



Community Evacuation Management Toolkit

Introduction

The items in this toolkit have been provided by Emergency Management Ontario (EMO) to assist you in the process of a safe and efficient evacuation of your community, when required. The checklists, forms and templates contained herein are based on the provincial model of evacuation management. You are encouraged to customize these tools to suit the individual needs of your community and situation.

If you require more copies of this toolkit, please contact your EMO Field Officer, or the Provincial Emergency Operations Centre (PEOC) at:

Phone: 1 (416) 314-0472 or

Email: PEOCDO01@ontario.ca

If you are facing an emergency and require provincial assistance, please contact the PEOC immediately. The PEOC is staffed 24/7/365 and can be contacted at:

Phone: 1 (416) 314- 0472 or 1 (866) 314-0472 or

Email: PEOCDO01@ontario.ca

Table of Contents

Introduction.....	1
Community Self- Evaluation for Evacuation Management Capabilities	4
Evacuation Capability: Community Self-Assessment (Pre-Emergency)	5
Evacuation Operations Checklists	11
Community Evacuation Checklist (During Emergency)	12
Evacuation Checklist: Evacuees	18
Evacuation Checklist for Community Members Remaining in Community/ Sheltering In Place.....	20
Forms and Templates.....	22
Emergency Declaration Form.....	23
First Nation Health Inventory Form for Evacuations.....	24
Registration & Inquiry Card.....	26
Passenger Manifest (First Page).....	28
Passenger Manifest (Multiple Pages)	29
Transfer Request Form Instructions.....	30
Transfer Request Form.....	32
Administrative Documents.....	34
First Nation Community Liaison Job Description and Agreement	35
Driver Job Description and Agreement	36
Evacuation Centre Monitors.....	37
Guests Accommodations, Rules and Conditions	38
Reference Documents.....	39
Eligible Expenses as per JEMS Standard	40
Alert Ready -- Broadcast and wireless intrusive alerts.....	43
First Nation Evacuation - Return Flight Baggage Guidelines.....	45
NIHB Cover Memo for Bulletins.....	46
NIHB Medical Transportation Information.....	47
Non-Insured Health Benefits (NIHB) Medical Transportation	48

NIHB Non-Medical Escort Criteria..... 49

Community Self- Evaluation for Evacuation Management Capabilities

Evacuation Capability: Community Self-Assessment (Pre-Emergency)

Community Name:	
Chief and Council:	
First Nation/ Tribal Council:	
Completed By:	
Date:	

Threat Assessment

Please list any known threats with the potential to cause an emergency and/or evacuation in your community:

Instructions

Please go through the following list of evacuation related tasks and indicate whether the task may be led independently by the First Nation, with assistance, or led by partners. Please use the space at the end of each section to add any additional notes.

Evacuation Task and Description	Level of Manageability		
Threat Assessment and the Decision to Evacuate	First Nation Led	With Assistance	Partner Led
Real-Time Threat Assessment Refers to the function and process of determining the level of risk facing a community, so that the appropriate actions can be taken to protect life, property, critical infrastructure, the environment, the economy and/or services. Used to gather situational awareness and to determine the need for and urgency level of an evacuation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing an Evacuation Coordination Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Evacuation Type The two types of evacuations are: <ol style="list-style-type: none"> 1. Emergency or Life Safety Rescue Evacuation 2. Pre-Emptive Evacuation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Notifications and Requests for Assistance	First Nation Led	With Assistance	Partner Led
Declaration of Emergency A template is available from the PEOC. A copy of the completed Emergency Declaration must be forwarded to the PEOC Duty Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifying the Provincial Emergency Operations Centre (PEOC) of the need to evacuate Including: <ul style="list-style-type: none"> • Nature of the threat to the community • Potential impact(s) to the community • Urgency (how soon evacuation is required) • Scale (number of people potentially requiring evacuation) • Details of any required assistance 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifying Indigenous Services Canada (ISC) of the need to evacuate Including: <ul style="list-style-type: none"> • Nature of the threat to the community • Potential impact(s) to the community • Urgency (how soon evacuation is required) • Scale (number of people potentially requiring evacuation) • Details of any required assistance 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alerting community members of the need to evacuate and any necessary preparations The ability to notify all community members of the situation and potential/ imminent evacuation, and to provide information including where they are going, and items needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate with First Nation/ Tribal Council for any support to the emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing Alert Ready messaging (if required) (See Alert Ready one-pager or contact the PEOC for more information on Alert Ready messaging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing media messages regarding possible evacuation and working with potential host community/communities on any joint messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacting the PEOC to send Alert Ready messaging (if required and available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Preparing the Community for Evacuation	First Nation Led	With Assistance	Partner Led

