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From Frameworks to Frontline: 2025 First Nations Evacuation Emergency Responses in Peel Region

PHO Rounds

November 10, 2025



Land Acknowledgement

We would like to begin by acknowledging the land on which we gather, and which the Region of Peel operates, is part of the Treaty Lands and Territory of the Mississaugas of the Credit.

For thousands of years, Indigenous peoples inhabited and cared for this land and continue to do so today. In particular, we acknowledge the territory of the Anishinabek, Huron-Wendat, Haudenosaunee and Ojibway/Chippewa peoples; the land that is home to the Metis; and most recently, the territory of the Mississaugas of the Credit First Nation who are direct descendants of the Mississaugas of the Credit.

We are grateful to have the opportunity to work on this land, and by doing so, give our respect to its first inhabitants.

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Disclosure (PHO Rounds): We do not have anything to disclose.

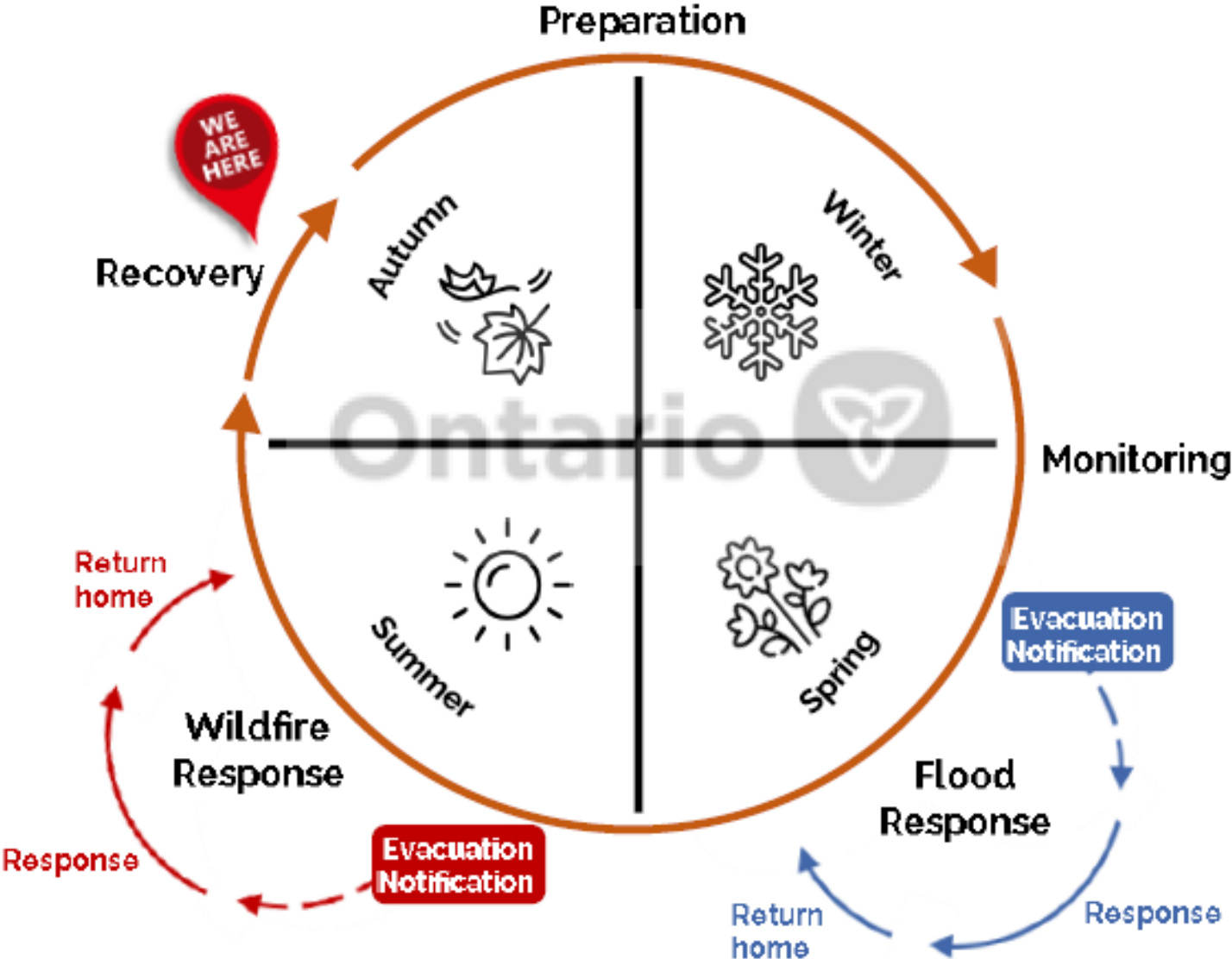
Session Objectives

1. Outline the First Nation community evacuation emergency planning structures in Ontario, including the role for local public health staff
2. Describe community focused implementation and how it is used in emergency response
3. Apply continuous quality improvement principles to their own emergency planning and preparedness efforts

