Emergency Response Systems and Services in Remote First Nations Communities in Northern Ontario: An Environmental Scan

E. Mew1,5, S.D. Ritchie2, D. VanderBurgh1, J. Gordon3, J.L. Beardy4, A. Orkin5

1Division of Clinical Sciences, Northern Ontario School of Medicine; 2Centre for Rural and Northern Health Research, Laurentian University; 3Sioux Lookout First Nations Health Authority; 4Nishnawbe Aski Nation; 5Dalla Lana School of Public Health, University of Toronto.

**Introduction**

- Nishnawbe Aski Nation (NAN) is the political organization representing 7 Tribal Councils and 49 First Nations communities in northern Ontario.
- Over 25,000 Ontarians live in 27 remote NAN communities.1
- Sioux Lookout First Nations Health Authority (SLFNHA) coordinates health services provided through local nursing stations.
- BUT, limited information on status of pre-nursing station emergency care in these remote communities.2

<table>
<thead>
<tr>
<th>Phase I: Primary Sources</th>
<th>Phase II: Secondary Sources</th>
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<tr>
<td><strong>Methods</strong></td>
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<td>I. Health Director Interviews</td>
<td>42 articles identified:</td>
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<td>◦ 10 structured telephone interviews conducted primarily with Health Directors from the Nishnawbe Aski Nation Health Advisor Working Group.</td>
<td>◦ 10 news articles stating need for improved emergency services. Quotations include:</td>
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<td>◦ All interviews transcribed and member-checked.</td>
<td>&quot;Northern Ontario plane crash highlights lack of emergency services on reserves&quot;4</td>
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<td>◦ Inductive analyses using NVivo 9.0 and Microsoft Excel.</td>
<td>&quot;There are no 911 services in remote First Nations. The barriers faced in the delivery of healthcare causes undue suffering and countless losses due to a lack of...local emergency response, [among others].&quot;5</td>
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<td>II. Multi-Jurisdictional Roundtable</td>
<td>◦ Remaining articles offered no novel information.</td>
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<td>Interpretation of interview results by inter-disciplinary group of stakeholders.</td>
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**Results**

I. Health-Director Interviews

- 29 remote communities with no 911 service.
- Community members provide first response care and transportation.
- Existing services include the First Nations Emergency Response Program, James Bay Ambulance Service, and the Sachigo Lake Wilderness Emergency Response Education Initiative.
- These programs are fragmented and heterogeneous.

Fives Themes identified:

1. Many communities have limited, if any, emergency response capacity and services.
2. Lack of consistent, reliable and standardized telecommunication.
3. Turnover and burnout in volunteer emergency response teams.
4. Inability of nurses to leave nursing stations to respond to emergencies.
5. Challenges related to First Aid training.

II. Multi-Jurisdictional Roundtable3

- Shared Vision:
  - People in remote and isolated communities should have access to excellent community-based first response emergency care.
- Recommended Actions:
  - Develop working group with key partners.
  - Abide by the following principles: community-based, sustainable, capacity-building, collaboration, integration, and excellence.
  - Plan and test model for community-based emergency care.

**Discussion**

- ES was a flexible and effective method.
- Existing systems, efforts and programs are grossly inadequate and unsuccessful.
- Expansion of conventional ambulance or first responder programs would not be an appropriate nor realistic solution.
- Novel, sustainable, and community-based innovations in emergency health services delivery are urgently needed.

**Further Information**

Please email sritchie@laurentian.ca or visit www.nosm.ca/cbec

**References**


AO and DV declare a non-financial conflict of interest through their affiliation with the Remote Health Initiative. The remaining authors declare no conflict of interest.