<p>Compiling registration list for Medical Evacuees (MEDEVAC)</p> <p>Any community members residing in a health care facility or receiving home care is considered part of this category.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Compiling registration list for Primary Evacuees</p> <p>(Formerly known as Stage 1 Evacuees)</p> <p>Community members who do not fall under the Medical Evacuee category, but still present a higher level of vulnerability than others in the community, including:</p> <ul style="list-style-type: none"> • People with mobility or respiratory issues • Elders • Expectant Women • Children under 5 years old • People requiring specialized care 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Compile registration list for Essential Services</p> <p>Community members responsible for preparing the community for evacuation and to restart systems for return</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Compile registration list for All Others</p> <p>(Formerly known as Stage 2 Evacuees)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compile list of community members choosing to remain in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribute preparation checklists to community members choosing to remain in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notify the appropriate health services of the need for MEDEVAC as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Arrange transportation for residents within the community</p> <p>Transportation to and from the airport/ transportation hub</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Plan/ provide for pets/ animals remaining in the community</p> <p>Is there a person to go check on pets?</p> <p>Number of pets by type (dog, cat, etc.) to determine supplies needed</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Advise evacuees of baggage weight limits</p> <p>When travelling by air each person is allowed one carry-on bag of up to a maximum of 13 lbs. and one stowed luggage up to 40lbs.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare flight manifests/ passenger Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Forward a copy of flight manifests/ passenger lists to the PEOC</p> <p>Email: PEOCD001@ontario.ca Fax: 1 (416) 314-0474</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

Community Evacuation Liaisons in Host Communities	First Nation Led	With Assistance	Partner Led
Appoint Community Evacuation Liaison(s) for each host community and forward contact information to the host community and PEOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise the host community of any special needs of community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have Liaison(s) for each host community determine shift schedule if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appoint Drivers, or Foot Patrol members if necessary and assign as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Implementing the Evacuation Plan	First Nation Led	With Assistance	Partner Led
Implement transportation arrangements to get evacuees to departure points/ airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure MEDEVAC flights/ transportation have been arranged and completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuate Medical and Primary Evacuees according to established flight manifests/ passenger lists Keeping family units together as much as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuating All Others according to established flight manifests/ passenger lists Keeping family units together as much as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have essential services safeguard the community before evacuating, with special attention to critical facilities (Water treatment plant, nursing stations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuate essential services staff according to established flight manifests/ passenger lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide for pets/ animals remaining in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate progress and/or difficulties with the evacuation process to the PEOC and ISC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