System Overview & Partnership Structures

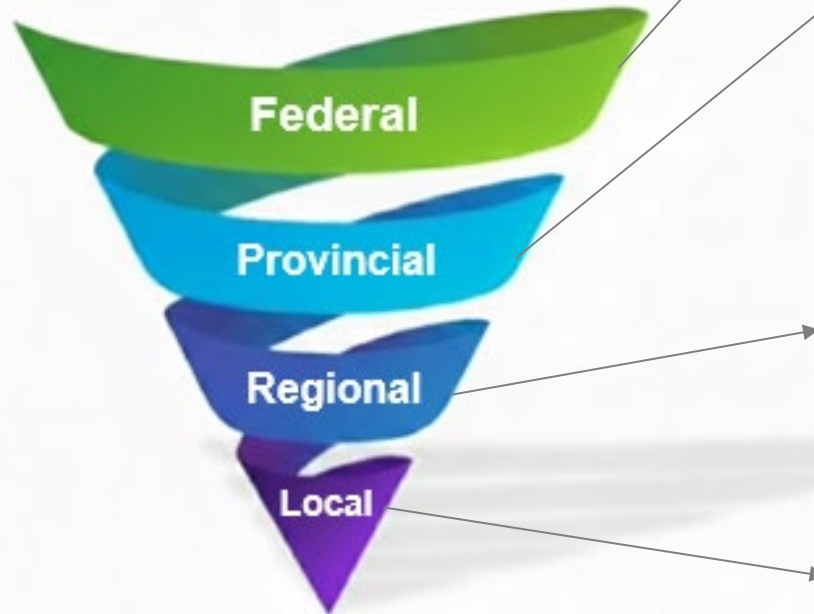


Annual Flood and Wildland Fire Planning Cycle



Source: [Ministry of Health](#), CMOH Office

Ontario First Nation Evacuations Partnership Structure



First Nations organizations: Member of Joint Emergency Management Steering Committee (JEMS); Co-created [guidance for FN evacuation plans](#)
Indigenous Services Canada (ISC): Authority & Funding

Emergency Management Ontario (EMO): Member of JEMS, Co-created guidance for FN evacuation plans, Provincial emergency response coordination

Ministry of Health (MOH): Provincial health sector coordination: [evacuation response guidance](#)

Ontario Health - Regions: Coordination amongst all levels of partners to address needs of community

Regional Emergency Management (REM): Response Lead for Peel

Peel Health Service Providers: Provide services to address health needs of community

First Nations Communities: Chief/Council key decision maker

Peel Public Health: Receipt of requests; provide PH services

ISN Maskwa: Indigenous third-party host organization

Canadian Red Cross: boots on the ground support on-site



Response Themes



Partnership



Trust



Relationship

PHO Framework & Emergency Management Culture



Public Health Mandate

Ministry of Health (MOH)

Guidance:

[Health needs during the evacuation of a First Nation: Guidance for Health Providers](#)



