



Joint Emergency Management Steering Committee (JEMS)

Service Level Evacuation Standards

Compiled by Emergency Management Ontario

An “Evergreen” Document

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Publications Management

The JEMS Standard is available by request in digital or print format and can be requested through Emergency Management Ontario or Indigenous Services Canada.

This document is subject to review and amendments by the JEMS Standing Committee, which meets periodically throughout the year to review the standards and discuss and make recommended updates.

Amendments may be published from time to time. The version control form in this section will be used to keep a record of approved amendments.

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Acknowledgment

The JEMS Committee is composed of the following members drawn from Indigenous, municipal, provincial ministry, federal, and non-profit partners involved in evacuations of First Nation communities in Ontario.

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Indigenous Partners

- First Nation Emergency Response Association (FNERA)
- Independent First Nations Alliance (IFNA)
- Nishnawbe Aski Nation (NAN)
- Mushkegowuk Council
- Grand Council Treaty 3
- Anishinabek Nation
- Association of Iroquois and Allied Indians
- Chiefs of Ontario

Ministry Partners

- Emergency Management Ontario (Treasury Board Secretariat)
- Ministry of Health
- Indigenous Affairs Ontario
- Ministry of Community, Children, and Social Services
- Ministry of Natural Resources and Forestry
- Ministry of the Solicitor General
- Ministry of Transportation

Municipal Partners

- City of Thunder Bay
- Town of Hearst
- Town of Kapuskasing
- Town of Cochrane
- City of Timmins

Federal Partners

- Indigenous Services Canada (ISC)
- Public Health Agency of Canada (PHAC)
- Joint Task Force Central (JTFC)

Non-Governmental Organization (NGO) Partners

- NGO Alliance
- Canadian Red Cross (CRC)

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Introduction and Framework

Introduction

This document is the Joint Emergency Management Steering Committee (JEMS) Service Level Evacuation Standards, also known as the JEMS Standard. It was originally developed, and is reviewed and updated as necessary, in consultation with First Nations communities and various partners involved in supporting First Nation communities who evacuate due to an emergency. The JEMS Standard describes the considerations that provide for the effective evacuation of, care for, and return of First Nations evacuees, including, but not limited to the circumstances, factors, supports, roles, responsibilities, and decision-making, etc., that are all a part of a successful evacuation, hosting, and return process. The JEMS Standard is not intended to be prescriptive or rigid such that it prevents flexibility in its application by partners. The JEMS Standard is an evergreen document which will be subject to annual internal review by EMO at the conclusion of each flood and wildland fire season, with partners engaged in more comprehensive reviews at a minimum of every 5 years (last comprehensive review conducted in 2021).

The Province of Ontario provides assistance to First Nations through a funding agreement with the Government of Canada that is focused on emergency response. When a First Nation community notifies the Provincial Emergency Operations Centre (PEOC) of their emergency situation and requests an evacuation due to an emergency, the PEOC in partnership with the requesting community, involved tribal council, other Indigenous partners, provincial ministries, and federal departments will coordinate the preparation for and conduct of a safe evacuation. In addition to efforts undertaken by First Nations communities, the PEOC incident management team (IMT) annually engages all Ontario municipalities and other First Nations communities in the province of Ontario to act as Host Communities and Transportation Hubs, which provide accommodation and other services to persons who are evacuated. When circumstances permit, the PEOC IMT and its partners will also coordinate the safe return of the evacuees. In some cases, relating to long-term evacuations, Indigenous Services Canada (ISC) will work with the Ministry of Natural Resources and Forestry (MNRF) and/or host communities to coordinate the community's return with the PEOC's assistance, when needed.

In fulfilling this provincial coordination role, the PEOC IMT may deploy members of EMO to act as liaisons and to provide advisory services to assist impacted First Nations and Host Communities during an emergency event. This may include operational coordination and liaising with Field Officers/Emergency Management Coordinators from First Nations Councils who are supporting First Nations Communities. Other staff from EMO may be deployed as required for liaison and advisory services, and/or from other engaged partners for other responsibilities. These supports can be virtual or in person depending on what the situation necessitates. Representatives of ISC may also be available to perform these roles on behalf of the federal government.

This manual describes these processes in greater detail and summarizes the roles and responsibilities of all participating organizations and authorities. It also aims to provide clarity

and transparency to all parties involved during the evacuation of a First Nation Community in Ontario. As such, it can be used to help educate and guide those in the position of making decisions and other support roles prior to and during these evacuations.

The manual is complementary to the *Ontario Mass Evacuation Plan Part 1: Far North* (OMEP), the purpose of which is to ensure a timely and coordinated evacuation from Ontario's far north. The OMEP outlines how Ontario coordinates its response and collaboration with federal and municipal governments, First Nations, non-governmental organizations, ministry partners, the private sector, and others (e.g., the broader public sector).

This manual is also intended to identify the minimum types and levels of service that all partners should strive to meet in order to support the needs of First Nations evacuees who become guests within Host Communities. It also explains the associated procedures for the recovery of eligible costs from the federal government incurred by participating ministries, municipalities, and other authorities. It also provides additional considerations with respect to longer-term evacuations where a Host Community (Municipality or First Nation Community) may be accommodating evacuees for a period of up to 60 days.

Provincial Approach to Emergency Management

According to the Emergency Management Framework for Ontario:

In Ontario, as all emergencies are essentially local in nature, the implementation of emergency management programs, including emergency response, begins at the community level. The principle that communities are the first level of response during an emergency forms the basis of Ontario's strategy in partnering with municipalities and First Nations communities to extend emergency assistance to First Nations peoples. Under this approach Provincial authorities are responsible for coordinating the overall program and local municipalities and organizations provide specific services as the most practicable means of ensuring that the needs of evacuees are responsibly met. While municipalities will play a key role in this process, it is intended that their relationships with the senior tiers of government will be revenue-neutral and reimbursement for the municipal activities will be provided through a process described in more detail elsewhere within this document.

Throughout this document, the term "Host Community" is intended to include "Transportation Hub Community" unless otherwise specified.

Responsibilities

ISC, the PEOC IMT, and all other Federal/Provincial government entities are responsible for working together, along with the leadership of affected communities, First Nations Councils (FNCs), and Provincial Territorial Organizations (PTOs) during emergency evacuations of First Nations communities in Ontario regardless of the duration of the emergency. The responsibilities

of each participating entity are described in the various sections of this document. As there are numerous service delivery models across the province the responsibilities of communities acting as Host Communities or Transportation Hubs are described in more general terms, as each municipality will be free to adopt its own approach in providing the related services.

Provincial Emergency Operations Centre (PEOC)

If a First Nation community requests assistance with a potential or declared emergency, including requesting an evacuation, the PEOC IMT will support the community by coordinating an appropriate response.

To determine the required level of response the PEOC IMT will convene virtual or in-person meetings with all stakeholders who are likely to play a role in supporting the emergency response, as appropriate. The group assembled by the PEOC IMT will be composed of available and appropriate federal and provincial government representatives, representatives of the affected First Nation, representatives of confirmed or potential Host Communities, and others depending on the nature of the requests from the First Nation community. Depending on the complexity and magnitude of the situation, other function-specific groups may also be convened (e.g., Host Communities, First Nations Liaisons, etc.) to deal with issues specific to their role.

The PEOC IMT may deploy EMO Field Officers to fill the function of PEOC Liaison and assist evacuating First Nations Communities and/or Host Communities as deemed necessary. In any evacuation, EMO Field Officers will only remain in communities for as long as their assistance is required and/or until responsibility for the situation transitions fully to the federal government.

The PEOC will staff its response structure consistent with the Incident Management System (IMS) and incorporate both EMO staff as well as ministry/provincial, federal, and other organizations into one system as required by the PEOC Commander. Ontario's IMS provides standardized organizational structures, functions, processes, and terminology for use at all levels of emergency response. The PEOC IMT will also coordinate meetings to review the current situation, the needs of the First Nation community, and challenges or arrangements within participating organizations as necessary in accordance with the operational cycle. EMO, including the PEOC, will consult with the leadership of the community to confirm the communications approach, including the conduct of meetings, to ensure that they are meeting the needs of the community.

The PEOC IMT is also responsible for the distribution of information, including flight manifests, registration lists, situation reports (IMS 201) and incident status summary (IMS 209), maps, and other situational awareness/information products as circumstances require. Recognizing its reliance on input from a variety of partners, the PEOC IMT strives to provide timely updates to host communities related to the status of evacuees and the order in which evacuating/return flights will arrive in/depart from participating host communities.

Chapter 1: Evacuation and Return

When an emergency occurs that affects a First Nation community, certain procedures must be followed to ensure that the health and safety of First Nation community members and emergency responders are protected. In some cases, this will require the full or partial evacuation of the First Nation community members and/or other residents within the community. A number of considerations are given to the selection of appropriate Host Communities, including the anticipated duration of the evacuation.

First Nations communities can request assistance from the PEOC in an actual or imminent emergency. Formally declaring an emergency is not a requirement for seeking assistance. Should the affected First Nation community choose to declare an emergency, it is the responsibility of the Chief of the First Nation community to notify the PEOC by the most expeditious means available. Refer to [Appendix G](#) for a Declaration of Emergency form. This would typically be by calling the PEOC Duty Officer at **1-866-314-0472 ext. 2**, and by delivering a signed copy of the declaration to the PEOC via fax (416) 314-0474 or email to **peocdo01@ontario.ca**. The Chief of the First Nation community may decide whether, or not, to make a declaration of emergency. Regardless, such a declaration of an emergency is not a requirement to request provincial coordination of support such as initiating an evacuation.

If an evacuation is being considered or requested by the First Nation community, consultations will occur between the Chief, Indigenous Services Canada (ISC), The Ministry of Natural Resources and Forestry (MNRF), and the PEOC IMT. The MNRF provides flood and wildland fire threat analysis, including the evacuation window (available time for a pre-emptive evacuation) to the community. The leadership of the community should use this information to determine the risk to the community and decide on the protective actions to be taken. If the leadership of the community determines an evacuation is necessary and requests assistance from the PEOC, the PEOC IMT would coordinate the evacuation of the First Nation community. This coordination includes working with the MNRF who would assist the PEOC by arranging non-scheduled air transportation.

Evacuation Type

When a decision has been made to evacuate a First Nation community, the Evacuation Type must be determined and agreed upon by the Chief of the First Nation community, ISC, and the PEOC IMT:

Evacuation Types	Threat Level	Evacuee Considerations
Emergency or Life Safety rescue evacuation	Threat is imminent or occurring.	<ul style="list-style-type: none">• Medical and Primary evacuees first• Ensure that family units stay together

		<ul style="list-style-type: none"> • Efforts will be made to accommodate evacuees in commercial lodging (i.e. hotels, motels, dormitories) if available • Evacuees may be evacuated to group lodging (e.g. arenas, community halls) accommodations, if required, to protect life
Pre-emptive Evacuation	Potential for threat to cause harm in future (e.g., no flooding occurring at moment, but potential exists).	<ul style="list-style-type: none"> • Medical evacuees first • Ensure that family units stay together • Efforts will be made to accommodate evacuees in commercial lodging (i.e. hotels, motels, dormitories) if available • Evacuees may be evacuated to group lodging accommodations, if required, to protect life

Evacuation Length

Evacuation Length	Days
Short Term Evacuation	1-13 days
Long Term Evacuation	14-60 days It is expected the community will return when it is deemed safe to do so by the relevant authorities.
Temporary Displacement	Exceeds 60 Days The JEMS no longer applies, and the evacuees will be entitled to ISC's Temporary Displacement Assistance entitlements.

Identification of Host Communities

The identification of appropriate Host Communities helps to ensure the health, safety, and well-being of the evacuated First Nations' residents. Many evacuations last for a short period of time (frequently less than a week or no more than 14 days). However, there are some incidents that, due to their nature, require residents to remain outside of their home community for a longer period. An example of this would be when damage to critical infrastructure has occurred (e.g., water treatment plants, private residences, health care facilities, etc.).

Identification of Host Communities is conducted annually by the PEOC IMT and requires consultations with other partners including host community contacts, the Ministry of Health (MOH), Ministry of Children, Community and Social Services (MCCSS), ISC, First Nations/Tribal Councils, Provincial Territorial Organizations, and other First Nations partners, to ensure that all health and safety requirements are met, including the additional needs that may be associated with a long-term displacement.

The PEOC IMT recognizes that some First Nations communities and Provincial Territorial Organizations (PTOs) may be undertaking similar efforts. With respect to EMO's efforts, we strive to identify host sites prior to the start of flood and fire seasons annually. EMO will endeavour to identify adequate hosting arrangements through communities. Should that not prove to be adequate, EMO will endeavour to make contingency arrangements through NGOs and/or private contractors to arrange hosting facilities independent of, or as a joint venture with, municipalities.

Should Ontario find itself in a position where no further host capacity can be found in Ontario, alternative host locations outside of Ontario will be investigated. EMO cannot compel communities to become hosts but will endeavour to confirm their agreement to host prior to an evacuation. Similarly, EMO cannot compel a First Nation community to evacuate to a specific location. Funding Agreements to support the hosting of evacuees in communities are made directly between ISC and the Host Community.

The following factors should be considered before confirming a community/facility as a host for a First Nation evacuation:

- Ability to meet health care needs and requirements (e.g., local hospital, pharmacy, continuity of harm reduction supports, etc.);
- Capacity to provide appropriate accommodation for the number and classification of evacuees being received;
- Proximity to evacuating community and/or Transportation Hub;
- Length of time the community is able to continuously host;
- Amount of time needed for the Host Community to reach a state of readiness to accept evacuees after being requested to activate hosting plans;
- Type and amount of external support required;
- Ability to provide emergency social services to evacuees;
- Ability to provide recreational activities for evacuees;
- Ability to provide space for and set up a temporary Emergency Operations Centre (EOC) for the evacuated Community (ISC can assist with the provision of EOC equipment); and
- Familiarity of the affected community with the host community. This can include where community members travel to access health services, where off-reserve community members may be living, etc.
- Generally, to provide all support services in a culturally appropriate manner, that are also informed by risk assessment and mitigation strategies.

Additionally, the following hosting capabilities should be considered for evacuations that are anticipated to continue for a longer term (more than 14 days):

- Ability to sustain evacuees for duration of a long-term evacuation;
- Capacity to provide additional services including:
 - Continued schooling options for students;
 - Childcare; and
 - Pet care, etc.
- Ability to provide accommodations that will be comfortable over the long-term;
- Ability to provide culturally-safe social and health care services on a long-term basis;
- Ability to offer a space in which a small, temporary band office could be set up as well as equipment (including appropriate telecommunications and office equipment);
- Ability to create culturally safe spaces to facilitate Elder supports and traditional supports;
- Ensure there is space and/or resources being provided to ensure continuation of education in host communities;
- Pet care to ensure basic standards of care are met, including for dogs kept outdoors; and
- Capacity to provide entertainment and recreational activities.

In keeping with the Emergency Management Services Funding Agreement (EMSFA) between Ontario and Canada, every effort will be made to obtain the prior approval of ISC for the provision of long-term evacuations needs.

Evacuee Priorities and Considerations

When creating evacuation plans and flight manifests, the First Nation Chief and Council should give consideration to the most vulnerable groups within the community. Those who are identified to be the most vulnerable should be given special consideration for when and how they are evacuated from the community. Careful attention should be given to who should accompany vulnerable evacuees while also trying to keep family units together as much as is practical. Evacuating communities are encouraged to decide where Chief and Council supports are required as there may be a need for some community leadership in each host community.

Medical Evacuees

Individuals in this category are those receiving home care or residing in a health care facility. They must meet the requirements of the [Ambulance Act](#) to be eligible for evacuation by Ornge (air ambulance) or paramedic services. This stage is typically organized and conducted through the existing health transportation procedures used in the community and not by the PEOC, Ministry of Health (MOH), or MNRF.

Medical evacuees should be given priority in the event of an evacuation and the minimum number of required caregivers should be able to accompany them, if they are staying in commercial or group lodging.

Primary Evacuees

Primary evacuees are those who do not fall under the category of “Medical Evacuees” but still present a higher level of vulnerability than others in the affected community. When planning for an evacuation, the First Nation Chief and Council should consider the following groups of people as Primary Evacuees and arrange to evacuate them as early as possible:

- People with mobility issues or respiratory issues;
- Elders;
- Expectant women;
- Young children (<5 yrs. old); and
- People requiring specialized care.

It is the responsibility of the First Nation Chief and Council to determine the specific order in which these evacuees leave the community and to also decide how best to balance keeping family units together. If timing and aircraft capacity are critical issues, it is suggested that a limited number of key family members or necessary support people accompany primary evacuees to prioritize transporting them to safety as quickly as possible.

All Others

Evacuees in this category are those who are not included in or associated with Medical or Primary Evacuees. The order of evacuation will be determined by the First Nation community’s Chief and Council and should be undertaken with the assistance of the on-site health care organization. The Chief and Council will create a list of all members who reside on reserve along with individuals who are temporarily outside of the community for reasons related to travel, medical appointments, etc.

Depending on the capacity of individual Host Communities to accommodate evacuees for the expected duration of an evacuation, or the need for an emergency or life safety rescue evacuation of a First Nation community, the population of a First Nation may be evacuated to more than one Host Community. Where this creates a need to subsequently relocate individuals for the purpose of family reunification, reunifications will be coordinated in accordance with procedures described in Chapter 4 under: [Family Reunification and Transportation between Host Communities](#).

Conduct of Evacuation

The evacuation of a First Nations community coordinated by the PEOC IMT and MNRF will be conducted in accordance with the following concepts:

- MNRF arranges for the air transportation of the evacuees from the First Nations community to Host Communities, Transportation Hubs (if required), and the return to their Home Community following short-term events.
- A community requiring an evacuation can be transported directly to a Host Community (preferred) or transported through one or more Transportation Hub(s) to Host Communities.
- Under some circumstances, aerodromes outside of Ontario may be utilized as Transportation Hubs, although Ontario destinations are preferred and prioritized.