During the Evacuation	First Nation Led	With Assistance	Partner Led
Maintain communication with Community Evacuation Liaisons in the host community/ communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain communication with the PEOC, and any deployed provincial, federal staff to assess and provide for the needs of the evacuees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain communication with the host communities to develop potential joint messaging regarding the evacuations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return planning with PEOC and other applicable partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue ongoing threat assessment in home community and advise partners of any updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain up to date registration information on evacuated residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate any updates on emergency information with evacuees on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Returning to Home Community	First Nation Led	With Assistance	Partner Led
Confirm access to the community is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure Safety hazards connected to the emergency have been eliminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine the order of return for evacuees based on priority (The most vulnerable people should return last so that support services are in place before their return)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate the plan to return to community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise returning community members of baggage weight limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare flight manifests/ passenger lists for return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return essential services staff to the community to ensure critical systems, facilities and services are ready for the return of evacuees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ensure that services have returned and are sufficient to support the returning evacuees (ie. power, water, sanitation, security, food and essential supplies, medical services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure Primary Evacuees have been returned to the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure MEDEVAC flights/ transportation have been arranged and completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure Medical Evacuees and their caregivers have been returned to the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue to communicate the progress of the return of evacuees to PEOC, ISC and other partners, and advise of any issues or delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recall any deployed personnel that have not yet returned to the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Demobilizing and Debriefing	First Nation Led	With Assistance	Partner Led
Monitor conditions in the community and communicate the status and any changes to PEOC and ISC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submit any necessary documentation for financial reconciliation from ISC and other partners, as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold debriefs for Community Evacuation Liaisons, and staff. Invite partners as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminate the Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare After Action Report (AAR) and send a copy to the PEOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using recommendations and suggested actions from the AAR, create and improvement plan for emergency/ evacuation plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revise emergency/ evacuation plans according to improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Please forward a copy of your completed Community Self-Evaluation to the PEOC Duty Officer Email: PEOCDO01@ontario.ca Fax: 1 (416) 314-0474 Phone: 1 (416) 314-0472			

Evacuation Operations Checklists

Community Evacuation Checklist (During Emergency)			
Community Name:			
Chief and Council:			
First Nation/ Tribal Council:			
Hazard:			
Date Initiated:			
Threat Assessment and the Decision to Evacuate		Completed	Assistance Required
Threat Assessment has been conducted		<input type="checkbox"/>	<input type="checkbox"/>
Community Leadership has decided that an evacuation is required		<input type="checkbox"/>	<input type="checkbox"/>
An Evacuation Coordination Team has been established to manage the incident Enter names and contact information in the appropriate spaces below		<input type="checkbox"/>	<input type="checkbox"/>
Incident Commander:		<input type="checkbox"/>	<input type="checkbox"/>
Operations Section Lead:		<input type="checkbox"/>	<input type="checkbox"/>
Planning Section Lead:		<input type="checkbox"/>	<input type="checkbox"/>
Logistics Section Lead:		<input type="checkbox"/>	<input type="checkbox"/>
Finance/ Administration Lead:		<input type="checkbox"/>	<input type="checkbox"/>
Evacuation Type	Emergency/ Life Safety Rescue <input type="checkbox"/> Pre-Emptive Evacuation <input type="checkbox"/>		
Declaration of Emergency		Completed	Assistance Required
Declare an Emergency		<input type="checkbox"/>	<input type="checkbox"/>
Forward a copy of the Declaration of Emergency to the PEOC Duty Officer Email: PEOCDO01@ontario.ca Fax: 1 (416) 314-0474		<input type="checkbox"/>	<input type="checkbox"/>