Provide needed public health services

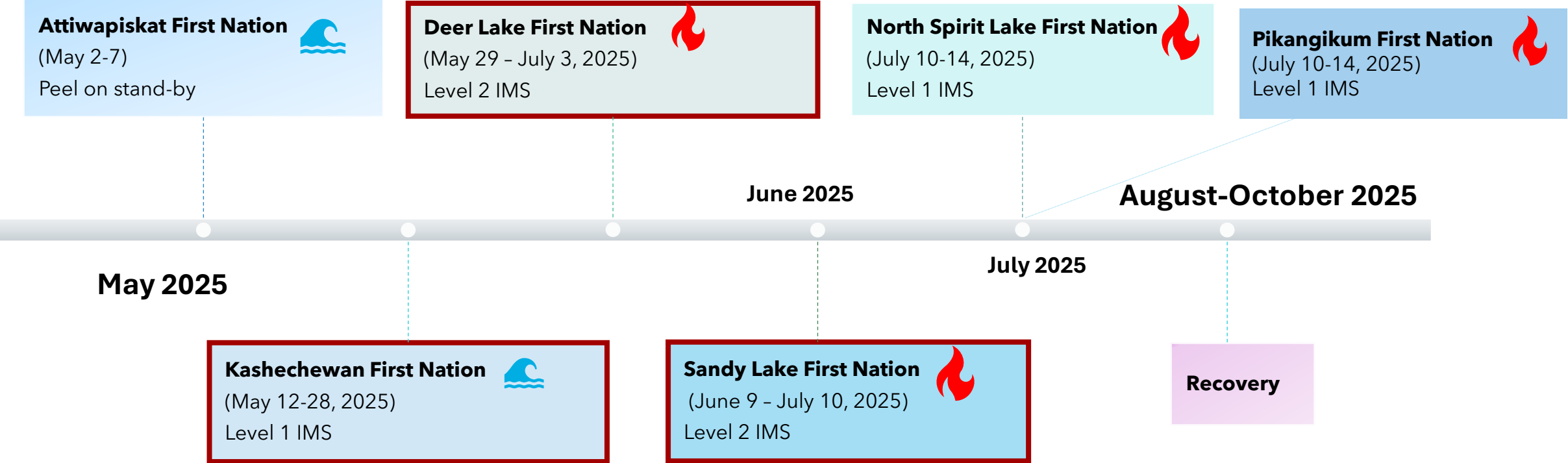
Public Health Services

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

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

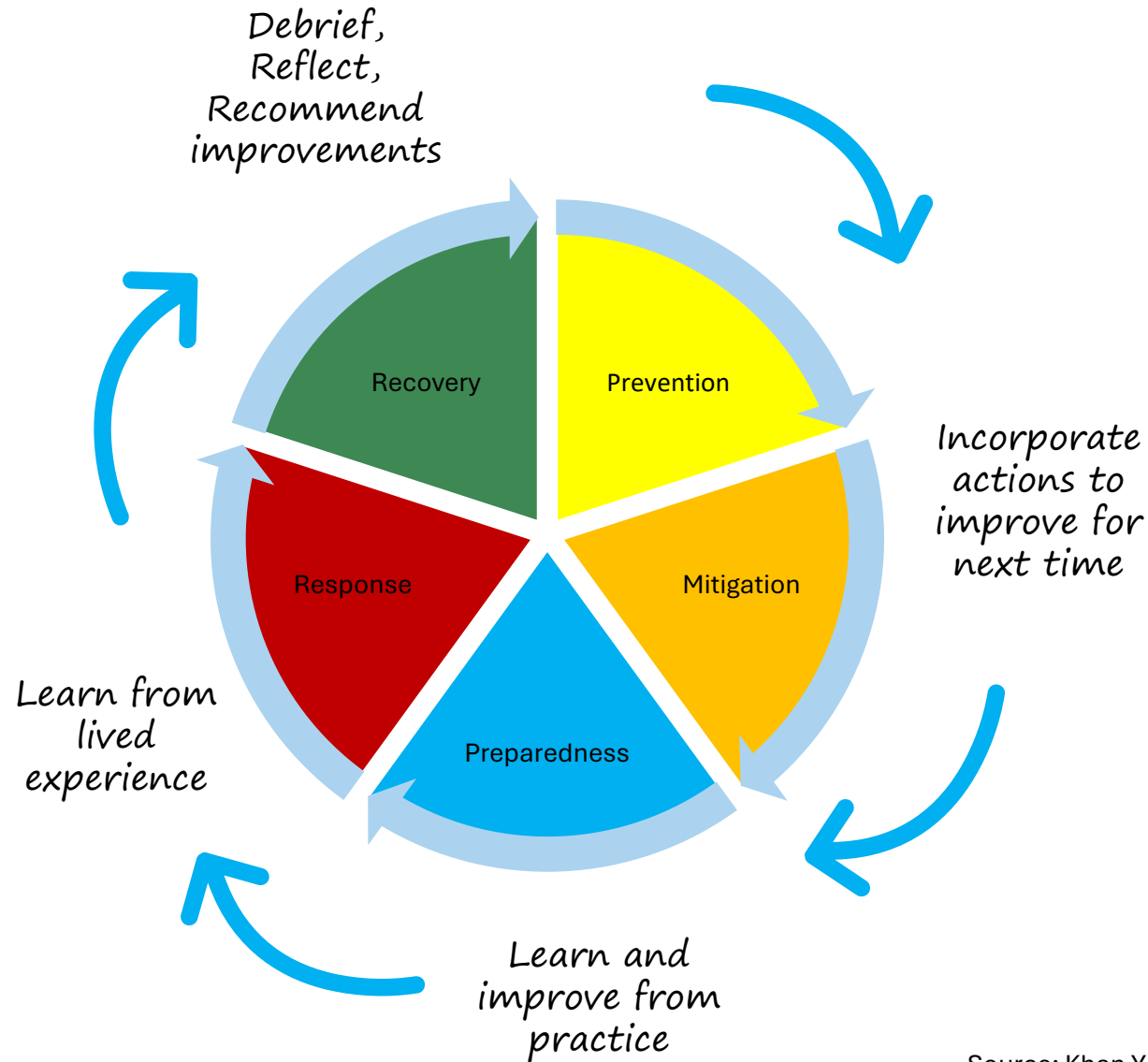
Depending upon the health status of the evacuated community and the host community, public health units may need to develop specific strategies. For example, if evacuees are brought to a host community that is experiencing a communicable disease outbreak, public health may develop a plan to monitor the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