Transportation Hubs

Transportation Hubs are safe and temporary locations used for the staging of evacuees on the way to their eventual host community. Transportation hubs are also locations where resources are staged or exchanged between transportation modes. While temporarily residents at a Transportation Hub, evacuees may be supported by non-governmental organizations (e.g., Red Cross) and/or emergency social services. Local paramedic services may also need to be on-site (by request) to attend to emergent health needs.

The circumstances of an evacuation may require the establishment of one or more Transportation Hubs at selected aerodromes for reasons of safety and efficiency. The staging of evacuees through Transportation Hubs will be considered when:

- Large numbers of people need to be evacuated;
- The time available to evacuate people is very short, as determined by the real-time threat assessment;
- Multiple communities require evacuations;
- There are multiple Host Communities and/or the Host Communities are located far from the evacuating community;
- More time is required to identify Host Communities or for Host Communities to prepare;
- There are limited air transportation resources available;
- A staging area for resources is required; or
- There are limitations regarding which aerodromes may be utilized by available aircraft.

If the Transportation Hub model is being considered, the identification of multiple Hubs should be considered to avoid individual Hubs becoming overwhelmed by the volume of flights and evacuees. Furthermore, weather, fuel supply, and personnel issues could close a Transportation Hub or limit its operation.

Transportation Hub Operations

Support for evacuees who are in transit within a Transportation Hub will in most cases be provided by the local municipality. However, under certain circumstances, supports may be coordinated wholly or partially by the PEOC IMT, ISC, or the participating aerodrome authority. Municipalities and/or organizations that provide support at Transportation Hubs will be entitled to the same reimbursements as Host Communities. Among the services that may be required at a Transportation Hub are:

- Reception of evacuees on their way to Host Communities;
- Assistance with the development of flight manifests for flights to Host Communities;
- Accommodation and facilities for evacuees (e.g., first aid access, refreshments and meals, sanitation, waiting area, quiet room, etc.);
- Access to emergency health services if necessary (e.g. paramedic services or emergency first aid);
- Coordination of transportation arrangements for the ongoing movement of evacuees;
- Conduct of immediate needs assessments, where necessary;
- Collaboration with First Nations Community Liaisons and deployed provincial and federal staff, as applicable;
- Provision of short-term hosting facilities if delays necessitate the hosting of evacuees until they are transported to a Host Community or returned home;
- Monitoring of conditions in the Transportation Hub and communication of status to the PEOC;
- Maintenance of records of evacuees who transit through the Hubs (may be through registration or checked against manifests);
- Distribution of copies of records to the PEOC; and,
- Decommissioning of temporary facilities and stand down of operations.

Costs incurred by a Transportation Hub community related to the accommodation needs of the evacuees during their stay in that community will be tracked and submitted for reimbursement to ISC using the same procedures as those used by Host Communities.

Evacuation to Host Communities

The MNRF arranges for the air transportation of the evacuees from a First Nation to available airports closest to Host Communities. The Host Community will normally coordinate the surface transportation from the airport to the shelter locations. If the Host Community cannot provide the necessary surface transportation, the PEOC IMT will coordinate this.

MNRF is not responsible for the transportation of members of an evacuated First Nation who are not residents within the First Nation community at the time of the evacuation. See the section on "[Return](#)". Those living outside of a First Nation Community when it is evacuated should make their own travel plans when the evacuated community returns, as they are not considered evacuees.

Individuals who choose to self-evacuate to locations not supported by a Host Community, ISC or the PEOC, or who choose to leave supported locations after being evacuated will be responsible for their own return costs. This will include the costs of their transportation if they are not present for return flights back to their home community when return flights occur.

Flight Manifests

It is the responsibility of the First Nation leadership to create flight manifests when air evacuations are conducted.

Flight manifests should be printed legibly in black ink and list the full name, gender, date of birth and special requirements of each individual evacuee. Caution must be maintained while handling people's private information. Confidential information (e.g., medical information) will be removed from copies shared with partners except where required. (See [Appendix B – Sample Flight Manifest](#)). Each original flight manifest is given to the flight crew of the departing aircraft. As soon as an aircraft departs, a copy of the flight manifest shall be transmitted (e.g., emailed or faxed) to the PEOC Duty Officer (PEOCDO01@ontario.ca) who will distribute it to the appropriate organizations. The aircraft departure time should be noted on the emailed or faxed flight manifest.

Ideally, manifests will include information on family groups to help keep families together. It will list children and their caregivers together and will identify the need for special assistance (e.g., wheelchair), the presence of food allergies or other medical issues. Appropriate safeguards will be maintained with personal medical information. This helps the Transportation Hubs and Host Communities to plan for the arrival of evacuees. Receiving the information in advance can help ensure that required services are delivered in a timely manner.

The first flight(s) of evacuees should contain the most vulnerable people. It is helpful if a health representative (e.g., a member of the community's health service) is on these flights to work with the Host Community to assist evacuees in accessing health services in the Host Community. If health providers are unable to accompany evacuees on flights, they should connect with local health authorities to communicate any health concerns among the evacuees.

A First Nation Community Liaison (see section on "[First Nation and ISC Liaisons](#)") must also be on board the first flight out or travel in advance to assist with the coordination of further arrivals and accommodations within the Host Community.

Return

Once approval has been given for some or all evacuees to return home, the Chief and Council, working with the First Nation Community Liaisons and the Host Communities, will develop priorities and manifests for return flights. This will happen in coordination with the PEOC and the MNRF. Aircraft size and availability will dictate the creation of final manifests (number of passengers per flight).

The order of return of evacuees is determined by the Chief and Council. In most cases, people are returned in the reverse order of when they were evacuated. The primary reason for leaving the most vulnerable people to return last is to help ensure that the necessary services and supports have been restored and the Home Community is safe for their return. An exception to this might occur in the case of long-term evacuations or temporary displacements where individual households or family units have been evacuated due to damage to their homes. In this instance, as damage in each home is remediated, each household unit can be returned right away rather than waiting for the entire group of evacuees to return together. This type of return would be coordinated by the Host Community and ISC.

Some individuals may leave the Host Community on their own accord upon arrival and may not be accounted for on the Host Community registration lists. When the decision to return people home is made, the Host Community, in cooperation with First Nation Community Liaisons, should provide notification of return flight arrangements to evacuees through appropriate communication channels. First Nation Community Liaisons are also responsible for providing this information to the evacuees, and for attempting to locate individuals who may have left shelters and are staying elsewhere. The First Nation Community Liaisons should be among the last to leave the Host Community and are expected to assist in preparing the community for its return home. Persons missing flights will be responsible for their own transportation home.

The MNRF will work with all parties to arrange aircraft for transport. The evacuees will be returned home as quickly and efficiently as possible, although it may take longer than the evacuation, when time was critical because of the emergency threat. However, if an evacuee becomes ill during an evacuation, and is unable to return at the same time as the main body of evacuees, ISC will authorize commercial transportation when they are able to return home.

Eligibility for travel on MNRF coordinated flights during the return phase is strictly defined. Only those who were evacuated and are being returned to the First Nations community, or others who may be assisting with some aspect of the evacuation or return, or others as authorized by ISC may travel on these flights. Persons who were staying outside of the First Nation when the emergency occurred and were not evacuated are not eligible for return flights during this phase. Similarly, no one may travel on an MNRF-coordinated flight during the return phase unless the person is assisting with the effort in some way and whose travel has been approved by ISC.

Any return flight coordination that requires passengers to deplane or change aircraft should follow the guidelines set out for Transportation Hubs. See [Transportation Hub](#) for more details.

Flight Safety

When developing a return plan for the community, the host community should work with the First Nation Community Liaisons to ensure that there are people appointed on each flight to ensure the appropriate conduct of those on the flight.

Cargo and Baggage

The following will explain the types and amounts of cargo and baggage that will be permitted during evacuations and return flights. The First Nation leadership should provide a copy of these procedures to all potential evacuees prior to the conduct of any evacuation. Please refer to [Appendix C: First Nation Evacuation Return Flight Baggage Guidelines](#).

Essential Baggage

The air carrier sets flight weight limits. Evacuees leaving from, and returning to their community, shall be allowed a limit of one carry-on bag up to 13 pounds (5.9 kilograms) and one stowed bag of approximately 40 pounds (18.1 kilograms). This is in addition to any essential assistive devices required by evacuees (e.g., wheelchairs and strollers). Additional baggage weight may be allowable during evacuations that occur during winter months (approximately October to March) to accommodate the need for winter clothing. However, it is necessary to discuss this requirement with the assigned ISC Liaison and attain approval in advance.

It is recommended that all evacuees tag their bags and assistive devices (wheelchairs, walkers, etc.) with their name and address and phone number if possible. Please note that this may not be possible if it is an emergency or life safety rescue evacuation. Evacuees should be advised to keep any prescription medication in their carry-on bag as well. A list of other recommended items for evacuees to include in their Essential Baggage can be found in [Appendix Y – Evacuee Checklist](#).

Host Communities may bulk weigh all baggage in order to ensure weight limits are met and to expedite the return of evacuees.

No flammable (e.g., fireworks), dangerous or pressurized items, or firearms and ammunition shall be allowed on flights.

Excess Baggage

Anything in excess of essential baggage is considered excess baggage/freight and evacuees are responsible for the shipment of all excess baggage/freight back to their Home Community at their own expense. Evacuees should arrange to ship excess baggage/freight by mail or freight carrier prior to their departure/return flight.

Note: The Host Community may dispose of all baggage left behind as it sees fit and the cost of disposal will be reimbursed by ISC.

Chapter 2: First Nation and ISC Liaisons

First Nation Community Liaisons

The First Nation Community Liaisons shall be appointed and identified by the First Nation community leadership prior to an evacuation. Their role is to help ensure the well-being of evacuees by providing support to their community and by representing their needs in meetings with the Host Community and other organizations. Two (or four with split shifts) paid First Nation Community Liaisons may be appointed for every 100 evacuees within a Host Community. There must be a minimum of two First Nation Community Liaisons appointed per host community, to ensure the liaisons can work shifts of no more than 10 hours per day. First Nation Community Liaisons' hours of work are to be staggered to ensure availability and support throughout the day.

First Nation Community Liaisons should be on the first flight into a host community and identified on the manifest, except where they arrive in the host community in advance of other evacuees. The ratio may be altered in exceptional circumstance with ISC's prior approval. Consideration should be given to those who are fluent in the language of the community and familiar with cultural needs.

As a condition of employment, First Nation Community Liaisons must be prepared to meet regularly with all organizations as required. They should also maintain lists of where evacuees are located including, to the extent possible, the locations of evacuees who may have left accommodations provided by the Host Community. See Appendix T for a copy of a [First Nation Community Liaison Job Description and Agreement](#).

Remuneration for the Community Liaisons will be at \$1.00 above the hourly minimum wage rate (e.g. If minimum wage rate is \$15.00 + \$1.00 = \$16.00/hr.). A workday of less than 6 hours will be paid a minimum of 6 hours. Payment to Community Liaisons will be made by the Host Community on a weekly basis and these costs will be reimbursed by ISC. With respect to long-term evacuations (14-60 days), the Host Community may consider providing payment to Community Liaisons on a bi-weekly (every two weeks) basis in discussion with the leadership from the evacuated community.

The Host Community will provide one cellular telephone to each First Nation Community Liaison for communication between evacuees and the liaisons and between the First Nation Community Liaisons and the Host Community. The related costs will be reimbursed by ISC.

First Nation Community Liaisons who are neglecting their duties or behave in an inappropriate manner may have their position terminated by the Host Community. Prior to any notice of termination, a discussion of the situation will be held with community leadership. Communication of a dismissal will be issued in writing and a copy will be provided to the First Nation community leadership. The First Nation's community leadership will be responsible for

appointing a replacement for dismissed Liaisons.

With respect to long-term evacuations (14-60 days), consideration should be given to replacing liaisons over time to provide relief from sustained duties. This would be at the discretion of the First Nation's community leadership in consultation with ISC and the Host Community.

ISC Liaison Officers

One ISC Liaison Officer or a representative will be assigned to each Host Community for the duration of the evacuation. This person will have authority to approve expenditures and be responsible for determining the eligibility of Host Community expenses when the latter are unclear or if increased costs for service delivery are anticipated. Advance approval for any increased costs must be obtained from the ISC representative for the Host Community to receive reimbursement.

ISC liaisons should be provided with estimated costs of various activities prior to an evacuation whenever possible. Pre-approval allows for quicker implementation of activities, enhancing the likelihood of a positive experience. However, it is important to develop activity programming in collaboration with First Nation community liaisons and leadership.

Where an ISC Liaison Officer in a Host Community is deemed unnecessary by both ISC and the Host Community, alternate methods may be agreed upon for support and extending any necessary approvals.

In addition, the ISC First Nation and Inuit Health Branch (FNIHB) will assign a Navigator to each Host Community at the beginning of an evacuation to assist with evacuees who may need assistance accessing health benefits through the Non-Insured Health Benefits program. A description of the role of the Navigator, including contact information is attached in [Appendix P](#).

Chapter 3: Host Communities¹

Advancing Funds

A provincial ministry, municipality and/or First Nations community that requires start-up funding to prepare to act as (or support) a Host Community or requires interim funding in order to sustain its operations during a hosting event, may request advance funding from ISC. Interim invoices can be submitted to ISC as well for faster reimbursements. Timely and accurate invoice submissions are important for prompt reimbursements.

Registration of Evacuees

Host Communities are responsible for registering evacuees as soon as evacuees arrive in the Host Community. When conducting the initial registration, Host Communities (or their contracted representatives) are required to use a standardized **registration and inquiry (R&I)** process for collecting personal information which includes key information (e.g., name, age, address, gender, date of birth, medical needs, etc.). A sample R&I card is included in this document in [Appendix D](#). Host Communities also have the option to ask the evacuating Chief and Council for permission to issue a culturally appropriate form of identification to each of the evacuees (e.g. a bracelet if appropriate). This assists the Host Community and supporting organizations, police, security, laundry services in identifying a person as an evacuee and assists with overall provision of services.

All Host Communities must collect consistent information by using the identical registration form and/or registration database to facilitate the tracking of evacuees and to help reunify families. The designated R&I card contains a section that notes the authorizations for the collection and release of the information that is being gathered within the initial registration process. The authorization section must be completed individually by each Host Community (or its contracted agent) and should include the following:

- The legislation that governs the collection and release protocols (usually [Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#) and [Personal Health Information Protection Act \(PHIPA\)](#));
- The contact name for the municipality's custodian of records or representative; and
- The period during which the records will be retained pursuant to the Host Community's records retention by-law.

Some municipalities may already have pre-made stamps which may be used in lieu of completion by hand.

¹ Hosting models have been expanded and include Indigenous, Municipal, and Provincial hosting models. The use of the term *host communities* will apply to all hosting models. More details on these hosting models will be provided in a subsequent revision of the JEMS.

From the R&I cards, one official registration list must be developed and maintained by the host community (or their contracted representative) and this list will belong to the Host Community. This registration list will be considered the official registration list and all organizations involved in hosting responsibilities must use this list. One copy of the registration list is to be provided to the PEOC, as soon as possible, to a maximum of 12-18 hours after the arrival of evacuees. In turn, the PEOC will send registration lists to the following organizations:

- Ministry of Children, Community, and Social Services;
- Department of Indigenous Services Canada—Emergency and Issues Management;
- Department of Indigenous Services Canada—First Nations and Inuit Health Branch; and
- Representatives of the evacuated First Nation community.

Changes to the registration list should be sent to the PEOC. The PEOC IMT will release the updated list to the organizations mentioned above. The release of this information to the organizations described above is consistent with the standards for disclosure established within the [Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#) and is described further in the section called “[Record Management and Confidentiality](#)”. Information that is collected by contracted third parties also constitutes municipal records and may only be disclosed with the consent of the municipality. This requirement should be reflected within any arrangements between the Host Community and third parties.

It is not the responsibility of the Host Community to track individuals who choose to leave accommodations provided by the Host Community. See the section called “[Tracking of Evacuees](#)” for further clarification.

As part of their planning, municipalities should ensure that they have processes in place that permit staff and local health partners to comply with applicable privacy legislation related to personal and health information, including the [Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#) and the [Personal Health Information Protection Act, 2004 \(PHIPA\)](#).

During the registration process evacuees should be informed of how they will be able to access health services during their stay in the Host Community, such as a community-based pharmacy, primary health care provider, and home care services. As part of this effort, Host Communities should be prepared to provide a briefing to evacuees about the facilities and services available while in the host community. The *Ontario Mass Evacuation Plan Part 1: Far North* (Annex 9) also contains a host community checklist that can be utilized to help facilitate this process. This list of facilities and services should be customized to the specific Host Community as they will vary.

Court orders

As part of evacuation planning, there should be considerations for evacuated residents that may be bound by interim release/court-imposed conditions (family court, criminal court, interim release, probation orders etc.) restricting them from communicating and/or being in the same vicinity as others. This may include not being in certain locations such as schools, playgrounds, in the presence of children, etc.

Those coordinating an evacuation usually do not know which community members are bound by conditions, and therefore may inadvertently place these people in a position that could contravene their bail or court-imposed/judicial interim release conditions. This puts the victim at risk for re-victimization if the individual reoffends and has the potential to endanger other members of the public. Additionally, it puts the person bound by conditions at risk for being arrested in a host facility if the police learn that they are in violation of the conditions that they are lawfully bound by.

The best way to prevent this issue is to keep people with judicial interim release conditions and/or court-imposed orders apart from the individual(s) they must stay away from by placing them on different flights, sending them to different host communities or assigning them rooms in separate hotels in the same host community. Also, it will be necessary to place those persons, bound by certain conditions, at locations that will not facilitate a breach of an order. Confidentiality must always be maintained.