Notifications and Requests for Assistance	Completed	Assistance Required
<p>Notify the Provincial Emergency Operations Centre (PEOC) of the need to evacuate</p> <p>Be sure to include:</p> <ul style="list-style-type: none"> Nature of the threat to the community Potential impact(s) to the community Urgency (how soon evacuation is required) Scale (number of people potentially requiring evacuation) Details of any required assistance <p>Email: PEOC001@ontario.ca Phone: 1 (416) 314-0472</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Notify Indigenous Services Canada (ISC) of the need to evacuate</p> <p>Be sure to include:</p> <ul style="list-style-type: none"> Nature of the threat to the community Potential impact(s) to the community Urgency (how soon evacuation is required) Scale (number of people potentially requiring evacuation) Details of any required assistance 	<input type="checkbox"/>	<input type="checkbox"/>
Alert community members of the need to evacuate and any necessary preparations	<input type="checkbox"/>	<input type="checkbox"/>
Communicate with First Nation/ Tribal Council for any support to the emergency planning and response.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Prepare Alert Ready messaging (if required)</p> <p>(See Alert Ready one-pager or contact the PEOC for more information on Alert Ready messaging)</p>	<input type="checkbox"/>	<input type="checkbox"/>
Contact the PEOC to send Alert Ready messaging (if required)	<input type="checkbox"/>	<input type="checkbox"/>
Prepare the Community for Evacuation	Completed	Assistance Required
Distribute preparation checklists to all evacuating community members	<input type="checkbox"/>	<input type="checkbox"/>
Compile registration list for Medical Evacuees (MEDEVAC)	<input type="checkbox"/>	<input type="checkbox"/>
Compile registration list for Primary Evacuees	<input type="checkbox"/>	<input type="checkbox"/>
<p>Compile registration list for Essential Services</p> <p>(Community members responsible for preparing the community for evacuation and to restart systems for return)</p>	<input type="checkbox"/>	<input type="checkbox"/>
Compile registration list for All Others	<input type="checkbox"/>	<input type="checkbox"/>
<p>Compile list of any community members choosing not to evacuate</p> <p>(Include addresses/ locations and contact information)</p>	<input type="checkbox"/>	<input type="checkbox"/>













Distribute preparation checklists to community members choosing not to evacuate	<input type="checkbox"/>	<input type="checkbox"/>
Notify the appropriate health services of the need for MEDEVAC as required	<input type="checkbox"/>	<input type="checkbox"/>
Arrange for transportation for residents within the community	<input type="checkbox"/>	<input type="checkbox"/>
Plan/ provide for animals remaining in the community	<input type="checkbox"/>	<input type="checkbox"/>
Advise evacuees of baggage weight limits	<input type="checkbox"/>	<input type="checkbox"/>
Prepare flight manifests/ passenger Lists	<input type="checkbox"/>	<input type="checkbox"/>
Forward a copy of flight manifests/ passenger lists to the PEOC Email: PEOCD001@ontario.ca Fax: 1 (416) 314-0474	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation Host Community	Completed	Assistance Required
Host Community Name:		
Host Community Contact Information:		
Appoint Community Evacuation Liaison(s) for each host community	<input type="checkbox"/>	<input type="checkbox"/>
Forward Community Evacuation Liaison names and contact information to host community	<input type="checkbox"/>	<input type="checkbox"/>
Forward Community Evacuation Liaison names and contact information to PEOC	<input type="checkbox"/>	<input type="checkbox"/>
Advise the host community of any special needs of community members	<input type="checkbox"/>	<input type="checkbox"/>
Implement the Evacuation Plan	Completed	Assistance Required
Implement transportation arrangements to get evacuees to departure points/ airport	<input type="checkbox"/>	<input type="checkbox"/>
Ensure MEDEVAC flights/ transportation have been arranged and completed	<input type="checkbox"/>	<input type="checkbox"/>
Evacuate Medical and Primary Evacuees according to established flight manifests/ passenger lists (Keep family units together as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>
Evacuate All Others according to established flight manifests/ passenger lists (Keep family units together as much as possible)	<input type="checkbox"/>	<input type="checkbox"/>
Have essential services safeguard the community before evacuating, with special attention to critical facilities (Water treatment plant, nursing stations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Evacuate essential services staff according to established flight manifests/ passenger lists	<input type="checkbox"/>	<input type="checkbox"/>