2025 Peel Public Health Response Timeline



Continuous Improvement - Part of Emergency Management Culture

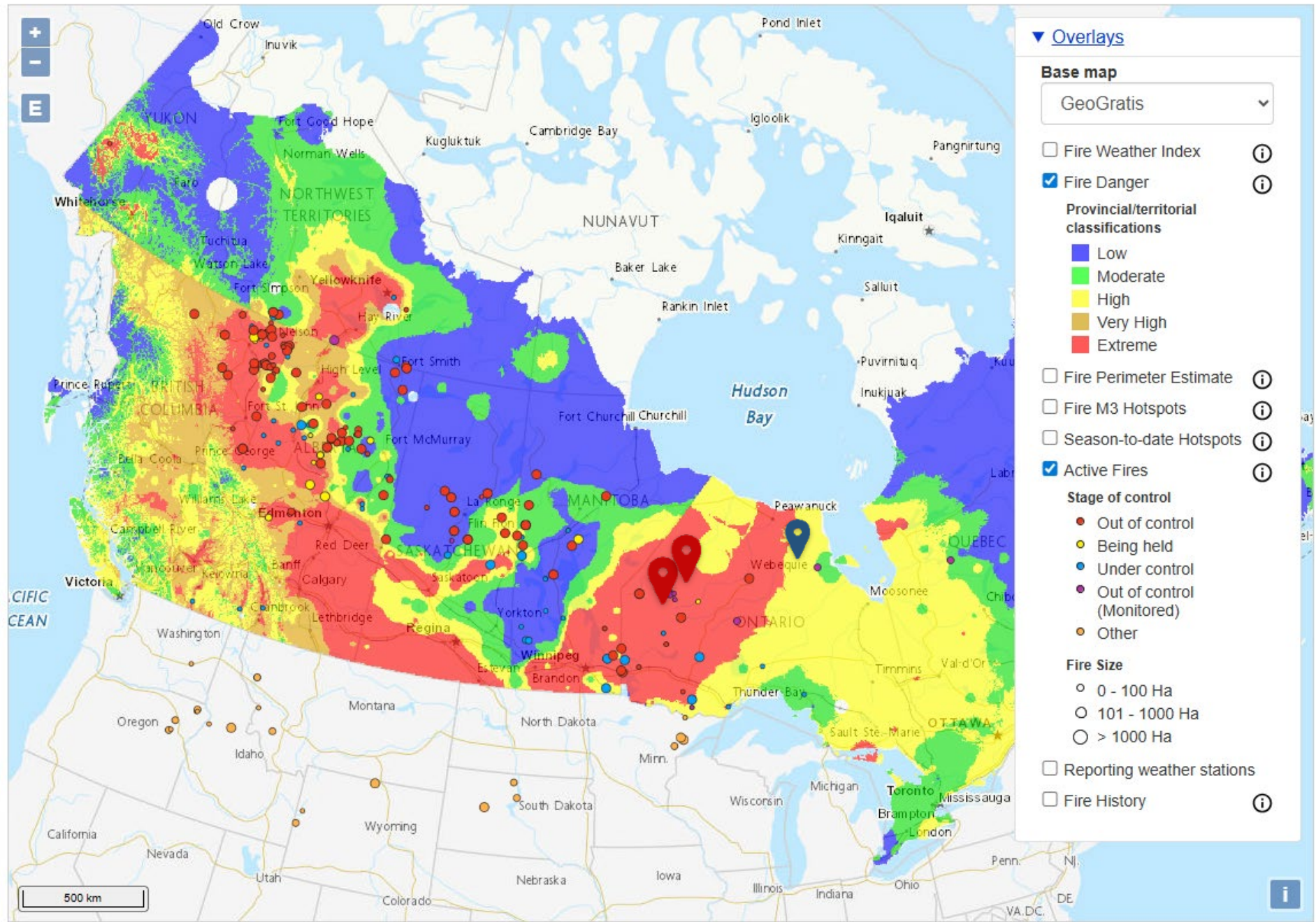
Figure 1. Resilience Framework for Public Health Emergency Preparedness



Source: Khan Y, O'Sullivan T, Brown A, Tracey S, Gibson J, Génèreux M, et al. Public health emergency preparedness: a framework to promote resilience. BMC Public Health. 2018;18(1):1344. Available from: <https://doi.org/10.1186/s12889-018-6250-7>.

2025: Situational Overview





Overlays

Base map
GeoGratis

Fire Weather Index ⓘ

Fire Danger ⓘ

Provincial/territorial classifications

- Low
- Moderate
- High
- Very High
- Extreme

Fire Perimeter Estimate ⓘ

Fire M3 Hotspots ⓘ

Season-to-date Hotspots ⓘ

Active Fires ⓘ

Stage of control

- Out of control
- Being held
- Under control
- Out of control (Monitored)
- Other

Fire Size

- 0 - 100 Ha
- 101 - 1000 Ha
- > 1000 Ha

Reporting weather stations

Fire History ⓘ

500 km



Recap: 2025 First Nation Community Flood and Wildland Fire Evacuations

In 2025, Ontario supported 11 First Nations evacuations due to flood and wildland fire emergencies.

