

HEALTH SECTOR NEWSLETTER FALL/WINTER 2025



Highlights

- *Immunization Updates*
- *Health Human Resource Update*
- *NIHB Updates*
- *19th Annual Health Forum and more!*



She:kon/Greetings Everyone,

Welcome to the Fall/Winter 2025 edition of the COO Health Sector Newsletter. I hope everyone enjoyed their summer activities and took advantage of the nice weather we had. I'd like to thank everyone who attended our 2nd First Nations Community Wellness Conference, that was held August 19-21 in Toronto. We had a busy 3 days with presentations on housing, mental health, waste management and land based healing. The conference would not have been a success without our workshop presenters, who played a big part in shaping our agenda and the discussions that occurred.



Included in this newsletter is information on immunizations and RSV. We also included information on changes made to the medical transportation program under NIHB. The Special Projects Officer has included some information regarding the Health Human Resources project. We have also included some information regarding drop in-sessions to assist with completing Implementation plans for the Indigenous Health Equity Fund (IHEF) – they need to be submitted in order to continue to receive your funding uninterrupted.

With the recent completion of First Nations Community Wellness Conference, our annual Health Forum will be taking on a slightly different look for 2026. The Health Forum will be shortened to 2 days, as we are looking at including some training on the HHR Toolkit and Database that will be available to First Nations across the region. The Health Forum will be held February 11-12, 2026 in Toronto in conjunction with a roundtable event hosted by the Anishinabek Employment and Training Services and the Indigenous Primary Health Care Council. We have included both save the dates, our call for abstracts and we will be sending out information for both events in the future.

We hope to see you all in February 2026!

Nia:wen/Thank you,
Tobi Mitchell
Director of Health

Save The Date!

19th Annual Health Forum

The Chiefs of Ontario Health Sector will host the 19th Annual Health Forum from **February 11-12, 2026** in Toronto, ON. This year's theme, "Rooted in Wellness: Meeting Needs, Reducing Harm, and Building Strength for Generations to Come," focuses on strengthening our communities through the lens of Health Human Resources.

Registration is **NOW LIVE!** For additional information, please visit <https://www.chiefsmeeting.com/2026healthforum> or contact Tobi Mitchell, Director of Health at Tobi.Mitchell@coo.org or Charnele Sondezi, Sr. Health Coordinator at Charnele.Sondezi@coo.org.

SAVE THE DATE

19th Annual Health Forum

Rooted in Wellness: Meeting Needs, Reducing Harm, and Building Strength for Generations to Come.

The Chiefs of Ontario Health Sector will host the 19th annual Health Forum on February 11-12, 2026 in Toronto ON. This year's theme, "**Rooted in Wellness: Meeting Needs, Reducing Harm, and Building Strength for Generations to Come**," focuses on strengthening our communities through the lens of Health Human Resources.

Date: February 11 - 12, 2026
Time: 8:00 AM - 4:00 PM
Location: Hilton Toronto Airport Hotel & Suites
Who Should Attend: First Nations Leadership and Technicians
Registration: <https://coo.smudging.ca>

For additional information, please visit <https://www.chiefsmeeting.com/2026healthforum> or email Tobi Mitchell, Director of Health at Tobi.Mitchell@coo.org or Charnele Sondezi, Sr. Health Coordinator at Charnele.Sondezi@coo.org

 @ChiefsOfOntario



Secretariat Office
468 Queen St E., Suite 400
Toronto, ON M5A 1T7
Phone: (416) 597 1266
Fax: (416) 597 8365
www.chiefs-of-ontario.org



Head Office
1 Migizii Miikan, PO Box 711
Nipissing First Nation
North Bay, ON P1B 8J8
Phone: (705) 476 0999
Fax: (416) 597 8365
1 877 517 6527

CHIEFS OF ONTARIO 19th ANNUAL HEALTH FORUM

CALL FOR WORKSHOP/PRESENTATION ABSTRACTS

Join us in shaping the agenda for the Chiefs of Ontario 19th Annual Health Forum:

February 11-12, 2026

Hilton Toronto Airport Hotel & Suites, Toronto, Ontario

This event is a collaborative forum about “*Rooted in Wellness: Meeting Needs, Reducing Harm, and Building Strength for Generations to Come.*”

We invite abstracts for in-person presentations that explore the theme of
“*Rooted in Wellness: Meeting Needs, Reducing Harm, and Building Strength for Generations to Come*” through the lens of Health Human Resources.

Presenters are invited to share knowledge, lived experiences, resources and strategies that contribute to strengthening First Nations health workforce and supporting long-term community wellness.

Breakout Sessions

- Concurrent sessions will last between 65-90 minutes
- Chiefs of Ontario reserve the right to combine two sessions into a single 90-minute session with two 45-minute time slots.