Provide for pets/ animals remaining in the community	<input type="checkbox"/>	<input type="checkbox"/>
Communicate progress and/or difficulties with the evacuation process to the PEOC and ISC	<input type="checkbox"/>	<input type="checkbox"/>
During the Evacuation	Completed	Assistance Required
Ensure all evacuees register at the host site	<input type="checkbox"/>	<input type="checkbox"/>
Maintain communication with Community Evacuation Liaisons in the host community/ communities	<input type="checkbox"/>	<input type="checkbox"/>
Maintain communication with the host communities, PEOC, and any deployed provincial, federal staff to assess and provide for the needs of the evacuees	<input type="checkbox"/>	<input type="checkbox"/>
Maintain communication with the host communities regarding any media related inquiries about the evacuation.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure family reunification where necessary	<input type="checkbox"/>	<input type="checkbox"/>
Participate return planning with PEOC and other applicable partners	<input type="checkbox"/>	<input type="checkbox"/>
Continue ongoing threat assessment in home community and advise partners of any updates	<input type="checkbox"/>	<input type="checkbox"/>
Advise partners on any changes to the needs of the evacuees	<input type="checkbox"/>	<input type="checkbox"/>
Maintain up to date registration information on evacuated residents	<input type="checkbox"/>	<input type="checkbox"/>
Communicate any updates on evacuation information with evacuees on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
Advise the PEOC on the number of evacuees to be returned and update as required	<input type="checkbox"/>	<input type="checkbox"/>
Track all spending and invoices for submission to ISC for reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Return to Community	Completed	Assistance Required
The Chief and Council have made the decision to return to the community based on results of the ongoing threat assessment	<input type="checkbox"/>	<input type="checkbox"/>
Participate in Coordination calls with PEOC and partners for return planning	<input type="checkbox"/>	<input type="checkbox"/>
The threat that prompted the evacuation has been resolved	<input type="checkbox"/>	<input type="checkbox"/>
Access to the community has been confirmed	<input type="checkbox"/>	<input type="checkbox"/>
Safety hazards connected to the emergency have been eliminated	<input type="checkbox"/>	<input type="checkbox"/>













Determine the order of return for evacuees (The most vulnerable people should return last so that support services are in place before their return)	<input type="checkbox"/>	<input type="checkbox"/>
Communicate the plan to return to community members	<input type="checkbox"/>	<input type="checkbox"/>
Advise returning community members of baggage weight limits	<input type="checkbox"/>	<input type="checkbox"/>
Prepare flight manifests/ passenger lists for return	<input type="checkbox"/>	<input type="checkbox"/>
Return essential services staff to the community to ensure critical systems, facilities and services are ready for the return of evacuees	<input type="checkbox"/>	<input type="checkbox"/>
Services have returned and are sufficient to support the returning evacuees (ie. power, water, sanitation, security, food and essential supplies, medical services)	<input type="checkbox"/>	<input type="checkbox"/>
Ground Transportation arrangements to the airport or transportation hub have been confirmed	<input type="checkbox"/>	<input type="checkbox"/>
Evacuees other than essential staff, medical or primary evacuees have been returned to the community.	<input type="checkbox"/>	<input type="checkbox"/>
Primary Evacuees have been returned to the community	<input type="checkbox"/>	<input type="checkbox"/>
Ensure MEDEVAC flights/ transportation have been arranged and completed	<input type="checkbox"/>	<input type="checkbox"/>
Medical Evacuees and their caregivers have been returned to the community	<input type="checkbox"/>	<input type="checkbox"/>
Continue to communicate the progress of the return of evacuees to PEOC, ISC and other partners, and advise of any issues or delays	<input type="checkbox"/>	<input type="checkbox"/>
Recall any deployed personnel that have not returned to the community	<input type="checkbox"/>	<input type="checkbox"/>
Demobilization and Debriefing	Completed	Assistance Required
Monitor conditions in the community and communicate the status and any changes to PEOC and ISC	<input type="checkbox"/>	<input type="checkbox"/>
Submit any necessary documentation for financial reconciliation from ISC and other partners, as applicable	<input type="checkbox"/>	<input type="checkbox"/>
Hold debriefs for Community Evacuation Liaisons, and staff. Invite partners as appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Terminate the Emergency	<input type="checkbox"/>	<input type="checkbox"/>
Forward a copy of the Termination of Emergency to the PEOC Duty Officer Email: PEOCD001@ontario.ca Fax: 1 (416) 314-0474	<input type="checkbox"/>	<input type="checkbox"/>
Prepare After Action Report (AAR) and send a copy to the PEOC	<input type="checkbox"/>	<input type="checkbox"/>