Flood Season

Kashechewan (April 14-May 27)

- Timmins, Kapuskasing/ Val-Rita, Toronto, Barrie, Mississauga

Fort Albany (April 30-May 12)

- Cochrane, Toronto, Niagara

Attawapiskat (May 3-17)

- Timmins, Niagara

Total: 3 Evacuations

Map of First Nations Community Evacuations in 2025

- 
- Manitoba
 - Evacuated First Nation Community
 - Host Community

Wildland Fire Season

Wabaseemoong (May 13-June 10)

- Kenora, Niagara

Deer Lake (May 29- July 5)

- Thunder Bay, Toronto/Mississauga, Sioux Lookout

Webequie (June 2-19)

- Barrie, Thunder Bay

Manitoba First Nations (June 1-September 15)

- Niagara

Sandy Lake (June 7-July 20)

- Kapuskasing, Smooth Rock Falls, Cornwall, Mississauga, Oakville, Peterborough, Toronto

Keewaywin (June 11-27)

- Niagara

North Spirit Lake (July 11-August 3)

- Sioux Lookout, Toronto

Pikangikum (July 12-August 2)

- Thunder Bay, Sioux Lookout, Cochrane, Kirkland Lake

Total: 8 Evacuations

Partner Perspective: ISN Maskwa





3rd Party Evacuation Services: Indigenous Led

- Historically, hosted by municipalities. Changing to a model for 3rd party service providers with a focus on Indigenous owned and operate with a model of **First Nations helping First Nations**.
- Training provided to community members to assist other communities during evacuations.
- Kashechewan had declared a full-scale evacuation and had successfully repatriated. Several community members from Kashechewan had flown out to assist with the forest fires to give back to other first nations.



Role of Primary Health Lead

Contracted through the host vendor/provider

Historically, hosted by municipalities. Changing to a model for 3rd party service providers with a focus on Indigenous owned and operated.

Liaise with community and out of community health resources

- Indigenous Services Canada (ISC)
- Provincial
- Municipal
- Tribal council and Community Resources

Offer guidance and resource scheduling and allocation

- Multiple resources offering help (triaging and streamlining)
- Infrastructure allocation at host sites
- Geographical (cross-border) resource planning (GTA)

Ensure continuity of services

- During the evacuation (medical appointments, ongoing treatment)
- Repatriation and return to community (New orders and transfer of documentation)



Access to Healthcare in Isolated Communities

Episodic care

- Nursing station operated
- OTN and Phone consultations

Primary care

- Community and capacity dependent
- Adequacy of HHR

Public Health

- Limited capacity



Health Inventory/Data Management

PHIPA

- Difficult to adhere to at times
- Facebook (social media) used heavily
- “Everyone knows everybody”

Mix of data storage systems

- Paper (Offline)
- Local EMR
- Cloud Based EMR

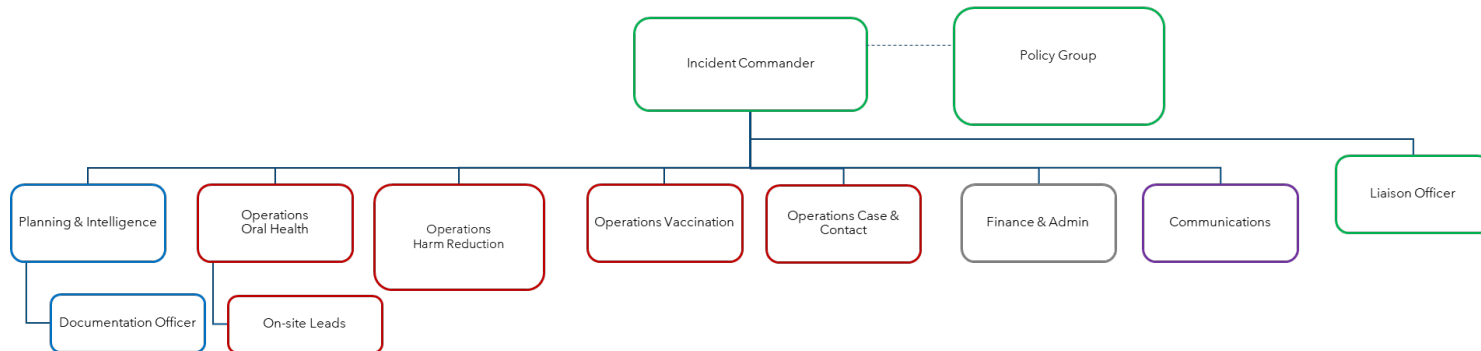
Health Inventory Form

- Document utilized by ISC to plan with health partners at host sites. Captures generic data and is PHIPA compliant
 - Age Demographics
 - Specialized health needs
 - Active outbreaks in the community

Peel Public Health Front-line perspectives



Peel Public Health Response Structure




Incident Management System (IMS)


- **Policy Group:** Director, Health Services, Associate Medical Officer of Health (AMOH)
- **Incident Commander:** Director of Chronic Disease & Injury Prevention (CDIP)
- **Planning Lead:** Emergency Management Specialist
- **Operations Leads:**
 - **Oral Health Services:** Manager of Children's Oral Health
 - **Harm Reduction Services:** Supervisor CDIP
 - **Case & Contact Management:** Supervisor Communicable Disease
 - **Vaccination:** Manager, Immunization Services
- **Finance & Admin:** Advisor, Public Health Intelligence
- **Communications Lead:** Manager, Strategic Client Services
- **Liaison Officer:** Emergency Management Specialist
- **Documentation Officer:** Health Promotor, Chronic Disease & Injury Prevention