The following are key messages that can be shared with community leadership and community members as part of the evacuation planning:

- Encourage community members to identify if they have judicial interim release conditions and/or court-imposed orders. Self-identifying will help to prevent people who are in these circumstances from violating any conditions or orders while in a host community.
- Upholding judicial interim release conditions and/or court-imposed orders promotes the general safety and well-being of all community members.
- Recommended messaging for community members is as follows: “If anyone is currently on Judicial interim release conditions (Recognizance of Bail, Undertaking to an Officer in Charge), Probation Order, Conditional Sentence Order, Recognizance 810 (Peace Bond), Family Law Court Order, Section 161 order preventing you to be in areas where children are likely to be found, or any other Court Order, please tell your Chief, an Elder, a Liaison Officer, the Flood Coordinator, or your Probation and Parole Officer so that appropriate accommodations can be arranged during an evacuation and to avoid placing you in a situation where you are breaching the said Order.”

- The onus is on individuals with judicial interim release conditions and/or court-imposed orders to adhere to these conditions and orders and to advise the people coordinating the evacuation what these conditions and orders are.
- There will be several opportunities for community members to self-identify during an evacuation process, but they are encouraged to let the evacuation coordinators know as soon as possible.
- If someone has charges before the court, it is recommended they let their lawyers know where they are going. In this way, the lawyer will be in contact with the Crown's office and should be in a position to address any warrants that may be issued against people for not attending courts.
- Individuals who are subject to Sexual Offender Information Registration Act (SOIRA) obligations still need to keep those provisions in mind.
- Voluntary self-reporting by victims is another way to inform authorities.
- The privacy of all community members must be respected. Keeping residents apart, as required by the law, will be carried out as discreetly as possible.
- Police in the host communities are legally required to act on information they receive if they are notified that a community member is in violation of an order. This means that if an individual does not self-identify, he/she is putting themselves at risk to be arrested in the host community.

Tracking of Evacuees

It is the responsibility of ISC, relevant provincial and federal organizations, First Nations Communities, and Host Communities to ensure the maintenance of the registration list to maintain an awareness of the location of evacuees after initial registration. The location of all individuals registered within a Host Community should be monitored daily by the Host Community or its staff and a revised registration list provided to the ISC representative and the PEOC at the end of each day, if applicable. First Nation Community Liaisons should make every effort to maintain an accurate and up to date list of the locations of persons who choose to leave Host Community shelter sites.

Note: It is the responsibility of an individual who is leaving a Host Community for another location to make their whereabouts known to the Host Community and their First Nation Community Liaison and to provide contact information, if possible. Failure to do so may result in the inability to advise such persons of the arrangements for return to the First Nation community. Individuals who miss return flights are responsible for making their own arrangements for return home and are responsible for all associated costs.

Accommodations

Accommodations will, at a minimum, include a safe, sanitary, and secure environment for those who have been displaced from their primary residences. During an evacuation, providing and/or making the necessary arrangements for evacuee accommodations is the responsibility of the Host Community.

The types of accommodations that may be utilized during an evacuation are as follows: Special Accommodations, Commercial Accommodations, and Group Lodging Facilities.

<p>Special Accommodations</p>	<p>Addresses the requirements of vulnerable individuals such as those with special health needs (e.g., accessibility requirements because of wheelchairs and other personal assistive devices, quiet areas for elders, access to home care services for individuals with chronic conditions). These special accommodations can typically be provided in hotels/motels and health facilities such as long-term care homes (if the individual meets the criteria for admission to the health facility, as determined by health partners, and if the individual is willing to be admitted). This type of accommodation applies to both short- and long-term evacuations.</p>
<p>Commercial Accommodations</p>	<p>Lodging in hotels, motels, dormitories, and other similar settings. This type of accommodation is preferable for most evacuees. It is important to make rooms available that can accommodate extended families.</p>
<p>Group Lodging Facilities</p>	<p>Settings similar to arenas, gymnasiums and recreation halls (i.e., cots, air mattresses and sleeping bags) fall within this style of accommodations. This type of accommodations would only be used in an <i>Emergency or Life Safety Rescue Evacuation</i> where time is of essence and there is an existing or imminent threat. As soon as all evacuees are out of harm's way, efforts will be immediately made to move evacuees to available Commercial accommodations.</p> <p>Group lodging facilities will also be considered when no other spaces are available during a <i>Pre-emptive Evacuation</i>.</p> <p>Any group lodging facility must be inspected and approved by the local Public Health Unit.</p>

The Host Communities may be limited in the types of accommodations that they are able to provide. Hotel room and vehicle rental rates as outlined in the Public Services and Procurement Canada Accommodation and Car Rental Directory will be used as baseline for host sites to use when procuring services. Rental rates in excess will be considered on a case-by-case basis. For reference, the Directory can be found by using the below link:

[Accommodation and Car Rental Directory Preface - Acquisitions - PWGSC \(tpsgc-pwgsc.gc.ca\)](#)

Hotel room assignment will be the responsibility of the host community who will attempt to best maximize available spaces. Single persons will be expected to share accommodations with other single persons of the same gender to ensure best use of space, subject to personal health and safety considerations.

It is the responsibility of the First Nation community to assist in keeping immediate and extended family units together. The ability of the Host Community to accommodate these needs may depend upon the availability of space and the length of the evacuation.

Evacuees who abuse the accommodation arrangements provided by the Host Community will be required to leave a facility. Under these circumstances, the needs of evicted individuals without the means to support themselves will be discussed between the First Nation community leadership, ISC, and the Host Community to determine where these persons could be accommodated. Any applicable costs would be discussed as well. A sample guest agreement is attached in [Appendix W](#).

Should extra cleaning or sanitation requirements arise, estimated costs can be forwarded to the ISC Liaison for review and approval as needed.

Host Community Operations

It is recommended that host communities follow an [IMS Organizational Response Structure](#). Host Communities are also recommended to set up and conduct operations meetings. The frequency of these meetings is at the discretion of the Host Community (e.g. multiple times per day, daily or other frequency). These meetings should include all support partners and organizations involved on-site with First Nation leadership or liaison(s) participation.

An evacuated community's First Nation/Tribal Council can be contacted for technical support (i.e. community needs and education). It is encouraged that the local First Nation/Tribal Council and Council Emergency Management Coordinator be engaged and participate in these meetings when possible. The utilization of First Nation/Tribal Councils' existing health, education and child services supports is also encouraged where that option exists.

EMO will endeavor to deploy a Field Officer to every host community, as resources allow, to support the host community EOC and the leadership of the evacuated community. This support may be virtual or in person depending on what the situation requires.

Cultural Sensitivity

The culture, traditions, and lifestyles within First Nations, particularly those located in remote parts of the province, vary greatly from those found in many Host Communities. Evacuees may experience some difficulty in adjusting to their new environment and efforts should be made to minimize the impacts of their relocation. The availability of amenities and services such as traditional foods, feasts, evening tea for elders, and quiet areas for spiritual gatherings will assist in reducing anxiety.

Assistance in understanding the culture of a First Nation and in organizing activities tailored to the needs of evacuees is available from Indigenous Friendship Centres, located in or near many Host Communities, as well as regional Indigenous organizations/service providers including, for example, urban Indigenous coalitions, child welfare agencies, Indigenous health organizations and so forth. Municipalities interested in acting as Host Communities should establish contact and build relationships with such groups during planning and preparation for their anticipated role and responsibilities.

First Nation awareness and sensitivity training and workshops may also be available in certain locations across the province. It is strongly recommended that any jurisdictions who may participate in a First Nation evacuation participate in available training sessions and workshops. Interested Host Communities are encouraged to contact their local EMO Field Officer who can assist in determining the availability of these resources.

Chapter 4: Food and Personal Services

Meals

The provision of culturally appropriate and nutritious meals is the responsibility of the Host Community. Nutritious and culturally appropriate meals contribute to emotional, physical, spiritual, and social well-being and are a good health practice. Major changes in diet can cause digestive upset and affect overall well-being. Host communities should also consider connecting with local Indigenous organizations, local First Nations communities, and the First Nation Liaisons about food preferences.

Special dietary needs should be considered when making meal arrangements, such as the selection of food that is suitable for individuals with diabetes, Celiac, Crohn's disease, and colitis, as well as for infants, small children, and pregnant/nursing women. Host Communities may want to consult with their local public health unit for advice on appropriate food choices to address special dietary needs. Efforts should be made to obtain information about special dietary needs during the registration process. Questions around additional costs associated with dietary requirements should be directed to the designated host community ISC Liaison.

Meals are to be provided under arrangements by the Host Community and may include any of the following: cafeteria style, restaurants, room delivery, catering, barbecues, restaurant vouchers, and/or food store vouchers to purchase food. In order to ensure the health and safety of the evacuees, Host Communities should always hire professional food services that have been inspected and approved by the public health unit. Additionally, dining hall facilities should be inspected and approved by the local public health unit.

The daily meal rates per person, per day that have been approved by ISC are listed below and are in line with the Travel Directive for Federal public servants. Costs for meal related expenses that exceed these rates will be considered by ISC on a case-by-case basis. Host Communities should ensure that prior approval from ISC has been received prior to exceeding the approved rates.

Breakfast:	\$22.80
Lunch:	\$23.05
Dinner:	\$56.60
Total:	\$102.45

Snacks and beverages must also be made available for evenings and between meals for all evacuees. Costs will be reimbursed by ISC to a daily maximum of \$17.50 per person, per day.

The Travel Director for reference can be found using the below link:

[Appendix C - Allowances - Modules 1, 2 and 3 \(njc-cnm.gc.ca\)](https://njc-cnm.gc.ca/Appendix-C-Allowances-Modules-1-2-and-3)

If available, a private quiet room should be provided to allow opportunity for socialization among elderly community members during mealtimes. Special consideration should also be made for those who require special transportation or additional support to attend meals.

Clothing and Laundry

It is the responsibility of the evacuees to ensure that they bring adequate clothing. If emergency clothing is required, the Host Community will work with charitable organizations to obtain donated items, if possible, within the parameters of public health guidelines.

Evacuees will have the option of doing their own laundry, if resources are available within the Host Community. If practicable, it is recommended that the Host Community have a contract with a local Laundromat so that families can launder their own clothes. Host Community costs for laundry related expenses will be reimbursed up to a maximum of \$50.00 per week per family upon submission of receipts. If a family requires an additional allowance, a request must be submitted to ISC prior to the expenditure, it will be reviewed on a case-by-case basis.

Local Transportation

Local transportation services need to be provided to evacuees during their stay in Host Communities to allow them to access health services (e.g., visits to community-based pharmacies, primary health care providers, and other health care organizations), community events and religious events, to go shopping, to do laundry and to participate in other outings. Host Communities may accommodate these needs in a variety of ways.

Local Transit

Where available and feasible, Host Communities may arrange for public transit passes for evacuees to utilize the local transit system. In some instances, evacuees may use their registration identification in lieu of public transit passes.

Vehicle Rentals

Host Communities may rent vehicles to provide local transportation for evacuees within the Host Community. When renting the vehicles, Host Communities should acquire the insurance endorsements offered by the vendor to ensure that the municipality's own insurance premiums will not be affected.

If required, one vehicle rental will be provided per one hundred (100) evacuees in residence. Licensing and insurance regulations in some areas may preclude the use of evacuees as drivers. It is the responsibility of the Host Community to ensure that any drivers employed possess appropriate qualifications and insurance eligibility pursuant to the requirements of the [Highway Traffic Act](#) and other provisions.

Individual drivers will work for a maximum of twelve (12) hours per day. Remuneration for the drivers will be at the hourly minimum wage rate. A workday of less than 6 hours will be paid a minimum of 6 hours. However, Municipal employee drivers will be paid at their normal wage rate. Payment to drivers will be made by the Host Community on a weekly or bi-weekly basis and these costs will be reimbursed by ISC. See [Appendix U – Driver Job Description and Agreement](#) for further details.

Damage to Rental Vehicles

Appropriate auto insurance policy endorsements must be obtained by the Host Community to cover the potential costs of any damages to vehicles rented.

Bussing Arrangements

Bussing arrangements for a minimum of 20 evacuees may be made for the purpose of attending an event and must be approved in advance by ISC.

Family Reunification and Transportation between Host Communities

While evacuating families together is always a priority, it cannot always be achieved due to a variety of factors. Therefore, there is sometimes a need to reunite family members or others within a dependent relationship and who have been evacuated to different Host Communities, or who require specialized medical assistance that may not be available within a Host Community.

Given the potential privacy, safety, and security concerns in cases of family reunification, it is recommended that host communities confirm the consent of the receiving family members to be connected with the requesting individual before reunification takes place or information regarding their location is shared with the requesting individual. Community leadership or a community liaison should also be involved in this process.

Prior to approving evacuee transfers, a confirmation that required accommodations exist within the proposed receiving community must be obtained. Upon approval by ISC and the respective Host Communities, transportation of a non-urgent nature shall be provided by the most economical and feasible method (e.g., bus, train). In exceptional circumstances, such as a medical emergency, air transportation or land ambulance may be considered.

[Appendix E – Transfer Request Form](#) is intended to assist in the facilitation of Transfer Requests and Family Reunification.

Miscellaneous Services

Additional Personal Care Items

The Host Community will also be responsible for providing a variety of personal care items that may be required during the evacuation, including access to a small stock of care items for after hours. These include:

- Personal hygiene products (e.g., PPE and supplies, grooming kits, sanitary products, etc.);
- Elder care products
- Assistive devices (e.g., wheelchairs, walkers, raised toilet seats, shower chair, adult incontinent aids, etc.)
- Diapers/wipes for babies, including a stock of overnight supplies;
- Strollers (one per child under the age of 3);
- Playpens (one per child under the age of 3; and
- Bottled water (if required).

See Appendix R for further details.

Evacuees should be asked to bring their assistive devices whenever possible however mobility devices will be provided by the Host site should people not be able to bring their own.

Additional personal care items may be considered on an ad hoc basis with prior approval from ISC.

Public health concerns should be considered when providing personal hygiene products (e.g., distribution of individual-use bars of soap or soap dispensers to prevent sharing and potential spreading of any infections). These items should be provided when requested. Care should be taken to ensure that there is an equitable distribution of items for all evacuees and that they receive adequate supplies throughout the evacuation.

Infection Prevention and Control (IPAC) measures must be strictly enforced as part of the provision of personal care items.

Excluded Services

The costs of additional services that may be available in the accommodation facility, such as movie rentals and long-distance telephone calls, will be the individual's responsibility as would be the costs of food and beverages purchased outside of a Host Community's meal arrangements.

Recreation and Other Non-Standard Items

Once the evacuees have been made comfortable within their accommodations, the Host Community should consider providing organized recreational activities that are appropriate for the interests of varied age groups. It is recommended that the Host Community endeavour to identify required facilities and desired activities ahead of time to mitigate any potential limitations to use or access.

Recreation proposals will be reviewed on a case-by-case basis by the First Nation Community Liaison, the Host Community, and ISC.

Pre-approval for non-standard items such as recreation must be sought through the ISC Liaison who will record the request in [Appendix F](#) – “Authorization for Non-Standard Items”.

Note: Advance sign-up lists should be utilized to ensure that only evacuees attend events. These lists must be approved by the ISC Liaison.

Language Translation Services

Some residents of First Nations may only be able to communicate using their Indigenous language and may be less familiar with English and/or French. First Nation Community Liaisons will therefore play an important role in communicating key messages to evacuees and in acting as translators as required. This is extremely important during the initial registration of evacuees, as well as for evacuees that need interpretation support for medical appointments or other critical supports. Additional translation assistance may be available from local Friendship Centres; however, Host Communities are encouraged to employ additional translators or written translation services as required. These types of services are reimbursable expenses and should be pre-approved by the ISC liaison who may also be able to provide information regarding the availability and sources of corresponding supports.

Pet Care

Animals should be included in emergency planning for First Nations. First Nations may view the animals from their respective communities differently. While there may be clear owner-pet relationships, there could also be situations where some animals – likely dogs – are viewed as domesticated but communal and not the property of an individual owner. These different relationships will be respected and the welfare of all animals in the community will be protected as much as possible. As a best practice, one community member should be identified as the primary contact to receive and distribute pet food and any other required supplies and assistance.

The First Nation leadership should make arrangements for the care of pets and other animals in evacuated communities. If assistance with the care of animals is required, the First Nation

leadership should make this known to the PEOC which will make appropriate notification and arrangements. Assistance to care for animals may be arranged with or through members of the NGO Alliance of Ontario, such as the Ontario Society for the Prevention of Cruelty to Animals (OSPCA) and Humane Society. Supports, such as the transportation of food for animals, will be coordinated by or through the PEOC, the Solicitor General (SOLGEN) Ministry Emergency Operations Centre (MEOC) or another partner.

It is also recommended that animal welfare personnel be invited to participate in regular communication with First Nation leadership. At this or any other point in the process where the OSPCA or other animal welfare personnel deems it advisable, veterinary assistance may be used. Note that the OSPCA is a member of the NGO Alliance and does not have legal authority to issue orders for veterinary care.

In the unlikely event that it is necessary to evacuate pets or other animals from a First Nation, and after securing the approval of expenses from ISC, the evacuation will be coordinated by the PEOC (including the provision of transportation) in partnership with the animal welfare personnel (staff, equipment, supplies) and other partners. However, animal welfare personnel cannot guarantee availability of staff or resources to support large scale evacuations and would rely on partners and surrounding community resources to assist. This process will not be a responsibility of Host Communities.

Additional supports for boarding and the provision of daily animal care would be needed in the event of animal evacuations. Animal welfare personnel and other partners should be consulted with respect to available community resources for boarding, food, and supplies. A tracking protocol is available from the OSPCA with a number system and identification/description of the pet.

