to a sector evacuation. This emergency response workforce is often referred to as surge personnel. Micro-credentialing and task shifting are methods that use the existing workforce to cover surge needs. Creation of a multi-agency surge roster or rapid response team may require new or re-enlisted workers.

### Rapid response team (RRT)

Rapid response teams can be used as part of a coordinated sector evacuation response strategy. The members of the RRT would be able to mobilize to the evacuating community or host community and set up services on the ground in a timely manner. RRT team members would be culturally competent and would each have a skill set necessary to the evacuation response. The team members would be available for deployment on

demand. Including a RRT as part of the response plan ensures that specialized and pre-trained support staff are present at the start of the response. Challenges of the RRT model include roster and schedule management, standardized training, funding and sustainability.

### Multi-agency surge roster

A multi-agency surge roster or collaborative surge roster is created when multiple organizations work together and share a common surge staffing list. This allows for shared costs and training amongst multiple agencies. For sector evacuation this may mean that geographically close IPHCOs share a staffing list. However, challenges do arise as this level of collaboration requires a significant investment in relationship building and mutual accountability.

### Task shifting

Task-shifting can be used to allow existing personnel to cover the needed emergency management roles. It is defined as "Shifting tasks and roles from a higher to a lower qualified health professional. Similar approaches include upskilling (improving skills) and skill-mix (changing tasks/skills).