Using recommendations and suggested actions from the AAR, create and improvement plan for emergency/ evacuation plans	<input type="checkbox"/>	<input type="checkbox"/>
Revise emergency/ evacuation plans according to improvement plan	<input type="checkbox"/>	<input type="checkbox"/>
Share any revisions to the emergency/ evacuation plans with the PEOC	<input type="checkbox"/>	<input type="checkbox"/>
Checklist Completed by:		
Date of Evacuation Return Completion:		

Evacuation Checklist: Evacuees		
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 the 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, 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 pet.	
What to bring with you when you evacuate:		
For Babies/ Toddlers:		
<input type="checkbox"/>	Diapers, wipes, baby powder/ointment.	
<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 and footwear	
What to bring with you when you evacuate: For all family members: Note: For air travel, each passenger is allowed: one carry-on bag up to 13 lbs. and one stowed luggage up to 40 lbs.		
<input type="checkbox"/>	All personal identification cards including Status Cards, Ontario Health Insurance Plan (OHIP) cards and birth certificates for each family member.	
<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 toothpaste, soap, shampoo, etc.).	
<input type="checkbox"/>	House keys.	

Evacuation Checklist for Community Members Remaining in Community/ Sheltering In Place		
<p>This checklist is to help you prepare and stay safe if you choose to remain in the community rather than evacuating.</p> <p>Please maintain contact with your family/ friends/ other community members for information regarding the current conditions, status of the evacuation, your whereabouts and wellbeing.</p>		
Important Contact Information		
Community Name:		
Media Sources to Monitor for Information:		
Telephone Number to Command Centre:		
Public Inquiries Line:		
Evacuated Family and Friends:		
Emergency Services and Infrastructure		
The following services will remain available in the community once others have evacuated:		
Description:	Contact Information:	
Items to Pack in Survival Kits		
<input type="checkbox"/>	Groceries Including 3-5 days of perishable items as well as non- perishable items.	
<input type="checkbox"/>	Food for any household pets At least one week's worth	
<input type="checkbox"/>	Camping Gear Sleeping bags, blankets, pillows	
<input type="checkbox"/>	Water Enough for all family members for at least one week	
<input type="checkbox"/>	Toiletries Toilet paper, toothbrushes, toothpaste, soap, etc.	
<input type="checkbox"/>	Washcloths and towels	
<input type="checkbox"/>	Flashlights and batteries	

<input type="checkbox"/>	Fuel Gas, oil, propane	
<input type="checkbox"/>	Boats And motor, fuel	
<input type="checkbox"/>	Seasonal Clothing Warm clothing, extra clothing	
<input type="checkbox"/>	Seasonal Footwear Boots, hip waders	
<input type="checkbox"/>	Radio or Crank Radio	
<input type="checkbox"/>	Candles, matches, lighters	
<input type="checkbox"/>	First Aid Kit	
<input type="checkbox"/>	Prescription Medications	
<input type="checkbox"/>	Car and house keys	
<input type="checkbox"/>	Cash	
<input type="checkbox"/>	Important Papers/ Identification for everyone	
<input type="checkbox"/>	Backpack/ duffel bag for survival kit in case you need to leave home	

Forms and Templates

The background of the slide features a large, abstract graphic. It consists of a light blue area on the right side, which is partially enclosed by a large, bright green shape that tapers to a point at the bottom center. Another green shape is visible on the far right edge, also tapering downwards. The overall effect is a modern, minimalist design with sharp geometric lines.