While some supplies (including pet food) may be donated, if necessary, the OSPCA will submit a bill for their services and expenses incurred through the SOLGEN MEOC to ISC for reimbursement. Additional consideration should be given to the well-being of pets during long-term evacuations. In some cases, an agreement might be reached with the facility in which evacuees are staying (e.g., hotel/motel) for pets to be kept with their owners. If possible, pets and their owners should be given the opportunity to interact (i.e., owners can spend time with their pets for walking, playing, grooming etc.). This will help both the owners and their pets to adjust to being away from home for an extended period.

Safety and Security

Security

It is the responsibility of the Host Community to determine how they will provide security for the evacuees and incremental security arrangements can be made by the Host Community as

required. In meeting this need, the Host Community may utilize the service of a local licenced security company. Note however that the use of First Nation Security personnel is encouraged whenever possible. First Nation cultural awareness and sensitivity are essential considerations and skills regarding personnel for the provision of security. It is recommended that the use and purpose of security be explained to evacuees to reduce feelings of anxiety or distress.

In determining the need for incremental security, the location of accommodations, their proximity to busy streets, and requests from host hotels/motels will be considered. The Host Community, First Nation Community Liaisons, and ISC may agree to issue walkie-talkies or other portable communication devices to security personnel. If approved by ISC, these devices will be eligible expenses. Additional Indigenous security resources may also be provided through the ISC Liaison, if requested.

Law enforcement

Law enforcement is the responsibility of the police service of jurisdiction within each Host Community. Local police do not normally provide security services at individual locations such as evacuation centres or hotels and it is understood that Host Communities may not have the resources to provide both law enforcement services and security for the evacuees.

Ontario Provincial Police

The Provincial Liaison Team (PLT) of the Ontario Provincial Police (OPP) is a key part of police planning and response to major events and conflict situations. The teams are focused on proactive relationship building as a means to assist in resolving issues. If required, the PLT may be called upon to support the emergency response to incidents with their culturally appropriate knowledge, relationships, and experience with First Nations communities. Officers are given training in the development of mediation and conflict resolution skills to support an appropriate OPP emergency response when required. The training also includes effective presentation, cultural awareness, and issues to be considered when responding to an event involving First Nation people.

Approval and reimbursement of extra policing costs for evacuees in the host community will be evaluated on a case-by-case basis by ISC.

In Host Communities, PLT members will work in partnership with municipal service providers, community groups, schools and other community resources through communication, mediation, and coordination of a resolution to the issues of all stakeholders.

Evacuation Centre Monitors

The Host Community may negotiate arrangements with the First Nation Community Liaisons to provide Evacuation Centre Monitors selected from among the evacuees. Such persons will

monitor conditions within each evacuation accommodation on an ongoing basis and liaise with pertinent organizations with respect to incremental needs of evacuees and other matters that arise. It is important to note that monitors do not perform security duties. Monitors will be paid minimum wage per 8-hour shift and the number of Evacuation Centre Monitors required will be determined among the First Nation Community Liaisons, the Host Community and the ISC Liaison. The frequency, method, and documentation requirements of payment for monitors will be at the discretion of the Host Community. See [Appendix V – Evacuation Centre Monitors](#) for further details.

Note: Evacuation Centre Monitors who are neglecting their duties or behaving in an inappropriate manner may have their position terminated by the Host Community once consultation has occurred with the First Nation Chief and ISC Liaison. Communication of the dismissal will be in writing, and a copy will be provided to the First Nation Community Liaisons. If required, the First Nation community leadership will be responsible for appointing a replacement for any monitors who are dismissed.

With respect to long-term evacuations, consideration should be given to replacing Evacuation Centre Monitors over time to provide relief from sustained duties. This would be at the discretion of the First Nation’s leadership in consultation with the ISC Liaison and the Host Community.

Additional First Nation Supports

Additional First Nation-led security and supports can be accessed if a need exists. For example, additional onsite security at the hotel or airport in the host communities can be considered with a ‘needs assessment’ completed in consultation with the First Nation leadership, the Host Community, and ISC. The request will be coordinated by PEOC IMT, who will contact ISC for initiation and activation/deployment. The use of local police must be requested only as a last resort and approved by ISC during strictly exceptional circumstances. First Nations are encouraged to use additional resources, such as their Tribal Council or Indigenous Representative Organization (IRO) Emergency Management Coordinator, where applicable, appropriate, and possible.

Insurance and Damages

Damages

Host Communities will be contractually responsible for damages to facilities that they lease or rent for the purpose of sheltering evacuees and may incur costs arising from damages to facilities that they own or operate. Thus, Host Communities may wish to use a part of their administration fee to negotiate incremental insurance premiums for additional liability coverage for losses arising from this potential eventuality. As a best practice, host communities should create pre and post evacuation inspection reports in partnership with an

insurer for the accommodations used during an evacuation with the understanding that wear and tear is inevitable. ISC will cover the cost for normal maintenance, including cleaning and restoration of buildings and facilities used to provide accommodations. Should there be extraordinary damage, it will be addressed on a case-by-case basis.

Indemnification Clause

As per section 18.1 of the Funding Agreement between a host community and ISC, the Recipient shall indemnify and save harmless to the Crown, his Ministers, Officers, employees, agents, successors and assigns from and against all claims, liabilities, and demands arising directly or indirectly from any acts or omissions of the Recipient or of any of its employees or agents in respect of, or resulting from (i) the Recipient's performance or non-performance of its obligations under the Agreement; or (ii) the Recipient entering into any loan, capital lease or other long term obligation.

For any entity (recipient) entering into a direct financial agreement with ISC, the above indemnification clause applies. If a recipient is unable to agree to these terms, they must advise ISC financial representatives to discuss further.

Administration Fee

Only the Agreement Holder may charge up to a maximum of 10% for administration fees; this can only be charged once, even when additional contractors are procured by the Agreement Holder. The administration fee is only applicable to eligible costs incurred prior to the application of harmonized sales tax (HST).

Reimbursement of Preparation and Readiness Costs

There may be circumstances where a municipality is requested to act as a Host Community and undertakes preparations but does not receive evacuees as a result of changes to the emergency situation, or due to flight diversions. Cost incurred in preparing to receive evacuees that do not arrive will be deemed eligible expenses by ISC and may be claimed using the same procedure for reimbursement as in communities that do act as hosts.

Chapter 5: Health Services

Overview

The Province of Ontario, the Government of Canada through ISC's First Nations and Inuit Health Branch (FNIHB) and First Nations share responsibility for First Nation health services in Ontario:

- FNIHB's primary mandate is caring for First Nation people living in First Nations communities. FNIHB provides primary care services (including emergency services) in remote, isolated areas where there are no provincial services readily available. FNIHB also provides public health services (e.g., immunization). It is important to note that in some First Nations, the responsibility for health services has been transferred from ISC to Bands, Tribal Councils, or other First Nations authorities.
- First Nation people living outside First Nations communities can access provincially funded health services.
- The relationship between public health units and First Nations varies across Ontario. Some public health units have limited contact with First Nations while others deliver services such as immunization clinics.

During the evacuation of community members out of a First Nation, the MOH supports the Government of Ontario's response to the emergency by coordinating the overall provincial health response which involves multiple health system partners (if required) and the provision of assistance to the local health system when its capacity to respond is overwhelmed. For more information on the role of health providers please see *MOH's Fact Sheet on Health Needs during the Evacuation of a First Nation* ([Appendix H](#)).

At the local level, the delivery of health services for evacuees in a Host Community is coordinated by local health partners, including Ontario Health (OH), the regional HCCSS, the public health unit, and local health care organizations such as Community Health Centres (CHCs), Aboriginal Health Access Centre (AHACs), hospitals, pharmacies, home care providers, Family Health Teams (FHTs), paramedic services, and Ornge.

Decisions around health services coordination are based on local arrangements and capacity, and which services and organizations are in place. Typically, a local health partner steps forward to act as the lead entity for the coordination of health services in the host community; depending on local arrangements this may be led by OH or the public health unit. If an AHAC or other indigenous health partner is present in the host community or region, they should be engaged as early as possible.

General

The purpose of this section is to outline the roles and responsibilities of health system partners during the evacuation of a First Nation community. This is accomplished by outlining the actions of federal, provincial, and local health partners at each stage of the evacuation, including the preparation, response and return phases.

All levels of the health system must work together to meet the health needs of the evacuated First Nation community members. This involves the promotion of personal preparedness, coordination of medical evacuation and continuity of health services delivery.

All health services should be in alignment with any relevant special guidance from the MOH or local public health units that may be issued at the time. An example would be the COVID-19 Guidance on Community Emergency Evacuations during 2020-2022. Any partners with questions regarding any guidance can contact the public health unit directly or the MOH via the PEOC.

While health partners fulfill many responsibilities related to health and well-being of evacuees, Host Communities have an important role to play in helping evacuees access required services. The planning for and delivery of health services are ideally accomplished through close collaboration between municipal staff, local health partners, and Indigenous health partners. Municipalities that consider acting as Host Communities should involve their local health partners (such as Ontario Health), Home and Community Care Support Services (HCCSS), public health units, hospitals, community health centres, Indigenous primary health care organizations, and other health care organizations) in planning discussions to ensure that the community is able to take care of the evacuees' health needs.

Culturally appropriate care is extremely important when hosting First Nations community members. If there is an Indigenous health services provider (such as an Aboriginal Health Access Centre [AHAC]), Indigenous Family Health Teams, Indigenous Community Health Centres, etc.) in a host location, or if a health provider from a First Nations council is able to assist (e.g. First Nation/Tribal Council), this organization should be included in all planning and response activities. Experience has shown that when Indigenous partners are included in decision making, the experiences of evacuees are improved at every level.

While staying in a Host Community, evacuees should be aware of how to access health services, such as primary health care, community-based pharmacy services, home care services, and mental health and harm reduction supports. The Host Community can also ensure that local health partners know about potential health-related issues that could arise among evacuees during their stay. In addition, hosting staff should collaborate with local health partners to decrease the chance of evacuees experiencing health problems during their stay in the Host Community by working with the public health unit and OH to ensure that evacuees have access to health care, nutritious food, and a safe living environment (e.g.,

public health inspections). This is especially important for long-term evacuations. Host communities can identify their OH and public health unit through the [Health Services Locator](#) or the [Public Health Unit Locator](#).

Please see the [MOH's website](#) for information on Health Considerations during a First Nation Evacuation. Medical transportation outside of a host community can be arranged through the Non-insured Health Benefits program by ISC-FNIHB.

Promotion of Personal Preparedness

In preparing for and during the evacuation of a First Nation Community, health system partners must collaborate to ensure that community members have access to information and resources to proactively take steps to address potential health needs that may arise while they are out of their home community. Communication and information materials should reinforce the importance of preparing and packing the following health-related items during an evacuation:

- Medical and immunization records;
- Ontario Health Insurance Plan (OHIP) cards;
- Medications and/or prescriptions (including scripts); and
- Assistive devices such as eyeglasses, hearing aids, spare batteries, and others.
 - **Note:** Assistive devices like wheelchairs, scooters, and walkers may not always be immediately available within a host community.

The local health care provider (e.g., Nursing station, health centre) and/or a designate should work with community leaders to ensure that residents have these critical items before leaving the community as there could be a delay in accessing these items in their host location.

Coordination of Medical Evacuations

The health system must work together to ensure that First Nations members who meet eligibility criteria for medical transportation are safely evacuated out of their community to a health care organization that provides the required level of care.

Medical evacuation may involve air transportation provided through Ornge, or ground transportation, coordinated by local paramedic services. The MOH's Emergency Operations Centre (MEOC) supports the process of medical evacuations as part of their health system coordination. The arrangements for the actual medical evacuations are organized by the health care providers in the evacuating communities.

Continuity of Health Services Delivery

Health system partners at all levels must collaborate to ensure that evacuees are able to

access health services during their stay in a Host Community. Therefore, local health partners such as Indigenous Health Partners/OH, Home and Community Care Supports Services (HCCSS), public health units, and other local health care organizations, should connect with other Host Community responders to ensure that evacuees have access to health services upon arrival in the Host Community. This includes the continuity of care that individuals receive in their home communities (e.g., home care services) and health issues that may arise while staying in the Host Community.

Additional planning may be required with respect to long-term evacuations and the impact to the Host Community health service providers due to potentially increased pressures on the health care system over an extended period.

A useful resource for this planning is the MOH's [First Nation Health Inventory for Evacuations form located in Appendix I](#). The purpose of this form is to provide a general picture of a First Nation community's health needs in advance of a possible evacuation, which may require specific interventions while evacuees are in a Host Community.

Once completed, MOH will share the form with the health planning lead for the Host Community. The form is to be completed by a health care provider who provides services in a First Nation community.

Roles and Responsibilities

This section outlines the preparedness, response and return actions of key partners at all levels of the health system that are involved in supporting the evacuation of community members out of a First Nation to a receiving Host Community or health care facility.

Indigenous Services Canada (ISC) and Other Health Organizations in First Nations

During the evacuation of a First Nation, ISC's FNIHB and/or other health care organizations in the First Nation work in partnership with the community leadership and provincial health system to ensure the continuity of health services for the evacuating First Nation residents. In general, health care organizations in First Nations Communities provide support and guidance to First Nations leadership and community members on all health-related aspects of the evacuation.

ISC is also responsible for administration of the *Non-Insured Health Benefits Program*, a national health benefit program that provides coverage for benefit claims for a specified range of drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention, mental health counselling and medical transportation for eligible First Nations and Inuit people. ISC is responsible for developing and disseminating communications to pharmacists, dentists, and eye care specialists in the receiving Host Communities regarding

the NIHB program to ensure that these health care providers are aware of how to process claims. Through NIHB, ISC is also responsible for supporting eligible medical transportation for First Nations members who need to travel to access health care appointments.

Health care providers in the First Nations community will not be evacuated out with the community members unless they are registered to provide health services in the host community. As long as there are members left in community, and as long as it is safe to do so, health care providers will remain in the First Nations community.

Health care providers in the First Nations community are responsible for the following activities during the various stages of an evacuation:

Preparation Phase

- Support the First Nations community leadership to identify individuals who require priority evacuation (Medical Evacuation and Primary Evacuation). These priority lists should be updated on a regular basis, so they are ready to be activated during any type of evacuation.
- Support the First Nations community leadership to disseminate educational materials and key messaging on the types of health-related items those community members should prepare to bring with them during an evacuation. This work can be done in concert with other education and outreach activities that are being organized in preparation for an evacuation.
- Support First Nations community members, especially vulnerable community members (e.g., persons with disabilities, elders, children, pregnant women, and persons with medical conditions) to prepare for evacuation.
- Identify to the First Nations community leadership and MOH any health needs in the community that may require special consideration during an evacuation (e.g., health issues that would require specific Host Community supports) by completing the [First Nation Health Inventory form \(Appendix I\)](#).

Response Phase

- Work with the MOH and medical transportation services (local paramedic services, Ornge) to support First Nations community members who require medical evacuation to ensure the seamless transition of these individuals out of the community and into a health care setting that provides the required level of care (Medical Evacuation Stage).
- Help to coordinate the evacuation of vulnerable populations (Primary Evacuation) so that necessary arrangements can be made to ensure continuity of health services in the receiving Host Community.
- Ensure that health records are up-to-date and that information on how to access these records is communicated to each receiving Host Community and the MOH. This will assist health care organizations in the receiving Host Community in accessing the evacuees'

health history, ensuring continuity of care for individuals requiring health services.

Return Phase

- Upon notification by the PEOC and the Chief and Council of the potential return of evacuees to the First Nation, notify the MOH on the status of the health facilities in the First Nation (resources, infrastructure, staffing) and the organization's ability to support the transfer of vulnerable community members back to the community.
- Once the health facilities are ready to provide health services, work with the MOH, paramedic services, and community leadership to support the return of community members back to the First Nation.

Ministry of Health

The MOH and health sector partners work to ensure access to the provincial health care system. Depending on the complexity of the evacuation, the MOH may activate its MEOC to coordinate the health response with its partners at the local, provincial, and federal levels. In addition to its coordination role, the MOH provides assistance to the local health system when a situation arises that exceeds the ability of the local health system to respond.

The services that individuals require or want may not be available in the Host Community (e.g., placement in a long-term care home or mental health and addiction facility). If an individual leaves, refuses admission to, or is required to leave a health service/program, the MOH may not be able to arrange alternative services.

The MOH is responsible for the following activities during the various stages of an evacuation;

Preparation Phase

- Upon notification from the PEOC of the potential evacuation of a First Nation, notify health partners that may have a role in supporting the response, such as OH, HCCSS, public health units, ISC, health care organizations that provide services in the First Nation, local paramedic services and Ornge and CritiCall Ontario.
- Monitor the threat to the First Nations community and keep health partners informed of the evolving situation.
- Assess the capacity and vulnerabilities of local health system in potential Host Communities in order to support continuity of care for evacuees, including suitability to act as a host community or location from a health perspective.
- Where possible, develop strategies in collaboration with other health partners to address any specific health needs that have been identified by ISC and/or health care organizations in the First Nation that require appropriate health supports to be in place in potential Host Communities.
- Distribute the [First Nation Health Inventory form \(Appendix I\)](#) that has been updated by

the health care provider, or designate, in the evacuating First Nation prior to evacuation.

Response Phase

- Support local health partners in Host Communities to ensure that incoming First Nations evacuees can access local health services.
- Provide assistance when local health partners are experiencing challenges in responding to the health needs of the incoming evacuees. This may include deploying the Emergency Medical Assistance Team (EMAT) to provide surge capacity for the local health system. This decision will be made by the MOH at the time of the response based on a 'needs assessment' of the situation and in consultation with the Host Community and local health partners. The MOH will also consider whether EMAT, which is a volunteer-based organization, has the capacity to deploy at a given time.
- Assist health care providers in the Host Community to link with health care providers in the First Nation, including supporting virtual access to medical records, sharing contact information.
- Coordinate MOH programs, such as access to OHIP card registration (via Service Ontario) and EMAT (if deployed). To receive new or replacement OHIP cards, transportation would need to be arranged by the host community to the nearest Service Ontario location
- Coordinate with health partners to address Host Community requests for the provision or deployment of personal protective equipment (PPE).
- If OHIP registration services cannot be provided in a timely manner, communicate with local health partners on the appropriate billing mechanisms for evacuees who require provincial health services while in the Host Community but do not have an OHIP card.
- Notify the PEOC and ISC of the location (i.e., name and address of receiving health organization/provider) of First Nations community members who have been medically evacuated (without sharing personal health information).
- Provide regular updates to health partners on the status of the evacuation.