Community Focused Approach in Addressing Health Needs

 Oral Health

 Harm Reduction

 Case & Contact Management and Vaccination

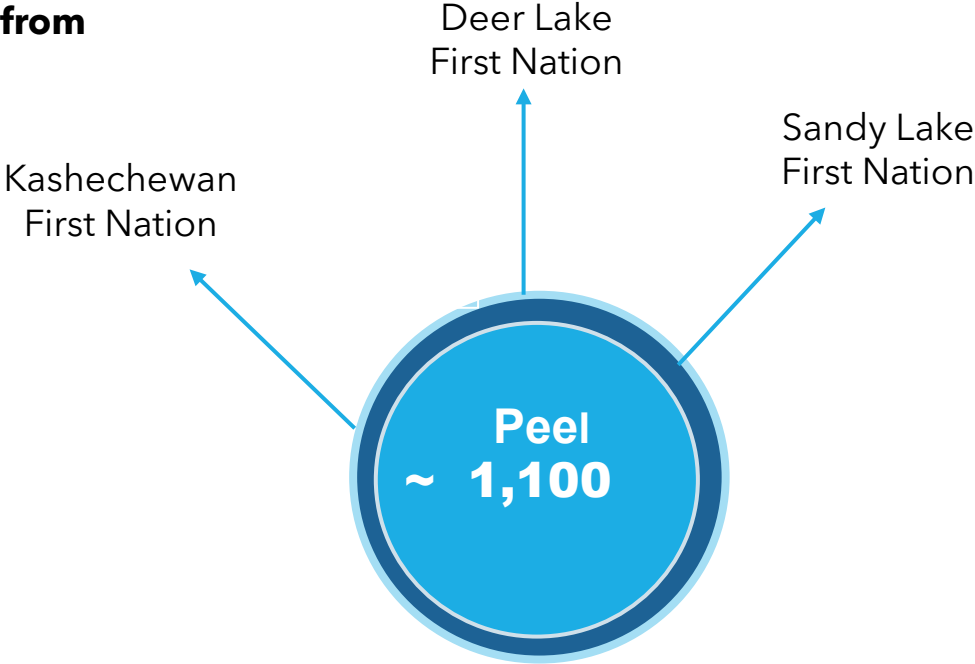
 Premise Inspections

 Bed Bug Education

 Key Messages

Urgent requests from community

Public Health interventions



Collaborative Harm Reduction Support with First Nations Communities

Harm Reduction Mobile Team in Peel supported the First Nations evacuees by providing safer use materials in a timely and respectful manner.

When we received the requested items from the team leads, we sent workers out to the hotels.

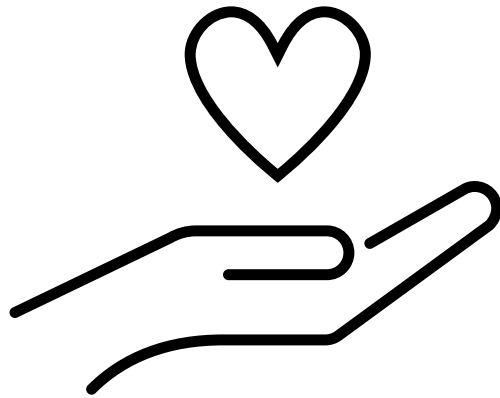
Through the distribution of naloxone kits, harm reduction materials and sharps containers we hope to have mitigated some risks associated with substance use.

The program also supplied drug testing strips, enabling safer substance use by helping identify the presence of harmful contaminants such as fentanyl.



An evidence-based, client centred approach that seeks to reduce the social harms associate with substance use, without requiring people who use substances from abstaining or stopping.

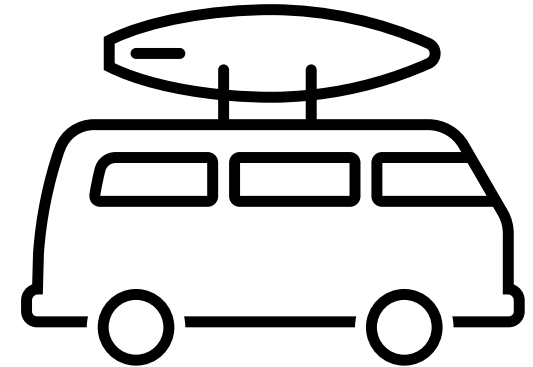
PROVIDING A SAFE
PLACE FOR PEOPLE TO
REACH OUT FOR HELP



PROVIDING SAFER
SUPPLIES FOR
SUBSTANCE USE AND
SAFER SEX



MOBILE VAN SERVICE
THAT CAN MEET
INDIVIDUALS WHERE
THEY ARE



Oral Health Services



Goal: To deliver equitable, culturally safe, and trauma-informed oral health services to First Nations evacuees in collaboration with partners