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.**

First Nation Health Inventory Form 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 on the following page 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 (expected 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 Branch

1-866-212-2272



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

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	Room #	Address	Prov	Postal Code

FAMILY MEMBERS							
Last name	First name	Initial	Relationship	Gender	Age	Medical needs and/or devices	Dietary needs
Follow up required?		<input type="checkbox"/> Y <input type="checkbox"/> Completed					
Signature of family representative:							Date:
Interviewer name (please print):							Time:
SERVICES REQUIRED							
<input type="checkbox"/> Meals <input type="checkbox"/> or Groceries <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Staying w friends		<input type="checkbox"/> Group lodging <input type="checkbox"/> Clothing <input type="checkbox"/> Laundry <input type="checkbox"/> Mental health support		<input type="checkbox"/> Home care <input type="checkbox"/> Baby supplies <input type="checkbox"/> Mobility device <input type="checkbox"/> Transportation		<input type="checkbox"/> Social services <input type="checkbox"/> Incidentals Please	
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:							

Passenger Manifest (First Page)

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

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

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

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

Important Information:

Passenger (PAX) Coding: I – Infant (under 2 years old), C- Child, F – Female, M – Male

Standard Passenger Weights: Infant – 25 lbs., Child – 75 lbs., 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

	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 (this page): _____ **Signature:** _____

Page ____ of ____

Total Passengers (all pages): _____

Passenger Manifest (Multiple Pages)

	Last Name, First Name	Sex M/F/C/I	Date of Birth	Special Requirements
1				
2				
3				
4				
5				
6				
7				
8				
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35				
36				

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

Total Passengers (this page): _____ **Signature:** _____

Page ____ of ____

Total Passengers (all pages): _____

Transfer Request Form Instructions

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 an asterisk (*) are mandatory

Requesting Host Community* : _____

Host Community Site Lead* : _____

Signature of Current Host Site* : _____

Date* : _____

First Nation Community Liaison* : _____

Signature of First Nation Community Liaison* : _____

Date* : _____

Names of individuals requesting a transfer* :

(Attach page if more space is required)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Individual or family's home community: _____

Reason for transfer* : _____

Special Considerations: _____

Section 2 – Receiving Host Community

Receiving Host Community* : _____

Receiving Host Community Site Lead* : _____

Signature of Receiving Host Site* : _____

Date* : _____

Receiving Site First Nation Community Liaison* : _____

Signature of Receiving First Nation Community Liaison* : _____

Date* : _____

Section 3 – Additional Considerations

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

What is the anticipated mode of transportation* : _____

Have all conditions, including child custody and legal conditions been considered?

☐ Yes ☐ No

Section 4 – Indigenous Services Canada Liaison

Is transfer criteria acceptable* ☐ Yes ☐ No

Is sending Host Community in agreement*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is receiving Host community in agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transfer Approved <input type="checkbox"/>	Transfer Denied <input type="checkbox"/>	
ISC P.O. #: _____		
Authorized by (Please Print Clearly) *: _____		
Signature*: _____		
Date*: _____		

Administrative Documents

First Nation Community Liaison Job Description and Agreement

Job title:	First Nation Liaison
Reporting to:	Lead Liaison
Pay Rate:	Minimum Wage + \$1.00 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 _____

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

1. Operate assigned rental vehicle in accordance with Canadian and Provincial laws and regulations.
2. Provide transportation to evacuees as needed to provide for personal and medical needs within the Host Community.
3. Work no longer than 12 hours per day.
4. 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_____

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

1. Conduct regular patrols inside and outside of the accommodations provided in order to identify and unsafe conditions or suspicious persons.
2. Assist in ensuring that children are supervised to keep them away from dangerous places (e.g., busy highways and roads)
3. Report any suspicious or unsafe situations to authorities. Do not 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: _____

Reference Documents

Eligible Expenses as per JEMS Standard

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).

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.

Alert Ready -- Broadcast and wireless intrusive alerts

PEOC DUTY OFFICER 24/7/365 416-314-0472

Alert Criteria (Triggers BI alert)

- a) A confirmed and verifiable incident
- b) An immediate or imminent threat to life, or a serious threat to public health, safety and security, or substantial damage to property.