Return Phase

- Upon notification by the PEOC on the potential return of evacuees to their First Nation, notify affected health partners on the status of the return home effort and anticipated next steps.
- Assist provincially funded health partners to track extraordinary expenses incurred during the response.

Ontario Health (OH)

Ontario Health supports two-way communications between their transfer payment agencies and the MOH. OH transfer payment agencies include hospitals, community support service organizations, community mental health and addictions agencies, Community Health Centres

(CHCs), and long-term care homes. They may also communicate with other health care organizations in the Host Community (e.g., Family Health Team (FHT), Aboriginal Health Access Centre (AHAC)) and support the coordination of health services for evacuees in the Host Community, depending on local arrangements with public health units and other local health care organizations.

The OH Region is responsible for all or some of the following activities during the various stages of an evacuation, depending on local arrangements:

Preparation Phase

- Upon receiving notification from the MOH, notify transfer payment agencies (e.g., hospitals, home care providers, CHCs, long-term care homes) in prospective Host Communities on the range of services that may be provided to the evacuees.
- Assess the risk of the hazard on any transfer payment agencies in the impacted First Nation.
- Assist the MOH to assess the capacity and vulnerabilities of the local health system in potential Host Communities to support continuity of care for evacuees.

Response Phase

- Continue to assess risk of the hazard on any transfer payment agencies in the impacted First Nation.
- Keep transfer payment agencies and potentially other health care organizations in the Host Community (as per local arrangements) updated on the evolving situation.
- As per local arrangements, liaise with the Host Community to ensure that evacuees can access local health services.
- As per local arrangements, liaise with the MOH to provide updates on the local response, including identifying any health-related issues that require provincial input and support.
- Inform affected transfer payment agencies and potentially other health care organizations (as per local arrangements) of the MOH procedure to track extraordinary expenses.

Return Phase

- Upon notification from the MOH of the potential return of evacuees to the First Nation, notify transfer payment agencies and potentially other health care organizations (as per local arrangements) on the status of the return effort and anticipated next steps.
- Assist transfer payment agencies and potentially other health care organizations (as per local arrangements) to track extraordinary expenses incurred during the response.

Home and Community Support Services (HCCSS)

Home and community care support services coordinates the delivery of home care services for First Nations residents during their stay in the Host Community. These services include in-home nursing support, personal care support, physiotherapy, social work support, and access to medical supplies and equipment.

They also assist with the placement of evacuees into long-term care homes (e.g., clients who are receiving home care services or are placed in a long-term care home in the First Nation). Although they will strive to place clients in long-term care homes in the Host Community where the First Nations community has been evacuated to, doing so may not be possible due to the availability of beds. In this case, the MOH will work with the PEOC to provide reunification support to these clients and their family members, as is practicable. In the case where the receiving long-term care home is not within the designated Host Community, neither the MOH, OH or local health care providers will arrange and/or provide for escorts to accompany individuals. Special arrangements would need to be arranged with First Nations Inuit Health Branch (FNIHB) for this as needed.

HCCSS is responsible for the following activities during the various stages of an evacuation:

Preparation Phase

- Upon notification about the potential evacuation of a First Nation, prepare to receive evacuated First Nation residents. This may include assessing whether home care supports are available to evacuees in the Host Community, as well as finding suitable long-term care home placements for evacuees who meet specific criteria.

Response Phase

- Work with the evacuating First Nation health providers (e.g., FNIHB nursing station staff, home care providers) to support clients identified as requiring home care during their stay in the Host Community.
- Work with the evacuating health facility and medical transportation providers (paramedic services, Ornge) to support the placement of evacuees into long-term care homes.
- Follow MOH guidelines to track extraordinary expenses incurred during the response.

Return Phase

- Upon notification by the MOH about the potential transfer of residents back to the First Nation, prepare to support clients return to their community. This includes clients who were receiving home care supports, as well as residents who were placed into long-term care homes.
- Ensure that client health records are up-to-date and that information on how to access

(i.e., by telephone) the records is communicated to FNIHB and any appropriate health or long-term care facilities.

Paramedic Services

The role of local paramedic services is to provide inter-facility transfers for First Nations Community members who meet the eligibility criteria and to provide paramedic services within Host Communities for emergency calls. The costs of these transfers and emergency calls are reimbursable municipal expenses.

Local paramedic services in communities that are being evacuated and in Host Communities are responsible for the following activities during the various stages of an evacuation:

Preparation Phase

- Upon notification from the MOH about the potential evacuation of First Nations residents out of their community, prepare to respond to any requests for medical transportation out of the evacuating community.

Response Phase

- Coordinate the land evacuation of First Nations community members who meet the eligibility criteria for Medical Evacuation in collaboration with the MOH, CritiCall Ontario, and the OH.
- Notify MOH of the location (i.e., name and address of receiving health care organization) of First Nations members who have been medically evacuated.
- Provide paramedic services within Host Community for emergency calls.

Return Phase

- Upon notification by the MOH of the potential return of residents to the First Nation, prepare to initiate client transfers back to the evacuated First Nation.
- Coordinate the transfer of clients from the health care facility back to the community in consultation with the health care organization in the First Nation.

Ornge

Ornge is a non-profit organization responsible for the coordination of Ontario's air ambulance system. Ornge utilizes/contracts a fleet of aircraft stationed at 26 bases across the province, with the planning and directing of flights coordinated through the Ornge Communications Centre.

Ornge is responsible for the following activities during the various stages of an evacuation:

Preparation Phase

- Upon notification from the MOH about the potential evacuation of First Nations residents out of their community, prepare to respond to any requests for medical transportation out of the evacuating community.

Response Phase

- Coordinate the air evacuation of First Nations community members who meet the eligibility criteria for medical transportation in collaboration with the MOH, CritiCall Ontario and OH.
- Notify MOH of the location (i.e., name and address of receiving health care organization) of First Nations community members who have been medically evacuated (without sharing personal health information).

Return Phase

- Upon notification by the MOH on the potential return of residents to the First Nation, prepare to initiate client transfers back to the evacuated First Nation.
- Coordinate the transfer of clients from the health care facility back to the community in consultation with the health care organization in the First Nation.

CritiCall Ontario

CritiCall Ontario identifies bed capacity in acute care facilities (hospitals) across the provincial health system. Acute care transfers take place during the Medical Evacuation Stage, independent of the broader First Nations community evacuation that is coordinated by the PEOC and MNRF. CritiCall Ontario attempts to ensure that evacuees going to acute care facilities are in the same Host Community as the rest of their community; however, because these transfers are based on bed availability, some individuals may end up in facilities located in other municipalities. In this case, the MOH will work with the PEOC to provide reunification support for family members as is practicable.

CritiCall Ontario is responsible for the following activities during the stages of an evacuation:

Preparation Phase

- Upon notification from the MOH about the potential evacuation of First Nations residents out of their community, prepare to respond to any requests for medical transportation out of the evacuating community.

Response Phase

- Work with the MOH, OH, the evacuating health care facility, and the medical

transportation provider (paramedic services, Ornge) to identify available bed capacity within the provincial acute care system.

Return Phase

- N/A

Evacuating Health Care Facility

There may be a range of health care facilities and providers in the impacted First Nations community that are affected by an evacuation. These can include health centres, nursing stations, acute care hospitals, or long-term care homes. During the evacuation of a First Nation, health care facilities must work with OH/HCCSS, the MOH, ISC, and other health partners to ensure that the patients/clients/residents they serve continue to be able to access primary care, home and community care, long-term care, and public health services.

The evacuating health care facility/provider is responsible for the following activities during the various stages of an evacuation:

Preparation Phase

- Upon notification from ISC, the MOH or OH about a potential evacuation, prepare to evacuate clients.
- Assess each patient/client/resident to identify health needs and share assessments with appropriate health partners (e.g., CritiCall Ontario for patients who require acute care placement, or regional HCCSS for patients who require long-term care placement).
- Complete and (update regularly) the [First Nation Health Inventory form \(Appendix I\)](#) and share it with MOH.
 - In some communities this task may be given to a Non-Governmental Organization (NGO). In this case the MOH and other health partners would still look to the evacuating health facility/provider for this information.

Response Phase

- Upon notification of the confirmed receiving health care facility for each client/patient/resident, coordinate with the MOH, OH and/or CritiCall Ontario, and the appropriate medical transportation provider (local paramedic service, Ornge) to support the evacuation of each client.
- Ensure that patient/client/resident health records are up-to-date and that information on how to access them (i.e., electronically, telephone, fax) is communicated to the receiving health care facilities.
- Ensure that patient/client/residents have supply of any critical medications as access to a pharmacy in a host location may not be immediate

Return Phase

- Once the Chief and Council have declared that the First Nation is safe for residents to return, notify ISC, the MOH and OH on the status of the health care facility and its ability to accept the transfer of clients back to the facility.
- Once the health care facility is ready to accept clients, work with MOH, OH, paramedic services and the receiving health care facility to transfer clients back to the facility.

Receiving Health Care Facility/Provider

When health care facilities located in a First Nations community are required to evacuate their patients/clients/residents, these patients/clients/residents may be evacuated to receiving health care facilities at locations across the province, including acute care hospitals, chronic care hospitals or long-term care homes. Most of these facilities receive funding through OH. Health sector partners will strive to transfer clients to a health care facility that provides a comparable level of service. As well, although efforts will be made to evacuate clients to receiving health care facilities in the Host Community where the First Nation has been evacuated to, it may not be possible due to bed availability. In this case, the MOH will work with the PEOC to provide reunification support for family members, as practicable.

The receiving health care facilities are responsible for the following activities during the various stages of an evacuation:

Preparation Phase

- Upon notification from the OH about potential evacuation of a First Nation, prepare to accept patients/clients/residents.
- Review the completed First Nation Health Inventory form (Appendix N) provided by MOH.

Response Phase

- Upon being designated as receiving health care facility, coordinate the transfer of patients/clients/residents with the MOH, OH, and/or CritiCall Ontario, and the medical transportation provider (local paramedic services, Ornge).

Return Phase

- Once the health care facility in the First Nation is ready to accept returning patients/clients/residents, work with the MOH, OH, medical transportation providers (local Paramedic Services, Ornge), and the health care facility in the First Nation to transfer clients back to the facility.

Public Health Units

Public health units inspect accommodation facilities and food preparation sites in the Host Communities to ensure they meet public health standards. As well, public health units play a role in communicating the overall health status of the Host Communities regarding issues of public health importance (e.g., communicable disease outbreak such as seasonal influenza). Public health units may also play a role in supporting other mitigation activities in the Host Community, such as providing advice on appropriate nutritious food for evacuees with dietary needs (e.g., diabetes) and ensuring that all food service providers have been inspected.

Some public health units may also support the coordination of health services for evacuees in the Host Community, depending on local arrangements with OH and other local health care organizations.

The public health unit is responsible for all or some of the following activities during an evacuation, depending on local arrangements:

Preparation Phase

- Upon notification by the MOH, prepare to receive incoming First Nations residents.
- As per local arrangements, notify other local health care organizations on the range of services that may be provided to the evacuees.
- Inspect and approve any identified group lodging sites to ensure they meet public health standards.
- Provide IPAC guidance and advice to Host Community partners as needed.

Response Phase

- Collaborate with public health organizations in the evacuating First Nations community to share information on issues of public health importance (e.g., infectious disease outbreak in the evacuating First Nations community or receiving Host Community).
- Inspect accommodation facility and food preparation sites prior to the arrival of First Nations community members.
- Provide ongoing IPAC guidance and support to Host Community partners
- Depending on local arrangements, liaise with Host Community to ensure that evacuees can access health services.
- Depending on local arrangements, liaise with the MOH to provide updates on the local response, including identifying any health-related issues that require provincial input and support.

Return Phase

- Collaborate with public health organizations in the evacuating First Nations community to share information on issues of public health importance (e.g., infectious disease outbreak in the Host Community that may impact the evacuated residents who are returning to the First Nation community).

- Share records of any vaccinations that may have occurred in host community and work with the health care provider in the evacuating community to safely share information with health provider in the First Nation.

Movement to and from Medical Appointments

If a patient is attending a medical appointment at the time a community is evacuated, NIHB will accommodate the patient until a host community has been confirmed. At that time, and once discharged, NIHB will coordinate transporting the patient to the Host Community.

When evacuees are returned to their home community at the end of an evacuation, there may be a community member who was not able to return to the community because they were in hospital at the time of the community's return home and unable to leave the hospital or were out of the Host Community for a medical appointment. In these situations, once the community member is ready to return to the community, the NIHB program will arrange for the community member to return home.

It is the responsibility of the community member to inform NIHB when they are discharged from the hospital and/or when their appointment is completed and that they require their travel arrangements to be made.

With respect to medical escorts (ME), only MEs that have been pre-approved by NIHB will be covered for transportation costs home. MEs that have not received NIHB approval will have to provide for and arrange their own transportation. With medical justification, MEs may be approved to stay with a hospitalized patient or be brought from the home community upon the patient's discharge, to act as an escort home.

The available services include Accommodations (coverage/extension until discharge travel is arranged), meal vouchers, and ground transportation (taxi) to attend medical services.

The Afterhours toll free number is available for clients requiring assistance with their NIHB Medical Transportation after the working hours of Monday to Friday 8:00 am to 4:30 pm, Saturday & Sunday 8:00 am to 4:00 pm. To access the toll-free number please call 1-833-MED-TRAV (1-833-633-8728).

[See NIHB Non-Medical Escort Criteria – Appendix J](#)

[See NIHB Cover Memo for Bulletins – Appendix K](#)

[See NIHB Transportation Info – Appendix L](#)

[See NIHB Drug Benefit Info – Appendix M](#)

[See NIHB MSE Vision Mental Dental Info – Appendix N](#)

For more information on NIHB Medical Transportation Benefits, please refer to the [NIHB Medical Transportation Policy Framework](#)

Chapter 6: Emergency Social Services

Ministry of Children, Community and 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*).

Process for Social Services and Emergency Social Services Requests

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 PEOC or 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.

If the PEOC determines that there is an outstanding need and the Host Community has exhausted all of 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:

1. Confirmation from the PEOC that the local Host Community has been contacted and is not already providing the emergency social service; and
2. 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 is capable of providing the service.

MCCSS will deliver ESS under the following major principles:

- The Ministry of Children, Community and Social Services (MCCSS) supports and works within the provincial “bottom up” framework for Emergency Management.
- If a municipality is responding to an emergency and they have exceeded capacity, there is

an existing process in place to request provincial assistance whereby the municipality contacts the PEOC.

- The PEOC, in consultation with MCCSS, will assess the extent of any local Emergency Social Service deficiency and how provincial provisioning might be considered.
- If a provincial ESS response is deemed appropriate and necessary, MCCSS may assist in the following ways:
 - By accessing supplies from the National Emergency Stockpile System (NESS) and ensuring delivery to the municipality; and/or
 - By working with the municipality to ensure the availability of the Emergency Social Services components needed under specific circumstances if not ordinarily available within the municipality.

MCCSS programs and supports that are normally provided within an evacuated First Nations community, such as Ontario Works, will continue to be provided within Host Communities through the coordination of these programs with local authorities.

Emergency Food and Shelter

In the event that a Host Community has exceeded their capacity and requires support, MCCSS may request cots 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.

Emergency Clothing

Prior to each evacuation, First Nations 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. See section on [Clothing and Laundry](#).

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.

Personal Services

Provision of personal services is normally included in the arrangements made between Host Communities, the PEOC, and ISC. However, in the event that 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 supports 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 Keepers, traditional healers, and spiritual supports. The 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.

Resolution of Issues under the Jurisdiction of MCCSS

An important principle of emergency management is that responders retain responsibility for their own areas of expertise during an emergency. This means that matters under federal jurisdiction remain under the jurisdiction of the appropriate federal department and matters under provincial jurisdiction, such as child protection programs, will remain the responsibility of provincial level organizations.

When issues arise that relate to MCCSS programs such as Child Protection, Youth Justice Services, Social Assistance (Ontario Disability Support Program (ODSP) and Ontario Works), Assistance for Children with Severe Disabilities (ACSD), and Developmental Services they should be directed to the MCCSS MEOC. The MCCSS MEOC will engage the appropriate Ministry program area for resolution.

Provision of Key MCCSS Programs

The following section highlights the various programs that fall within the jurisdiction of MCCSS and is intended to provide general awareness and guidance to communities and the individual residents that may be displaced during an evacuation.

To continue providing existing programs to evacuated individuals and families, MCCSS will require access to essential information during the registration process (see section on Registration of Evacuees) for the purposes of tracking Ministry clients to ensure that key Ministry program supports such as Child Protection, Youth Justice Services, Social Assistance (ODSP and Ontario Works), ACSD, and Developmental Services continue to be available to Ministry clients during an evacuation.

In preparation for emergency evacuations and relocation of First Nations community members to Host Communities, and to facilitate the continued delivery of key programs

described below, families and individuals should consider:

- Self-identifying any social service reliance to the First Nations Community Evacuation Coordinator and/or community leaders (if appropriate), as part of the evacuation planning process to ensure future relocation information can be readily available to the appropriate ministry contacts immediately following evacuation. This could include MCCSS services such as Ontario Works and ODSP, Child Welfare or Youth Protection, and Probation Services.