Additional Information

- **Deadline for submissions is January 5, 2026**
- Abstracts should be submitted via email to Charnele Sondezi, Senior Health Coordinator at Charnele.Sondezi@coo.org with the subject line "2026 COO Health Forum Abstract" followed by the presenter's name.
- Please indicate if your presentation will require Internet access for videos and other materials
- **ALL presentations require the submission of an abstract and presenter bios for the conference program.**
- **Final electronic versions of slides and any other materials must be submitted by January 23, 2026.**

**CHIEFS OF ONTARIO
19TH ANNUAL HEALTH FORUM
APPLICATION FOR CONFERENCE
WORKSHOPS/PRESENTATIONS**

TIT

PRIMARY PRESENTER (Name, Position/title):

Phone:

Email:

ADDITIONAL PRESENTER (Name, Position/title):

Phone:

Email:

FIRST NATION COMMUNITY, ORGANIZATION or AGENCY:

PROPOSED DURATION OF PRESENTATION:

**FORMAT OF PRESENTATION AND ROOM SETUP REQUIRED: (i.e.,
roundtables, classroom style, etc.)**

Do you consent to make your slides or handouts available in PDF for participants
and on our COO WEBSITE? **YES** **NO**

Deadline for Submissions: January 5, 2026

Successful applicants will be notified by January 12, 2026

**A brief bio, optional photo and finalized presentation slides will be
required by January 23, 2026**

ABSTRACT

(200 words max)

This copy will be used for the forum brochure

TITLE:

Primary Author:

Learning Objectives:

Description:

Request for information

Frances Pine, Special Projects Officer, is nearing the **final stages of the Health Human Resources project** and requires your assistance. The process of mailing the overview and four sector-specific booklets as part of the HHR Toolkit will get underway soon, but we are still missing information.

If your First Nation has not completed the HHR Toolkit Database Form, **please do so as soon as possible**. There will be two approved users from each community who will be granted access to the Health Human Resources Portal. **If you are unsure if your community has completed the forms, please reach out to Frances Pine, Special Projects Officer at frances.pine@coo.org or at 416-200-0299 at your earliest convenience.**

The HHR Toolkit, Portal, and initial training are expected to launch in alignment with the Health Forum taking place February 11–12, 2026. Additional portal training sessions can also be arranged with Frances for First Nations and PTOs, either individually, as a group session, or virtually upon request.

For questions about the database form, password holder information, or to discuss future training opportunities, please contact Frances Pine at frances.pine@coo.org or 416-200-0299.

Please note that the HHR Portal will be accessible only to the 133 First Nation communities in Ontario, the PTOs, and the Chiefs of Ontario. This restriction is in place due to the sensitivity of the information and databases it contains, and to uphold OCAP principles.

Save The Date!

Indigenous Healthcare Workforce Development Roundtable

Anishinabek Employment and Training Services, in conjunction with the Indigenous Primary Healthcare Council are hosting an Indigenous Healthcare Workforce Development Roundtable from **February 12-13, 2026** in Toronto at the Hilton Toronto Airport Hotel & Suites.

Additional details will be made available at a later date.

SAVE THE DATE!

INDIGENOUS HEALTHCARE WORKFORCE DEVELOPMENT ROUNDTABLE

Welcome Reception

Date: Thursday, February 12th, 2026
Time: 6:00 pm - 8:00 pm EST
Location: Hilton Toronto Airport Hotel & Suites 5875 Airport Road, Mississauga ON L4V 1N1

Event Details

Date: Friday, February 13th, 2026
Time: 8:00 am - 4:30 pm EST
Location: Hilton Toronto Airport Hotel & Suites 5875 Airport Road, Mississauga ON L4V 1N1

Join key stakeholders in supporting Indigenous workforce development strategies to **help shape the future of Ontario's healthcare sector.**



Detailed invitation to follow.



AETS
Anishinabek Employment and Training Services
Your path. Our ways.



INDIGENOUS PRIMARY HEALTH CARE COUNCIL

Funded by the Government of Canada's Indigenous Skills and Employment Training Strategy Program



Frances Pine, Special Projects Officer, has reached out to all 133 First Nations and the 5 affiliated Political Territorial Organizations (PTOs) between July-September 2025 to collect contact information to include in the Chiefs of Ontario Health Human Resource (HHR) Online Portal and Database Toolkit. If your First Nation or PTO has not completed the final data collection communication sent in August-September, 2025, please contact Frances Pine at frances.pine@coo.org. This will also assist in ensuring we have the correct point-of-contacts within each First Nation/PTO and for all future communications from the Health Sector at the Chiefs of Ontario.

The 5 HHR Booklets are scheduled to be mailed out to each First Nations and PTO before the Winter break at the mailing addresses currently on file with the Health Sector at the Chiefs of Ontario. If you would like to have the booklets mailed to another office and/or to update your information, please reach out to Frances Pine.