Partnership & Integration

Oral Health exemplified collaboration and integration by working with partners to bring dental preventive care directly to evacuees



Culturally Safe, Trauma-Informed Care

Oral Health team trained on intergenerational trauma and systemic barriers to provide culturally safe and compassionate care



Client-Centered Service Delivery

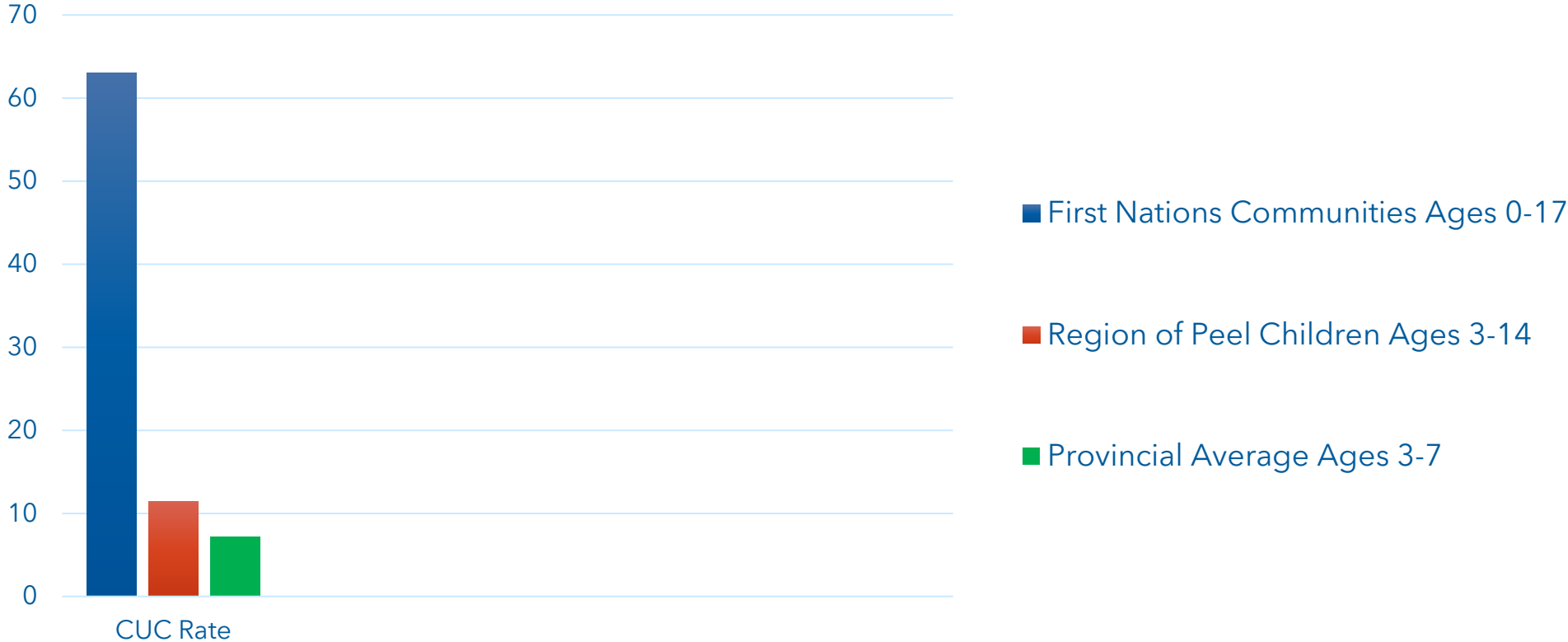
Provided flexible, on-site oral health care with walk-in access, coordinated referrals, and transportation to support community needs

Oral Health Services Provided

Dental Services - Children (May to July)						
First Nation Community	Client Appointments	Clients Screened	Preventive Care Provided	Urgent Cases Identified	Referrals: Community Health Centre	Referrals: General Anesthesia
Kashechewan	30	28	14	15	14	3
Deer Lake	79	72	42	48	39	15
Sandy Lake	44	43	28	27	24	0
Totals	153	143*	84	90	77	18