Timely access to accurate lists of evacuee names and locations in Host Communities is required to ensure that individuals already receiving these services continue to have their needs met. The following list describes the programs that fall within the jurisdiction of MCCSS and is intended to provide general guidance to Host Communities and local Ministry branches in the processes for the extension of Ministry services during evacuations:

Ontario Works (OW)

Evacuees on Ontario Works social assistance will continue to receive benefits without any change. Ontario Works is delivered on behalf of the province to First Nations Communities by an OW Administrator and staff located within the First Nation. OW staff is employed by the band and not the province. Ontario Works Branch will communicate any income exemptions and/or guidelines for purposes of Ontario Works evacuees should they be required.

OW Emergency Benefit

Evacuees who are not in receipt of Ontario Works, but who require immediate financial assistance may apply for emergency assistance. Eligibility is determined on a case-by-case basis per section 56 of the [Ontario Works Act](#), Regulation 134/98. Ontario Works recipients may apply for discretionary benefits with determination made on a case-by-case basis. Confirmation of funding provided by any other source such as ISC is required.

Ontario Disability Support Program (ODSP) and Assistance for Children with Severe Disabilities (ACSD)

Evacuees on the Ontario Disability Support Program (ODSP) and Assistance for Children with Severe Disabilities (ACSD) will continue to receive benefits without any change. Federal assistance paid to evacuees will be exempted as income for the purposes of determining eligibility for ODSP social assistance. The Regional ODSP Managers will coordinate a cross-reference of Host Community evacuee lists and ODSP and ACSD client lists with community liaisons. Direct delivery of ODSP and ACSD by the MCCSS Regional Offices will continue.

ODSP New Applications

New applicants for ODSP will be directed to OW for emergency support until the emergency situation ends.

Developmental Services

Developmental Services is funded by MCCSS. The MCCSS Regional office will continue to monitor Developmental Services service providers and receive/act on Serious Occurrence reports during an evacuation. The MCCSS Regional office will ensure communication with developmental services agencies in Host Communities to determine capacity for respite care. The Special Services at Home (SSAH) program for children is administered by MCCSS and will continue to provide supports to eligible clients during an evacuation.

Child Welfare (Child Protection Services)

Child Welfare Services are provided by Children's Aid Societies. Children and families under order of the court will continue to receive services during an evacuation. The MCCSS Region Office will communicate with home agencies requesting that they provide information to Host Community agencies to ensure service continuity and effective transition of case files between home agency and Host Community agency. The MCCSS Regional Office will continue to monitor Children's Aid service providers and receive/act on Serious Occurrence reports during an evacuation.

Representatives from relevant Child Services should try to be present in every host community with the understanding that some support may be provided virtually. To better assist with child welfare, child welfare agencies and host communities should connect with each other as soon as a host community has been determined. An ESS navigator through MCCSS can also assist host communities in making connections with appropriate service providers. All attempts must be made to have the representative Indigenous Child Welfare agency worker(s) as well as the band representative present when dealing with any child welfare matters.

Youth Justice Services (YJS)

Youth Justice Services is a core business of the MCCSS and is managed through a dedicated Division. Services are provided in the North Region at a number of office and satellite locations with program oversight being provided by the North Regional Office. The YJS regional office will maintain oversight of youth custodial and community-based programs to ensure the continued monitoring and enforcement of court orders in host communities during an evacuation.

Chapter 7: Finance, Administration and Records Management

General

The federal government through ISC is responsible for the remuneration of all eligible provincial and municipal costs during First Nations community evacuations. [Appendix “R”](#) provides a list of services and activities that are reimbursable from ISC. There are certain limits for some costs that are noted in the appropriate sections. Any incremental activities or services that may be considered by a Host Community or proposed by a First Nations community must be pre-approved by ISC if remuneration is to be sought.

Host Community Cost

As noted above, ISC is responsible for defining which activities and services will be eligible for reimbursement and the associated limits for each component cost. When making a claim for reimbursement, Host Communities (municipal and/or First Nation) should submit an itemized consolidated claim for its eligible expenditures that is supported by receipts to ISC within ninety (90) days of its last expenditure related to the emergency event. ISC will review all host community claims received and will reimburse municipalities within ninety (90) day of receiving all receipts.

Should a host community engage an external organization or contracted vendor to provide any of its defined Host Community services, any costs arising from such arrangements will be reimbursable to the host community if they are included within the schedule of approved eligible expenses. All eligible third-party costs must therefore be included within a host community claim as neither the PEOC nor ISC will reimburse third parties directly. It will be the host community’s responsibility to negotiate its own reimbursement arrangements with any third party.

In considering third party service delivery options, it is important that the host community review the anticipated costs and levels of any such services in advance to ensure that they would be consistent with ISC standards and will not exceed eligible expense cost recovery limits.

Additional Information Requests, Claims Dispute Resolution and Remedies

Additional Information Requirements

Should additional information be required for clarification or to substantiate any claim for cost recovery, ISC will be responsible for contacting the province and/or host community directly to request information related to provincial and host community claims.

Dispute Resolution and Remedies

In the event that a claim by any party has been disputed the affected parties will follow the terms and conditions of the funding agreement.

Record Management and Confidentiality

The need for record management during First Nations evacuations is extremely important and sensitive for a variety of reasons relating to health and safety, and legal, financial, and confidentiality considerations. Protocols respecting the sharing and disclosure of the different types of records collected during an evacuation event will be found in relevant legislation. The records created by Host Communities (and /or their contracted agents) become formal municipal records and as such are subject to the requirements of the [Municipal Freedom of Information and Protection of Privacy Act](#). This legislation does not preclude the disclosure of information during emergencies that permits relevant health and social services public authorities to meet the needs of evacuated persons and to discharge their legal responsibilities.

The Health and Social Services chapters of this manual also provide some guidance on the types of records and information that are most commonly required to be shared during evacuations.

All who manage First Nations records should ensure that they abide by the First Nations principles of OCAP® that establish how First Nations' data and information will be collected, protected, used, or shared. Standing for ownership, control, access, and possession, OCAP® is a tool to support strong information governance on the path to First Nations data sovereignty. For more information about OCAP® see: <https://fnigc.ca/ocap-training/>.

Appendices

APPENDIX A	Evacuation Checklists
APPENDIX B	Sample Flight Manifest
APPENDIX C	First Nation Evacuation – Return Flight Baggage Guidelines
APPENDIX D	Registration and Inquiry (R&I) Card
APPENDIX E	Transfer Request Form
APPENDIX F	Authorization for Non-Standard Items
APPENDIX G	Emergency Declaration Form
APPENDIX H	MOH’s Fact Sheet on Health Needs during the Evacuation of a First Nation
APPENDIX I	First Nation Health Inventory Form
APPENDIX J	NIHB Cover Memo for Bulletins
APPENDIX K	NIHB Medical Transportation Information
APPENDIX L	NIHB Non-Medical Escort Criteria
APPENDIX M	NIHB Drug Benefit Information
APPENDIX N	NIHB MSE, Vision, Mental Health & Dental Benefit Information
APPENDIX O	Private Information Authorization Template
APPENDIX P	Non-Insured Health Benefits Navigators (Chief of Ontario)
APPENDIX Q	Chiefs of Ontario North and South Navigator Area of Coverage
APPENDIX R	Eligible Expenses Included in JEMS Manual
APPENDIX S	JEMS Definitions and Acronyms
APPENDIX T	First Nation Community Liaison Job Description and Agreement
APPENDIX U	Driver Job Description and Agreement
APPENDIX V	Evacuation Centre Monitor Job Description and Agreement
APPENDIX W	Sample Accommodations Agreement

APPENDIX A – Evacuation Checklists

Checklist #1 – *to be given before each flood season*

An evacuation may be ordered when there is a significant threat posed to a specific area or the community. Causes of an evacuation could include natural, accidental, or human-based emergency, such as a flood or forest fire.

When you should evacuate:

Evacuate only when instructed to do so by your local emergency officials. If asked to evacuate listen to the local radio or television to learn about areas being evacuated and how to evacuate.

How will I know to evacuate?

Evacuation orders are typically broadcast through the media or delivered directly to homes and business by emergency responders, such as the police.

What should I do if asked to evacuate?

- Offer to assist neighbors who may not be able to evacuate on their own. If possible, make these arrangements in advance.
- Take your family's important documents (status card, OHIP card, medical and vaccination records, credit cards, and cash).
- Evacuate the area as directed.
- Provide a five-day supply of pet food and water, along with any necessary medications, for every family pet. If possible/applicable, provide your animal's crate or harness for safe and secure transportation.
- Pack appropriate clothing

Checklist #2 – to be given out when an evacuation is imminent

Before you leave home (if time permits):

- Eat a meal before leaving home if possible.
- Close and lock all windows and doors.
- Turn off all lights, fans, vents, and heating systems and close the fireplace damper. If evacuating your home for a prolonged period during cold weather, drain water from the plumbing system. Turn off the main water supply and then, starting at the top of the house open all taps, flush toilets several times and open the drain valve in the basement (if you have one). Drain your hot water tank by attaching a hose to the tank drain valve and running the hose to the basement floor drain.
- Check on your neighbors, friends or family members in the area that are without transportation and offer help.
- If evacuating your home for a prolonged period during spring/summer months, dispose of all perishable food in your refrigerator/freezer. This is important because perishable food will likely spoil in your absence if power is shut off and will not be safe for human consumption upon your return.
- If you are evacuating due to a flood, try to move any valuable item from the floor/basement if possible, in order to limit potential water damage.

What should I bring with me if I'm asked to evacuate?

For Babies/Toddlers: Diapers, bottled milk, formula and food, toys, crayons, and paper

Seasonal clothing

For all family members:

- Ontario Health Insurance Plan (OHIP) cards for each member
- Status Cards for each family member Birth Certificate for each family member
- Any medications and prescriptions
- Immunizations and other records
- Eyeglasses, hearing aids and spare batteries
- Bank account information and cash
- Contact information for family and friends that live outside your community
- Any special medical devices i.e. canes, walkers, wheelchairs, insulin testers and kits, etc.
- Seasonal clothing
- Toiletry items (i.e., toothbrush and paste, soap, shampoo, etc.
- House keys

Checklist #3 – to be given out once on the aircraft

What to expect at a reception Centre:

During evacuations, you will be asked to report to a reception center. These are set up to register people, record evacuee contact information or arrange for temporary housing.

Evacuees must check-in with Red Cross or with whoever is doing registration.

Supplying personal information assists in contacting you, reuniting you with your family and loved ones and/or notifying you of when it will be safe to return home.

Depending on the time of day, and set-up of the reception Centre, a meal and/or snacks along with drinks may be provided for you on your arrival.

Please ensure all family members' whereabouts are known at all times. Reception centers can be busy and confusing places with some areas off limits to certain people.








If evacuees wish to leave the host community, they must let whoever is doing registration know they are leaving the host community. When evacuees choose to leave, they may be on their own for costs, services, and accommodations. If evacuees wish to transfer, the proper Transfer Request Form must be filled out and the proper approvals are required. Please see [APPENDIX E – Transfer Request Form](#)

Emergency Survival Kit:

1. Flashlight and batteries
2. Radio or crank radio
3. First Aid Kit
4. Candles, matches/lighter
5. Extra car keys and cash
6. Important papers (identification for everyone)
7. Food and bottled water (should you have to stay in your house for a few days and cannot leave)
8. Clothing and footwear
9. Blankets or sleeping bags (one blanket or sleeping bag per person)
10. Toilet paper and other personal supplies such as shampoo, hairbrush, toothbrush and toothpaste, soap and a towel and face cloth (one for each person)
11. Medication
12. Backpack/duffel bag (or something else to carry your survival kit in) Whistle (in case you need to attract someone's attention)





Evacuee Checklist

What to do before you leave (if time permits):

<input type="checkbox"/>	Eat a meal before leaving home if possible.	
<input type="checkbox"/>	Close and lock all windows and doors.	
<input type="checkbox"/>	Turn off all lights, fans, vents, and heating systems and close the fireplace damper. If evacuating your home for a prolonged period during cold weather, drain water from the plumbing system. Turn off the main water supply and then, starting at the top of the house open all taps, flush toilets several times and open the drain valve in the basement (if you have one). Drain your hot water tank by attaching a hose to the tank drain valve and running the hose to the basement floor drain. Turn off water tank breaker switch.	
<input type="checkbox"/>	Check on your neighbors, friends, or family members in the area that are without transportation and offer help.	
<input type="checkbox"/>	If evacuating your home for a prolonged period during spring/summer months, dispose of all perishable food in your refrigerator/freezer. Perishable food will likely spoil in your absence if power is shut off and will not be safe for human consumption upon your return.	
<input type="checkbox"/>	If you are evacuating due to a flood, try to move any valuable item from the floor/basement, if possible, in order to limit potential water damage.	
<input type="checkbox"/>	Provide a five-day supply of pet food and water, along with any medications, and, if possible/applicable, your animal's crate or harness for safe and secure transportation for each family pets.	











What to bring with you when you evacuate:

For Babies/Toddlers:

<input type="checkbox"/>	Diapers.	
<input type="checkbox"/>	Bottled milk, formula, and food.	
<input type="checkbox"/>	Toys.	
<input type="checkbox"/>	Crayons, paper, and other activities.	

<input type="checkbox"/>	Seasonal clothing.	
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For all family members:

<input type="checkbox"/>	All personal identification cards including Status Cards, Ontario Health Insurance Plan (OHIP) cards and birth certificates <u>for each family member</u> .	
<input type="checkbox"/>	Any medications and prescriptions for all family members.	
<input type="checkbox"/>	Immunizations and other records for all family members.	
<input type="checkbox"/>	Eyeglasses, hearing aids and spare batteries.	
<input type="checkbox"/>	Bank account information and cash.	
<input type="checkbox"/>	Contact information for family and friends that live outside your Community.	
<input type="checkbox"/>	Any special medical devices i.e. canes, walkers, wheelchairs, insulin testers and kits, etc.	
<input type="checkbox"/>	Seasonal clothing and footwear.	
<input type="checkbox"/>	Toiletry items (i.e., toothbrush and paste, soap, shampoo, etc).	
<input type="checkbox"/>	House keys.	

APPENDIX B – Sample Flight Manifest

For Use by Evacuating and Host Communities, and Transportation Hubs

Once complete send to: peocdo01@ontario.ca Fax: (416) 314-0474 Phone: 416-314-0472 or 1-866-314-0472

Passenger Manifest

Flight Date: _____ Air Carrier: _____ Flight Number: _____

Departure Location: _____ Departure Time: _____ AC Type: _____

Host Community: _____ Arrival Time: _____ AC Reg. #: _____

	Last Name, First Name	Sex M/F/C/I	Date of Birth	Special Requirements
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total Infant (I) 0-2 _____ Total Child (C) 2-12 _____ Total Female (F) _____ Total Male (M) _____

Total Passengers _____

Signature _____

Passenger Manifest

	Last Name, First Name	Sex M/F/C/I	Date Of Birth	Special Requirements
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				

Total Infant (I) 0-2 _____ Total Child (C) 2-12 _____

Total Female (F) __ Total Male (M) _____

Total Passenger page 1&2 _____

Signature _____

ISC Passenger Manifest - Important Information

Passenger (PAX) Coding:

I - Infant (< 2 years old), C- Child, F- Female, M- Male

Standard Passenger weights:

Infant- 25lbs, Child- 75lbs, Female- 171 lbs., Male - 206 lbs.

Note: Actual weights can be used in lieu of standard weights

Special Requirements:

S- Stroller

WC – Wheelchair

E- Elderly person

D- Disabled person

CS- Car Seat

APPENDIX C - First Nation Evacuation – Return Flight Baggage Guidelines

Information Bulletin

ATTENTION EVACUEES

First Nation Evacuation - Return Flight Baggage Guidelines

Essential Baggage:

The Air Carrier is legally responsible to be within legal allowable gross weight for the flight. When you are returning to your community, expect a limit of 1 carry-on bag up to 13 pounds, and 1 stowed bag of approximately 40 pounds of personal items per passenger. This is in addition to any essential assistive devices required by evacuees (e.g., wheelchairs and strollers). Additional baggage weight may be allowable during evacuations that occur during winter months (approximately October to March) to fulfill the need for winter clothing. However, it is necessary to discuss this requirement with the assigned ISC Liaison and attain approval in advance. No flammable, dangerous or pressurized items are allowed, including fireworks.

Only Essential Baggage items will be allowed on the flight when you return to your community.

Excess Baggage/Freight:

Anything in excess of “Essential Baggage” is considered “Excess Baggage/Freight”. Evacuees are responsible for the shipment of all Excess Baggage/Freight back to their home community and all associated costs. Evacuees must also make their own arrangements for storage if any items are to be left behind.

Shipping: To ensure shipment to the community, evacuees must make arrangements to ship Excess Baggage/Freight by mail or freight carrier (like AirCreebec), prior to their departure/return flight. This may require the shipment over land to the freight carrier’s airfreight terminal (e.g., Cochrane, Timmins, Moosonee).

For cost effectiveness, evacuees are encouraged to utilize regular postal services through Canada Post to mail excess baggage/freight back to their home community.

ISC IS NOT RESPONSIBLE FOR THE SHIPMENT OF EXCESS BAGGAGE/FREIGHT NOR THE STORAGE OF ITEMS LEFT BEHIND. ITEMS LEFT BEHIND ARE SUBJECT TO DISPOSAL WITHOUT NOTICE.

APPENDIX D - Registration and Inquiry (R&I) Card

REGISTRATION & INQUIRY CARD

Collection Notice

Some of your personal information (name, date of birth, age) will be collected by Ontario's Treasury Board Secretariat (TBS) and may be disclosed to affiliated service providers and applicable municipal, provincial, and federal authorities. Affiliated service providers may include the Ministry of Children, Community and Social Services (MCCSS) and the Ministry of the Solicitor General (SOLGEN). The disclosure of personal information will only occur to help locate evacuated individuals, support health and safety actions, and/or determine eligibility, obligations, and continued access to applicable TBS, MCCSS, and SOLGEN programs and services during emergencies. Personal information may also be used in relation to the implementation of municipal or provincial emergency response plans. The statutory authority for this collection of personal information is provided for in section 38(2) of the Freedom of Information and Protection of Privacy Act (FIPPA, R.S.O.1990). Questions about the collection should be directed to the Provincial Emergency Operations Centre, 25 Morton Shulman Ave, 5th floor, Toronto, Ontario, M3M 0B1 / 416-314-0472 or 1-866-314-0472.