There will be upcoming in-person training on how to use the HHR Toolkit & Online Portal in early 2026 for designated users. Please ensure that your community/organization designates **two (2) delegates** who will have this access to **before January 1, 2026**, to ensure finalization of passwords and meeting invitations for the training session. Please reach out to Frances Pine to identify your **two (2) delegates** to ensure no delay in the process and training schedule.

If you have any questions regarding the HHR Project or to forward any of the information requested for this project, please contact Special Projects Officer, Frances Pine at frances.pine@coo.org or via cell phone at 416-200-0299.



FIRST NATIONS REQUESTS FOR COMMUNITY OPIOID DATA

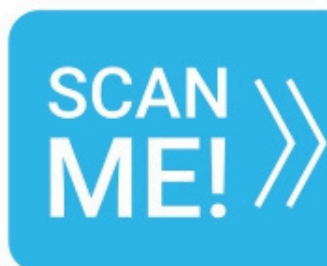
Are you interested in accessing a copy of opioid-related data for your First Nation community in Ontario?

Opioid Use, Related Harms & Access to Treatment among First Nations in Ontario: Second Annual Update 2013–2023

Each year, the Chiefs of Ontario (COO), the Ontario Drug Policy Research Network (ODPRN), and ICES release a report that examines trends and patterns related to opioid use, related harms, and access to treatment among all First Nations People in Ontario.



TO VIEW THE
FULL REPORT
& INFOGRAPHIC



How to Request a Community-Specific Report

First Nations People can access opioid data specific to their community by requesting a 'Community-Specific Report'.



TO LEARN MORE
ABOUT REQUESTING
A COMMUNITY-
SPECIFIC REPORT



To request a community-specific report or for any questions about the process, please email: indigenous@ices.on.ca



Please note that the following information can also be found in the Canadian Immunization Guide.

Respiratory syncytial virus (RSV) infection is a major cause of lower respiratory tract illness, particularly among infants, young children and older adults. In Canada, the RSV virus causes yearly outbreaks of respiratory tract disease, usually starting in late fall and running right through to early spring. Having a previous RSV infection does not prevent you from further reinfections, however the illness is usually milder with subsequent infections. RSV in older adults can lead to severe disease.

- Immunizations are available to protect infants and older adults from RSV. To protect infants from RSV two monoclonal antibody preparations are available: nirsevimab and palivizumab which are administered directly to infants. As well certain vaccines can be administered during pregnancy to protect the infant through the passive transfer of maternal antibodies. This includes the RSVpreF vaccine (Abrysvo™).
- Three vaccines are available to protect adults 60 years of age and older from RSV: RSVPreF3 (Arexvy), RSVpreF (Abrysvo™), and mRNA-1345 (mRESVIA). RSVPreF3 is also available to protect adults 50 to 59 years of age.



Infants and pregnant women and pregnant people

- RSV immunization should be considered for any infant entering, or born during, their first RSV season and for infants at ongoing increased risk during their second RSV season.
- Nirsevimab, the RSV monoclonal antibody, is preferred over palivizumab and the RSVpreF (Abrysvo™) vaccine.
- Nirsevimab should be prioritized for infants:
 - With certain medical conditions that place them at increased risk of severe RSV disease including prematurity.
 - With certain medical conditions who are at ongoing increased risk for severe RSV disease during their second RSV season
 - Whose transportation for severe RSV disease treatment is complex, and/or who live in or are part of First Nations, communities where risk of severe RSV disease intersects with established social and structural health determinants.

If nirsevimab is not available, palivizumab may be used for certain infants at very high risk for severe RSV disease.

Please note that the following information can also be found in the Canadian Immunization Guide.

Why Immunize?

- Transportation for severe RSV disease treatment is complex, and infants and children whose risk of severe RSV disease intersects with established social and structural health determinants.
- The RSVpreF (Abrysvo™) vaccine may be considered by a pregnant person, together with their care provider, in advance of, or during, the RSV season, to prevent RSV disease in their infant.
- There is no expected additional benefit to using both RSVpreF (Abrysvo™) and nirsevimab for healthy infants. However, if RSVpreF (Abrysvo™) was received during pregnancy and the infant is at increased risk for severe RSV disease or is born less than 2 weeks after RSVpreF (Abrysvo™) was given, nirsevimab should still be provided.



Older Adults

- RSV immunization is recommended for adults:
 - 75 years of age and older, particularly for those who are at increased risk of severe RSV disease
 - 60 years of age and older who are residents of nursing homes and other chronic care facilities.
- RSV immunization may be considered as an individual decision for adults 50 to 74 years of age in consultation with their health care provider. A single dose of RSVPreF3, RSVpreF or mRNA-1345 can be used in adults 60 to 74 years of age. A single dose of RSVPreF3 can be used in adults 50 to 74 years of age.