* 5 of the clients screened were 18 years of age or older

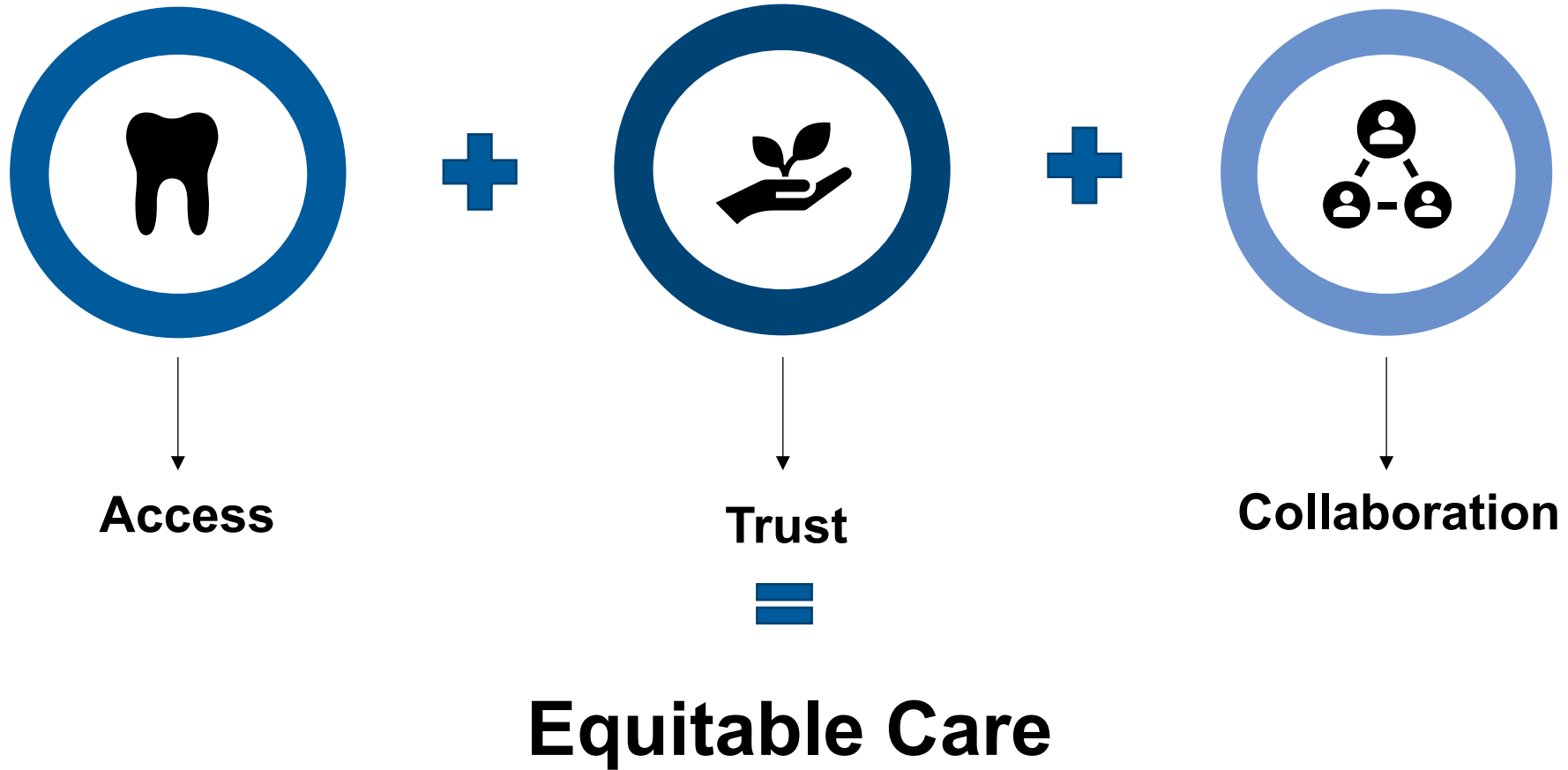
Percentage of Children With Urgent Dental Needs (CUC)



* Region of Peel Data based on 2024-2025 School Screening Year

* Provincial Average based on 2023-2024 School Screening Year

Outcomes



Constraints



Limited status cards and Non-Insured Health Benefit (NIHB) registration



Funding and resource constraints for treatment and GA services



Unpredictable timelines disrupted continuity of care

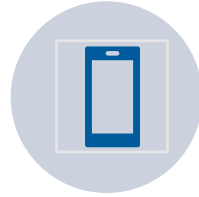


Navigating service provision with on-site partners

Lessons Learned



Flexible client-driven schedule (afternoons preferred)



Facebook was used to inform the community about available clinical services, as many clients lacked cell phone access



Coordinated transportation through Canadian Red Cross for clients to attend offsite referrals



Transparent communication and culturally safe care, built trust with the evacuees



Daily debrief with staff to support wellbeing, foster teamwork and improve service delivery



Ongoing communication with Community Health Centres and key partners

Applying Lessons Learned to Improve For the Future

Figure 1. Resilience Framework for Public Health Emergency Preparedness



Source: Khan Y, O'Sullivan T, Brown A, Tracey S, Gibson J, Généreux M, et al. Public health emergency preparedness: a framework to promote resilience. BMC Public Health. 2018;18(1):1344. Available from: <https://doi.org/10.1186/s12889-018-6250-7>.

What Worked Well: Actions during response

- Strong Leadership
- Relationships with partners & community
- Excellent communication
- Improved financial tracking processes
- Staff wellbeing prioritized
- Apply lessons learned during response



Lessons Learned: Actions to take during recovery phase

- Conduct & participate in debriefs (After Action Reviews)
- Develop First Nations Evacuation response protocol
- Prioritize health equity principles in our work
- Refine response communications
- Share our stories
- Advocate for system sustainability

Thank you!
Questions?