I consent

Exception to disclosure (please specify):

Are you registering family members who live in the same household as you?

Yes No

Do you require an alternate accommodation to ensure you are not in breach of an order? If yes, please advise your community leadership or designated liaison of the details.

Yes No

**PLEASE NOTIFY THE RECEPTION CENTRE OR CENTRAL REGISTRATION IF YOU CHANGE YOUR LOCATION
INTERVIEWER SHOULD PROVIDE A PHONE # FOR A COMMUNITY LIAISON FOR CHANGES OF LOCATION**

REGISTRANT OR FAMILY REPRESENTATIVE INFORMATION

Last name	First name	Initial

Nickname	Age	Gender

Date of birth (YYYY-MM-DD):

Phone number	Email	Alternate phone number

HOME ADDRESS

Street Address	Community	Prov	Postal code / PO Box

EMERGENCY ADDRESS

Hotel/Motel Name	Rm #	Address	Prov	Postal Code

--	--	--	--	--

FAMILY MEMBERS

Last name	First name	Initial	Relationship	Gender	Age	Medical needs and/or devices	Dietary needs

Follow up required? Y Completed

Signature of family representative: _____ Date: _____

Interviewer name (please print): _____ Time: _____

SERVICES REQUIRED

<input type="checkbox"/> Meals	<input type="checkbox"/> Group lodging	<input type="checkbox"/> Home care	<input type="checkbox"/> Social services
<input type="checkbox"/> or Groceries	<input type="checkbox"/> Clothing	<input type="checkbox"/> Baby supplies	<input type="checkbox"/> Incidentals
<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> Laundry	<input type="checkbox"/> Mobility device	Please specify:
<input type="checkbox"/> Staying w friends	<input type="checkbox"/> Mental health support	<input type="checkbox"/> Transportation	

HEALTH CONDITIONS:

REFERRALS MADE WITHIN RECEPTION CENTRE	Referral completed (initial)	Date:
<input type="checkbox"/> FAMILY INQUIRY		
<input type="checkbox"/> HEALTH SERVICES		
<input type="checkbox"/> FIRST AID		
<input type="checkbox"/> PERSONAL SERVICES		
<input type="checkbox"/> CHILD SERVICES		
<input type="checkbox"/> PET CARE		

ADDITIONAL COMMENTS:

APPENDIX E – Transfer Request Form

Requests to reunite members of family units or caregivers that have been evacuated to different Host Communities, or to relocate persons requiring levels of care not available in their current Host Community should be made to First Nations Community Liaisons and subsequently discussed with ISC representatives. The **Transfer Request Form below must be used**. Requests will be considered using the following order of priority:

- Health related;
- Family Reunification; and
- Other special circumstances.

Upon receipt of a request the following process will be followed:

Emergency Management Ontario (EMO) will determine if the proposed receiving health center or Host Community can accept and provide accommodation to the individual(s). ISC Liaison Officer will provide an authorization for the transfer. Transportation will be arranged either within the health system (for medical transfers), or by the Host Community and EMO for the others.

Template for Transfer from One Evacuation Site to Another

- Request is received for transfer between evacuation sites.
- Information is gathered regarding reason for request.
- Other methods to improve the situation are attempted. If no other solution is possible.
- Verification is sought, reasons for movement and, if for family reunification, verification of relationship between individuals at two sites (e.g., are there any custodial issues related to children?).
- ISC Liaison Officers discuss move with Liaison Officers at the other site to ensure that receiving site is able to receive additional person(s).
- ISC Liaison Officer at sending site compiles information and verifies that management is okay with the transfer.
- ISC Liaison Officer informs the city sites and the other Liaison Officers involved that the transfer is approved.
- ISC Liaison Officers advise city sites involved who will be in charge of the cost and coordination of the move.
- ISC Liaison Officers create P.O.s to authorize payment for the move.
- ISC Liaison Officers ensure that the move in fact occurs, and that the information is documented in the approved format. A Transfer Request Form must be completed by the requester and approved by the ISC Liaison Officer, prior to any travel between host communities.

This ensures that:

- The host sending community/private accommodation coordinator is aware that an evacuee(s) is planning to leave;
- The host receiving community/private accommodation coordinator is able to accept the evacuee(s);
- The associated travel costs will be reimbursed by ISC; and
- The request is appropriate and reasonable and that the transfer can be documented.

Unauthorized travel **will not** be reimbursed and self-registration at all other host communities **will not** be permitted.

TRANSFER REQUEST FORM

SECTION 1 – REQUESTING HOST COMMUNITY

Fields marked with asterisk (*) are mandatory

Requesting Host Community*: _____

Host Community Site Lead*: _____

First Nation Community Liaison*: _____

Signature*: _____
Current Host Community Site

Signature*: _____
First Nation Community Liaison

Date*: _____

Date*: _____

Names of individuals requesting a transfer*:

(Attach page if more space is required to list more information)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Individual or family's home community: _____

Reason for transfer*: _____
(i.e., family reunification, medical needs, etc.)

Special consideration: _____
(i.e., accessibility, allergy, home care, custodial)

SECTION 2 - RECEIVING HOST COMMUNITY

Receiving Host Community *: _____

Receiving Host Community Site Lead*: _____

Receiving Site First Nation Liaison*: _____

Signature*: _____
Receiving Host Community Site
Liaison

Signature*: _____
Receiving First Nation Community
Liaison

Date*: _____

Date*: _____

SECTION 3 – ADDITIONAL CONSIDERATION

Who is responsible to cover the cost of transfer*? _____

What is the anticipated mode of transportation*? _____

Have all conditions, including child custody and legal conditions, been Yes No

considered*?

SECTION 4 – INDIGENOUS SERVICE CANADA LIAISON

Is transfer criteria acceptable * Yes No

Is sending Host community in agreement * Yes No

Is receiving Host community in agreement* Yes No

Transfer Approved Transfer Denied

ISC P.O. #: _____

Authorized by*: _____

(Please Print Clearly)

Signature _____

Date*: _____

APPENDIX G - Emergency Declaration Form

Declaration of Emergency

(I)(We) _____ hereby declare an
(Mayor or Elected Head of Council or First Nations Chief)

Emergency in accordance with the Emergency Management and Civil Protection Act, R.S.O. 1990, c.E.9, s.4. (1) Due to the emergency described herein

For the Emergency Area or part thereof described as:

Signed _____

Title _____

This _____ **day of** _____ **20** ___ **at** _____ **A.M/PM**

In the Municipality or First Nation of

Send to Provincial Emergency Operations Centre Duty Officer at peocdo01@ontario.ca or fax to 416-314-0474 when completed

Please contact the PEOC for assistance in completing the declaration of emergency form if needed.

APPENDIX H - MOH's Fact Sheet on Health Needs during the Evacuation of a First Nation

Removed while under review. Questions can be directed to the Ministry of Health or your local public health unit.

First Nation Health Inventory for Evacuations

Please do not include any personal health information on this form.

The purpose of this form is to provide a general picture of a First Nation’s health needs, in advance of a possible evacuation, that may require specific interventions while in a host community.

The form will be shared with the health planning lead for the host community, and is to be **completed by a health care provider** who is providing services in a First Nation community.

Community name: _____
 Form completed by: _____
 Organization: _____
 Contact info (email/phone): _____

Primary Evacuees refers to vulnerable persons with health needs that must be evacuated first, e.g., children and seniors, but not including hospital, inpatient mental health placements, and long-term care home placements).

a. Total # of Medical/Medevac evacuees	
b. Total # of Primary Evacuees:	
• Total # of Infants (less than 1 year)	
• Total # of Children (aged 1-12)	
• Total # of Seniors (over the age of 65)	

Specific health needs below will assist the host community with special requirements your community members may need.

Specific Health Needs	# Of People
Hospital placement (medevac)	
Long-term care home placement (medevac)	
Pre-natal (expectant delivery)	
Mental health services	
Home care services	
Mobility support, e.g., wheelchair, mobility devices	
Specialized medical care, e.g., dialysis, oxygen	
Respite care	
Opiate replacement therapy, e.g., Methadone, Suboxone	
Other harm reduction supports	
No OHIP card	

To protect the privacy of individuals, if the number of individuals is less than 5, please indicate "less than 5".

Are there any known outbreaks or communicable disease in your community? Please describe below:

Please include any additional information below:

Ministry of Health
 Health System Emergency Management Branch1-
 866-212-2272



***Note – This form is for reference purposes only, it does not replace the documents required by a health care provider.**

APPENDIX J - NIHB Cover Memo for Bulletins



Indigenous Services Canada
Services aux Autochtones Canada

Indigenous Services Canada
First Nations and Inuit Health Branch
Non-Insured Health Benefits, Ontario Region
2720 Riverside Drive, 4th Floor, AL6604E
Ottawa, ON K1A 0H4

March 2022

Important Information for First Nation and Inuit Health Clients and Service Providers Regarding Access to Non-Insured Health Benefits (NIHB's) When Evacuated to a Host Community

Attached please find important information bulletins which will explain to both clients and providers how to access the NIHB Program during a state of emergency community evacuation, to an identified host community. It is important to note that the manner in which NIHB is accessed and delivered does not change significantly during a time of evacuation. Registered NIHB service providers will have an existing understanding of how services are accessed.

The attached bulletins for NIHB Drugs, Transportation, Medical Supplies and Equipment, Vision Care and Dental provide current contact information and list the personal information required to ensure access to service.

Additional NIHB program information:

Mental Health: <https://www.sac-isc.gc.ca/eng/1576093404318/1579114266033>

Vision: <https://www.sac-isc.gc.ca/eng/1579545788749/1579545817396>

MS&E: <https://www.sac-isc.gc.ca/eng/1585320116553/1585320137871>

Dental: <https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799>

Drug: <https://www.sac-isc.gc.ca/eng/1574784515492/1574784549876>

Medical Transportation: <https://www.sac-isc.gc.ca/eng/1574177172364/1574177196509>

Client Reimbursement Form can be found at: <https://nihb.express-scripts.ca/NIHBProvider/benefits/client?page=client-forms&benefit=client>

In health,

Thank you / Merci / Miigwech
Senior Manager, Program Delivery (NIHB)
Indigenous Services Canada





Non-Insured Health Benefits (NIHB) Medical Transportation

It is important to note that the Non-Insured Health Benefit Program has no involvement in the actual evacuation of First Nations communities to host communities. As well, the manner in which NIHB medical transportation services are accessed does not change significantly during a time of evacuation.

If a client is attending a medical appointment during the time a community is evacuated, NIHB will accommodate the client until a host community has been confirmed. At that time, and once discharged, NIHB will transport the client to the host location.

Although every effort will be made to accommodate pre-existing appointments there may be some instances where it may be necessary to reschedule routine appointments.

It is important that clients under evacuation or their advocates advise the respective NIHB office of any pre-existing appointments scheduled to take place during the period of evacuation.

NIHB clients, please ensure you obtain prior approval in advance of your appointment date and time.

Please have the following information available:

- ☐ Full name as indicated on Status/Indian Registration card
- ☐ Date of birth
- ☐ Address and telephone number (current and permanent)
- ☐ 10-digit status registration number
- ☐ Medical referral information including date and time of the appointment
- ☐ Escort details including reason for non-medical escort, where applicable
- ☐ Doctors name, specialty, and address
- ☐ Contact information for client (i.e. where to fax NIHB warrants etc.)

Provide an indication that the services being requested is for a client who has been relocated to an approved host community. The above information will be taken by a NIHB designate who will provide you with an Approval Number and your travel arrangement details.

Revised: March 2022



Non-Insured Health Benefits (NIHB) Medical Transportation

NIHB – THUNDER BAY

Toll Free Phone: 1-877-779-7749
FAX: 1-866-551-5650
Email: NIHBMT.TBAY@sac-isc.gc.ca

After-Hours Toll-Free Phone: 1-833-675-3081
Hours of Operation: Monday to Friday 08:00 – 16:15 EDT

ISC NIHB Management in Thunder Bay:
Sean Hample **A/Program Office, Program
Delivery (NIHB)**
Indigenous Services Canada
Email: sean.hample@sac-isc.gc.ca
Cell: (807) 356-0220

Julie Caves
Manager, Program Delivery (NIHB)
Indigenous Services Canada
Email: Julie.caves@sac-isc.gc.ca
Cell: 343-549-5371

NIHB - SIOUX LOOKOUT

Toll Free Phone: 1-888-283-8885
Fax: 1-807-737-3879
Alternate Fax: 1-807-737-4917
Urgent Fax: 1-807-737-8057
Hours of Operation: Monday to Friday 08:00 – 16:00 CST

NIHB in Sioux Lookout – Weekend After Hours:

Phone: 1-833-633-8728

Or

Phone: 1-807-623-1432 for Sioux Lookout clients in Thunder Bay

ISC NIHB Management in Sioux Lookout:
Jeanet Pierce
Program Officer, Program Delivery (NIHB)
Email: jeanet.pierce@sac-iac.gc.ca Cell: 1-807-738-5651

Julie Caves
Manager, Program Delivery (NIHB)
Indigenous Services Canada
Email: Julie.caves@sac-isc.gc.ca
Cell: 343-549-5371

DISCHARGE Transportation – Sioux Lookout:

Sioux Lookout First Nations Health Authority JMK Hostel

FAX: 1-807-737-3618

Hours of Operations: 08:00 – 17:00 CST

For additional information reference: <https://www.sac-isc.gc.ca/eng/1572537161086/1572537234517>

Revised: March 2022



Non-Insured Health Benefits (NIHB) Medical Transportation – Non-Medical Escorts

5.5

Coverage for a non-medical escort may be approved when there is a legal or medical requirement that results in the client being unable to travel alone, such as where the client:

- a. is a minor
- b. requires alternative legal consent or decision making
- c. requires assistance with activities of daily living, such as dressing, eating, and bathing
- d. faces a language barrier (for example, health services at the referred location are not available in the clients spoken languages)
- e. is to receive instruction on specific and essential home medical or nursing procedures that cannot be given to the client only
- f. is undergoing a medical procedure (such as outpatient general anesthetic) or has a medical condition that
- g. will result in the client requiring assistance during the trip
- h. is a pregnant woman whose trip is for the purpose of childbirth, including being closer to care while awaiting childbirth

Requests for coverage for non-medical escorts must be made or supported by a community health professional except where:

- a. the client is a minor based on the date of birth; all minors will be provided with coverage for a non- medical escort
- b. the client is a pregnant woman whose trip is for the purpose of childbirth; all such clients will be provided with coverage for a non-medical escort
- c. the client will receive outpatient sedation as part of a medical procedure and will be unable to travel home unaccompanied following the procedure
- d. or
- e. there is existing documentation in the client's file that supports the continuing need for a non-medical escort such as:
 - o language barrier
 - o escort travel previously approved as part of a series of related treatments
 - o client has a permanent condition and as a result will always require assistance while travelling

Details of the medical condition are not required. However, additional justification may be required in exceptional circumstances (for example, clients requiring more than one escort).

5.6

When coverage for an escort has been authorized, the escort must be capable and willing to provide the assistance that the client needs, for the duration it is required. Depending on the client's needs, for example, the escort is:

1. able to sign consent forms or provide a patient history
2. able to provide the required physical and other required care when the client needs it
 - an escort should not require assistance for their own needs during the trip, as this is important where the client may be admitted to hospital, leaving the escort on their own
3. proficient in translating between an Indigenous language and English and French
4. able to drive if the role includes providing ground transportation
5. able to share personal space to support client

5.7

Escorts should continue to be covered as long as the medical or legal requirement continues to exist. In some cases, it may be more practical financially to have the escort stay longer.

APPENDIX M - NIHB Drug Benefit Information



Indigenous Services
Canada

Services aux
Autochtones Canada

Non-Insured Health Benefits (NIHB) Prescription Drugs

Clients requiring information

Please call the Ontario Region NIHB Client Information Line at:

1-800-580-0950 ext. 3

Hours of Operation: Monday - Friday 08:00- 17:00 EDT

Registered NIHB Pharmacy Providers

Please ensure you obtain Prior Approval in advance of providing service.

Should an individual require prescription medication while in a host community prior approval or an override to an existing approval may be necessary. It may also be necessary to ask the "home" pharmacy to transfer a prescription to the "host" pharmacy.

Please contact the NIHB Drug Exception Centre at:

English: 1-800-580-0950

French: 1-800-281-5027

Hours of Operation: Monday- Friday 08:00- 17:00 in all time zones

Please have the following information available:

1. Full Name
2. Date of Birth
3. 10-digit Status Registration number
4. Prescription details
5. Doctor's name and specialty

Please indicate that the service being requested is for a client who has been relocated to an approved host community. The above information will be taken by a NIHB designate who will assist you through the prior approval process.

For additional information reference: <https://www.sac-isc.gc.ca/eng/1576430557687/1576430636766>



Non-Insured Health Benefits (NIHB) Medical Supplies and Equipment, Vision Care, Mental Health Counselling and Dental Benefits

Clients requiring information:

Please call the Ontario Region NIHB Client Information Line at:

Toll free: 1-800-640-0642

Hours of Operation: Monday - Friday 08:00 – 17:00 EDT

Registered NIHB Service Providers:

Please ensure you obtain Prior Approval in advance of providing services.