REQUESTING OFFICIAL (OR DESIGNATE)

CEMC	Alternate CEMC	Police Chief	Deputy PC
MEMC	Alternate MEMC	Fire Chief	Deputy FC
Mayor	Deputy Mayor	First Nations Chief	Band Council Mgr (i.e.)
Senior Gov't Official		PEOC Commander	Deputy Commander

ALERT READY FIELDS

Location: *municipality or town/city*

Event Type: see alertready.ca/alert-types/ *Not all types qualify for Broadcast Intrusive*

Headline: *one line*

Area Description: *specific boundaries*

Event Description: *exactly what happened*

Instructions: *what do you want the public to do, where to find further info*

BROADCAST MESSAGE

Maximum character count **900** (including spaces) for **each** language.

- If possible, Requesting Official should provide French content.
- If this is not possible, DO will contact our 24/7 translation service.

WIRELESS MESSAGE

Maximum character count **600** (including spaces) for **both** language (combined).

- If possible, Requesting Official should provide French content.
- If this is not possible, DO will contact our 24/7 translation service.

EXPIRY DATE AND TIME

Expiry should be approx. 2 hours after alert issued

Note: The list below indicates the types of alerts that can be issued as Broadcast Intrusive alerts. If you are considering requesting an alert and wish to consult on the appropriate classification of your emergency alert, please do not hesitate to contact the PEOC Duty Office (416-314-0472 or 1-866-314-0472 peocdo01@ontario.ca).

Policing, Amber and severe weather alerts are not issued by the PEOC.

The following events qualify as Broadcast Intrusive:

Air Quality	Geophysical
Civil	• Earthquake
• Civil Emergency	• Magnetic Storm
Dangerous Animal	• Meteorite
Fire	Hazardous Material
• Wildfire	• Chemical Hazard
• Industrial Fire	• Biological Hazard
• Urban Fire	• Radiological Hazard
• Forest Fire	• Explosive Hazard
Flood	• Falling Object
• Storm Surge	Health
• Flash Flood	• Drinking water
• Dam Overflow	Utility
	• 9-1-1 Service

Sample Messages:

Broadcast

⚠ Once you start editing the text here the changes in the fields above will not be reflected here.

TOTAL CHARACTER COUNT :482 / 900

*** English :** Due to an explosion at the propane yard on Toronto Street in Trillium, the Mayor has ordered the evacuation of everyone within 2 kilometres of 123 Toronto Street. Everyone within 5 kilometres must close their windows and turn off external ventilation systems. Trillium Arena located at 567 Brock Street has been setup as an evacuation centre. All vehicular traffic into the area is suspended. Stay tuned to Durham Radio 105.5 FM or the town's Facebook page for further information.

Wireless

⚠ Once you start editing the text here the changes in the fields above will not be reflected here.

TOTAL CHARACTER COUNT :595 / 597

*** English :** Due to an explosion at the propane yard on Toronto Street in Trillium, the Mayor has ordered the evacuation of everyone within 3 kilometres of 123 Toronto Street. Please proceed to the Trillium Arena located at 567 Brock Street.

*** French :** En raison d'une explosion à la cour de propane sur la rue Toronto à Trillium, le maire a ordonné l'évacuation de toute personne à moins de 2 kilomètres du 123, rue Toronto. Toute personne à moins de 5 kilomètres doit fermer ses fenêtres et éteindre les systèmes de ventilation extérieurs. L'aréna Trillium situé au 567, rue Brock a été aménagé en centre d'évacuation.

Information Bulletin

First Nation Evacuation - Return Flight Baggage Guidelines

ATTENTION EVACUEES

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.

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

Canada

NIHB Medical Transportation Information



Indigenous Services
Canada

Services aux
Autochtones 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.





Indigenous Services
Canada

Services aux
Autochtones Canada

Non-Insured Health Benefits (NIHB) Medical Transportation

Revised: March 2022

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
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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>

NIHB Non-Medical Escort Criteria



Indigenous Services
Canada

Services aux
Autochtones Canada

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:
 - language barrier
 - escort travel previously approved as part of a series of related treatments
 - 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:

- a) able to sign consent forms or provide a patient history
- b) 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
- c) proficient in translating between an Indigenous language and English and French
- d) able to drive if the role includes providing ground transportation
- e) 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.