NIHB Medical Supplies and Equipment, Mental Health Counselling and Vision Care:

Should an individual require medical supplies/equipment, mental health counselling or vision care benefits while in a host community prior approval or an override to an existing approval may be necessary. Please contact the **Ontario Region NIHB Prior Approval Centre** at:

Toll free: 1-800-881-3921

Hours of Operation: Monday - Friday 08:00 – 17:00 EDT

NIHB Dental Benefits:

Should an individual require dental care while in a host community, prior approval or an override to an existing approval may be necessary.

Please contact the **National NIHB Dental Predetermination Centre** at:

Dental services: 855-618-6291

Orthodontic services: 866-227-0943

Fax: 1-855-618-6290

Hours of Operation: Monday - Friday 08:00 – 16:00 EDT

Please have the following information available:

- ☐ Full name as indicated on Status/Indian Registration card
- ☐ Date of birth
- ☐ 10-digit status registration number
- ☐ Prescription details
- ☐ Date and time of the appointment
- ☐ Doctors name, specialty, and address

Please indicate that the service being requested is for a client who has been relocated to an approved host community. The above information will be taken by a NIHB designate who will assist you through the prior approval process.

APPENDIX O - Private Information Authorization Template

Authorization to Release Information

I, _____, authorize Indigenous Services Canada to
(Client's name)

release to _____ my personal information held by Non-Insured
(Other person's name)

Health Benefits Program (NIHB), including the following:

Authorization is given to release all records the other person requests. Or

Only information for specific benefit area and/or start/end date of information can be released (list):

NIHB Client Information

NIHB Client Name (First, Middle, Last):

Date of Birth:

Client ID (Indian Registry or N number):

Client Signature

Witness Signature

DATED at: _____, this _____
(Location) (Date)

APPENDIX P - Non-Insured Health Benefits Navigators (Chiefs of Ontario)

ISC provides eligible First Nation people and Inuit with specified medically necessary health-related goods and services when they are not covered through private insurance plans or provincial/territorial health and social programs. Non-Insured Health Benefits (NIHB) is designed to assist First Nation people with their health care needs. Chiefs of Ontario have two NIHB Navigators, whose role and mandate are to:

Provide support and advocacy for First Nations community workers, Provincial Territorial Organizations (PTOs), Independent First Nations (IFNs), Tribal Councils (TCs), and other organizations in Ontario when requested;

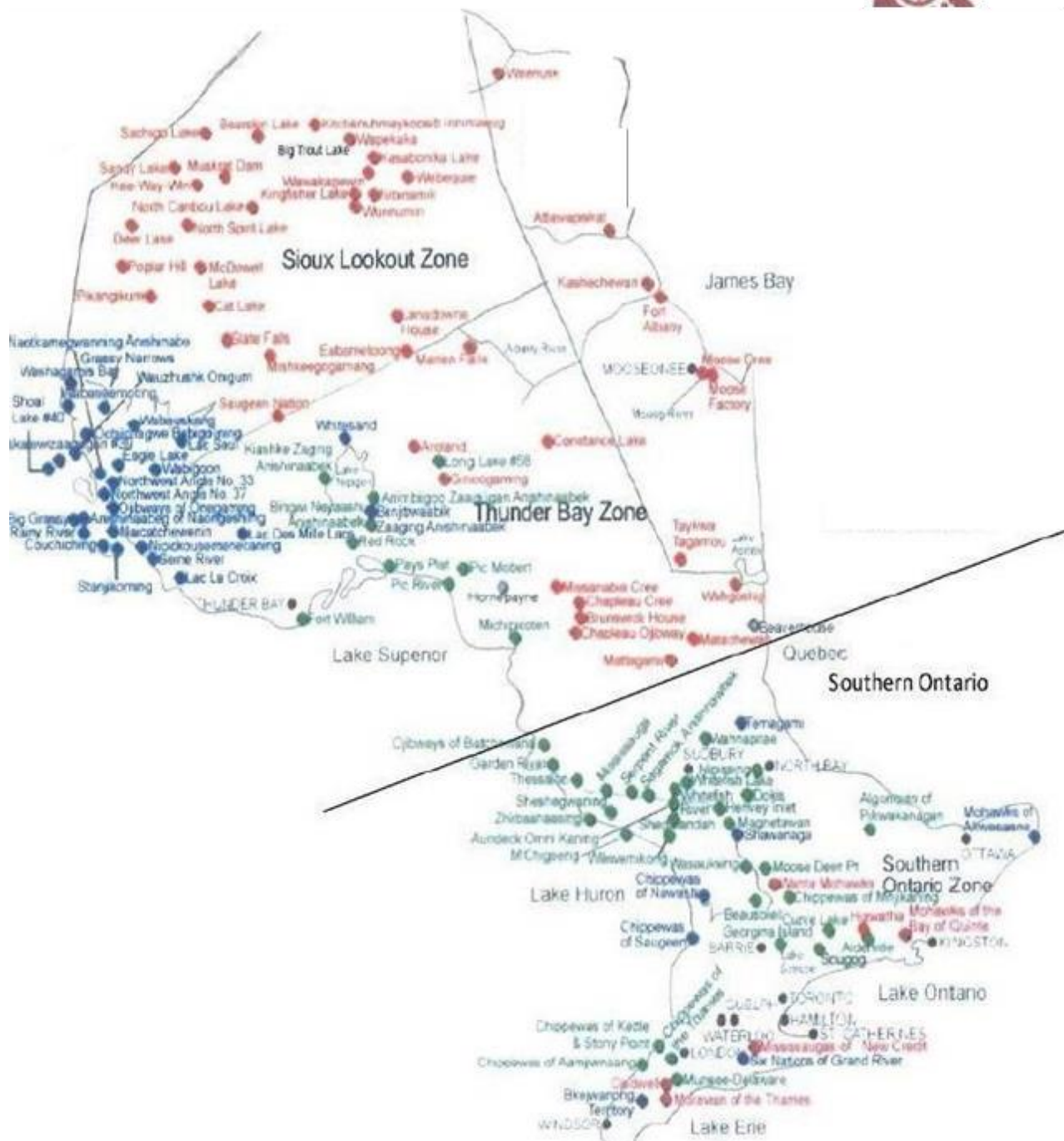
- Create awareness of Non-Insured Health Benefits (NIHB) and how to access them;
- Strengthen relationships with health care providers, and provincial and federal partners.
- Provide advocacy, support and serve as a liaison for First Nation Communities, Community Workers and Organizations in health and social areas to assist their clients accessing NIHB;
- Address and resolve NIHB issues on behalf of First Nation Communities and Organizations when requested.
- Advocate with the federal government and health professionals on behalf of First Nations communities and organizations to resolve NIHB issues;
- Liaise and network with federal & provincial governments and agencies, professional organizations, health agencies and health care service providers to provide information on the NIHB Program and strengthen relationships.

Chiefs of Ontario has created “A Guide for First Nations in Ontario” (Navigating the Non- Insured Health Benefits and Ontario Health Program Benefits) which can be located on the following link: <http://chiefs-of-ontario.org/priorities/health/nihb/>

If you require additional information or support for a client experiencing challenges accessing their benefits, contact:

<p>Jennifer Shisheesh Northern NIHB Navigator Work Cell: (647) 548-9581 Thunder Bay Office Phone: 1-807-626-9339 Email: Jennifer.shisheesh@coo.org</p>	<p>Tasha Toulouse Southern Ontario NIHB Navigator Work Cell: (416) 809-7489 Toronto Office Toll-Free: (877) 517-6527 Email: Tasha.Toulouse@coo.org</p>	<p>Brenda Owl NIHB Navigator Work Cell: 416-522-7459 Toronto Office Toll-Free: (877) 517-6527 Email: Brenda.Owl@coo.org</p>
<p>Trudy Maness NIHB Navigator Work Cell: 416-570-7559 Toronto Office Toll-Free: (877) 517-6527 Email: Trudy.Maness@coo.org</p>		

APPENDIX Q - Chiefs of Ontario North and South Navigator Area of Coverage



APPENDIX R - Eligible Expenses Included in JEMS Manual

Cargo and Baggage (See section on Cargo and Baggage)

First Nation Liaisons (See section on First Nation and ISC Liaisons)

Registration of Evacuees, e.g., includes third party assistance (See section on Registration of Evacuees)

Accommodations (See section on Accommodations) Meals (See section on Meals)

Clothing (See section on Clothing and Laundry) Laundry (See section on Clothing and Laundry)

Local Transportation (See section on Local Transportation)

- Van Rentals and Drivers including gas and oil. Note: all rentals should be returned in the same condition they were rented, gas included.
- Bussing
- Local Transit

Personal Care Items (See section on Miscellaneous Services)

Personal hygiene products (e.g., diapers/wipes, etc.) and formula for infants

Strollers (one per child under the age of 3) playpens (one per child under the age of 3) bottled water – for infants

Recreational activities (must have prior approval by ISC as per section on Miscellaneous Services)

Language and translation Services (See section on Miscellaneous Services)

Policing and Security (See section on Security)

Evacuation Centre Monitors (See section on Evacuation Centre Monitors) Cultural Sensitivity (See section on Cultural Sensitivity)

Public health concerns should be considered when providing personal hygiene products (e.g., liquid soap vs. bars of soap). Soap dispensers (e.g., a bottle of body wash) should be the standard, not individual soap bars, to avoid spreading infection.

Elder care products (e.g., adult incontinent aids, etc.)

Mobility devices (e.g., wheelchairs, walkers, raised toilet seats, shower chairs, etc.)

Evacuees should be asked to bring their assistive devices whenever possible, however mobility devices will be provided by host site should evacuees not be able to bring their own.

Additional Eligible Incremental Activities and Services

Wages plus benefits for individuals who are hired for duty who would not otherwise be engaged by the municipality and for staff members assigned to duties for whom the municipality must pay expend funds to replace at their regular duties.

Overtime wages plus benefits for staff members engaged in the delivery or who facilitate the delivery of services to the evacuees.

Expenditures relating to the staffing of the Emergency Operations Centre, and administration and transition support teams such as:

- Meals for staff (see section on Meals for maximum rates)
- Two-way radio and pagers, Internet connectivity (LAN, cable), Cell phones
- Telecommunications lines, Computer and software, Fax machines
- Media – translation, transcripts, and advertising
- Fuel

For the duration of the evacuation, all costs associated with the lease or purchase (whichever is most cost-effective) of any communication equipment, required by persons delivering services to the evacuees.

The costs associated with the rental of office space including communication hook-ups on behalf of the evacuees, or a portion thereof, by or on behalf of the evacuees, such as:

For non-governmental organizations providing support for evacuated First Nation leadership.

The cost of packaging, repairing, or restoring (including cleaning and laundering), and re- warehousing materials used in the course of service being provided and returned thereafter.

The costs associated with the rental of any required furniture and or appliances, (where practicable, items must be leased or rented and not purchased).

1. The cost of administration in providing the service.

Every effort should be made to be cost effective where appropriate by all parties, such as the use (but not limited to) shared spaces, assets, or supplies.

APPENDIX S - JEMS Definitions and Acronyms

Accommodation – Type of shelter a host community provides to quarter evacuees.

Agency – Any federal, provincial, or municipal government body, community, tribal council, Provincial Territorial Organization, or non- government organization.

First Nation Community Liaison – A person from the evacuating community responsible for monitoring evacuees and liaising with host community representatives to ensure evacuee needs are met.

Eligible Costs – Any expense that a host community may incur which may be reimbursable as per the JEMS manual.

Emergency - A situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident, or an act whether intentional or otherwise.

Evacuation – A process by which people are quickly moved from an area of danger to an area of safety.

Evacuee – Any person that is being moved, due to an emergency, from their normal place of residence to temporary accommodations in a host community.

Family Reunification – The act of bringing family members together. This can include non-related caregivers.

Host Community – A community that has agreed to provide accommodation to evacuees according to the JEMS Standards. This term includes municipalities and/or First Nation communities.

ISC Liaison Officer – A representative of Indigenous Services Canada (ISC) who is deployed to a Host Community to act in a liaison role with provincial, municipal, and other organizational representatives; and to make approvals for incremental expenses.

Manifest – A detailed listing of passengers on an aircraft, including names, ages, and gender.

Medical evacuation – The evacuation of individuals that meet the requirements of the *Ambulance Act* for medical transportation (e.g., non-ambulatory individual receiving home care services, non- ambulatory individual that has been admitted to a hospital or long-term care home). This type of evacuation is orchestrated through the existing health procedures used in the community and involves medical transportation providers, such as Ornge (air ambulance) and Emergency Medical Services (EMS).

Registration – A process by which evacuees are listed by a host community for the purposes of tracking individuals, personal safety, family reunification, and social services.

Municipality - means a geographic area whose inhabitants are incorporated.

Return – A process by which evacuees are returned to their normal place of residence.

Primary Evacuee – An evacuee who is vulnerable, including persons with disabilities, elders, children, pregnant women, and those with medical conditions. These individuals are typically evacuated first with a caretaker.

Transportation Hub - A community that is used to receive, process, and move evacuees, that arrive from their home community to an agreed to host community elsewhere in the province. A Transportation Hub may also be used for the community’s return home process.

Acronym	Full name
ACSD	Assistance for Children with Severe Disabilities
AHAC	Aboriginal Health Access Centre
BCR	Band Council Resolution
CHC	Community Health Centre
EMO	Emergency Management Ontario
EMSFA	Emergency Management Services Funding agreement
ESS	Emergency Social Services
FHT	Family Health Team
FNIHB	First Nations and Inuit Health Branch
IAO	Indigenous Affairs Ontario
IMS	Incident Management System
ISC	Indigenous Services Canada
LHIN	Local Health Integration Network
MCCSS	Ministry of Children, Communities and Social Services
ME	Medical Escort
MEOC	Ministry Emergency Operations Centre
MFIPPA	Municipal Freedom of Information and Protection of Privacy Act
MNRF	Ministry of Natural Resources and Forestry
MOH	Ministry of Health
NP	Nurse Practitioner
ODSP	Ontario Disability Support Program
OH	Ontario Health
OMEP	Ontario Mass Evacuation Plan (Part 1)
OPP	Ontario Provincial Police
OSPCA	Ontario Society for the Prevention of Cruelty to Animals
OW	Ontario Works
PEOC	Provincial Emergency Operations Centre
PHIPA	Personal Health Information Protection Act
PHU	Public Health Unit
PLT	Provincial Liaison Team (OPP)
R&I	Registration and Inquiry
YHS	Youth Justice Services

Appendix T – First Nation Community Liaison Job Description and Agreement

Job title: First Nation Liaison

Reporting to: Lead Liaison

Pay Rate: \$16.00 per hour

Hours: 8 hours per day/5 days per week

Location: Host Community ON

Purpose of the position

To help ensure the well-being of evacuees by providing support to their community members and by representing their needs in meetings with the host community, Chief and Council and ISC as required.

Key responsibilities & duties

1. First point of contact between the evacuees and the host municipality
2. First Nation community liaisons and leadership are encouraged to create a closed community group on a social media platform of choice to ensure clear communications with evacuated community members, as well as community members who stay in the home community.
3. Work with Non-Insured Health Benefits to ensure community members have medical appointments booked and travel arrangements made.
4. Accompany community members when translation is required.
5. Assist community members in obtaining Ontario Health Cards.
6. Work with OH/LHIN Home and Community Care to arrange for personal care workers or nurses to visit elders on a regular basis.
7. Assist community members with accommodations issues.
8. Assist in maintaining an up-to-date listing of where the displaced persons are located including to the extent possible the location of people who have left the accommodations.
9. Bring forth requests in writing from community members regarding housing to the attention of ISC for consideration.
10. Ensure information items such as the newsletter and how to access programs and services is distributed widely to all community members.
11. Work with the CEMC to develop strategies to solve issues that arise.

Liaison signature_____ Date_____

Appendix U – Driver Job Description and Agreement

Job title: Driver

Reporting to: Lead Liaison

Pay Rate: \$_____ per hour

Hours: 8 hours per day/5 days per week

Location: Host Community ON

Purpose of the position

To assist in providing transportation to evacuees within the Host Community. In order to fill this position, the driver must have a valid Ontario Driver’s Licence.

Key responsibilities & duties

Operate assigned rental vehicle in accordance with Canadian and Provincial laws and regulations.

Provide transportation to evacuees as needed to provide for personal and medical needs within the Host Community.

Work no longer than 12 hours per day.

When a driver is not performing the duties of this position description, the Community Liaisons and/or Band Council representatives will meet with the Host Community to discuss the possible violation of this agreement and the removal of the driver.

Driver Signature_____Date_____

Appendix V – Evacuation Centre Monitors

Job title: Monitor/Representative

Reporting to: Lead Liaison

Pay Rate: \$_____per hour

Hours: 8 hours per day/5 days per week

Location: Host Community ON

Purpose of the position

To assist in monitoring in and around the accommodations provided in the Host Community, to ensure the safety of all of the evacuees.

Key responsibilities & duties

Conduct regular patrols inside and outside of the accommodations provided in order to identify and unsafe conditions or suspicious persons.

Assist in ensuring that children are supervised to keep them away from dangerous places (e.g. busy highways and roads)

Report any suspicious or unsafe situations to authorities. Do no confront any suspicious persons on your own.

Signature _____ Date _____

Guests Accommodations, Rules and Conditions

- Children must be supervised by an adult at all times.
- Please keep rooms clean and tidy.
- Please respect the accommodation and the management staff.
- Please do not eat or drink in the beds.
- Units are furnished and inventoried by the motel. Guests are responsible for any missing items.
- Damage to the rooms and disruptive conduct will not be tolerated and may result in removal from the facility.
- Room changes are not permitted. If you would like to change rooms, please speak to a First Nation Community Liaison.
- Please do not leave trash in hallways, doorways, or other common area. Trash cans/bins are located throughout the property.
- No smoking is permitted unless designated otherwise.
- Quiet hours are between 11:00 p.m. and 7:00 a.m.
- Guests who violate the rules and conditions listed and of those of the host facility may be subject to eviction and no longer the responsibility of the host community.

Guest name: _____

Guest Signature: _____