RSV is the most common cause of bronchiolitis and pneumonia among infants and young children. It can cause serious complications for infants including hospitalization and intensive care unit admission, as well as significant impact on caregivers and families. RSV can be a difficult disease for older adults, particularly those with certain chronic health conditions and can also result in serious complications. RSV vaccine can significantly reduce hospitalizations and ICU admissions for older adults



Reduce the spread of infectious diseases

How to properly wash your hands



STEP 1:
Wet hands with water.



STEP 2:
Apply soap while your hands are out of the water.

STEP 3:

Rub hands together for at least 20 seconds (including your palms, back of each hand, between fingers, thumbs and under your nails).



STEP 4:
Rinse hands well with clean water.



STEP 5:
Dry hands well with clean cloth or paper towel.



STEP 6:
Turn off tap using the cloth or paper towel.



If soap and water aren't available, use a hand sanitizer containing at least 60% alcohol to clean your hands. Rub your hands together (as shown in Step 3) for 20 seconds or until dry. If your hands are visibly dirty, remove as much residue as possible before using hand sanitizer. For example, use a wet wipe.

© His Majesty the King in Right of Canada, as represented by the Minister of Health, 2025. Pub.: 240877. Cat.: HP5-260/2025E-PDF. ISBN: 978-0-660-75894-7



The immunization program at Indigenous Services Canada's National Capital Region has gathered a list of resources to support healthcare providers in planning and delivering school-based immunizations programs.

Webinar/Events/Courses:

Care In Action: HPV Awareness & Prevention, an Indigenous-led resource for service providers

- On October 9, 2024, FNIHB hosted a pressed Research Centre. This session explored initiating culturally conscious discussions around sexual health as it relates to HPV, as well as unique considerations for Indigenous People. In addition to the webinar, there is a free HPV learning-module for service providers working in Indigenous communities.

[Click here to view the recording](#)

Passcode: =of6D7#.

[Click here to complete the free modules](#)

- **National Indigenous Cultural Safety Collaborative Learning Series- Webinars**

This national webinar series provides an opportunity to share knowledge, experiences, and perspectives in support of collective efforts to strengthen Indigenous cultural safety across sectors.

[Click here to view any of the 17 webinar recordings in the series](#)

Canadian Resources:

- **Government of Canada**

- [Vaccines for children](#)
- Provides helpful information on vaccines, how they work and other information. Also includes links to childhood immunization schedules and tips on what to expect at an immunization appointment.

- [A Teen's Guide to Vaccination](#)

A 28 page printable guide covering various immunization information for teens.

- **Caring for Kids - Canadian Paediatric Society**

- [Vaccination and your child](#)

Information for parents on immunizations for their child such as recommended vaccines, vaccine safety, and how to prepare for an appointment.

- [A parent's guide to immunization information on the Internet](#)
 - This guide explains how to evaluate what immunization information online is factual.
- [When parents choose not to vaccinate: risks and responsibilities](#)
 - If a parent/caregiver chooses not to vaccinate their child, this explains the risks and provides information on how to make it less likely that their child gets an infection or spreads disease to others.
- **Immunize Canada**
 - [Read. Learn. Understand. A Parent's Decision to Immunize](#)
 - Covers information on how to make an informed decision. Includes a poster and short video.
 - [Vaccine Safety: Vaccine safety resources](#)
 - Covers information regarding vaccine safety, including a short illustrated video and links to additional resources.
 - [Immunization Information on the Internet: Can you trust what you read?](#)
 - A two page guide to determine what information on the internet is reliable.
- **Sick Kids Health (Ontario)**
 - Teens
 - [Common types of vaccines](#)
 - Explains the common types of vaccines recommended for children/youth. Also available in a PDF printable format.
 - About Kids Health
 - [Vaccines: Concerns about immunizing your child](#)

Provides information about vaccines and the diseases they prevent to help parents make an informed decision. Also available in a PDF printable format

- **Canadian Public Health Association**
 - [Immunization](#)
 - Links to various resources on immunizations.
 - [Give Vaccines a Shot: Science North](#)
 - A variety of educational science videos that discuss the immune system for grades 2-12.

Cultural and Communication Resources for Healthcare Providers:

- National Collaborating Centre for Indigenous Health (NCCIH) and National Collaborating Centre for Infectious Disease (NCCID)
 - [Don't Wait, Vaccinate: A Guide to Immunization for First Nations, Inuit, and Métis People and Communities](#)
 - A collaboration on the development of two resources related to the promotion of immunizations which included the guide and calendar which is provided in various Indigenous languages.
 - [Vaccine Confidence Fact Sheet Series](#)
 - A series of five fact sheets on vaccine preventable diseases and immunizations. These resources help support vaccine confidence amongst First Nations, Inuit, and Métis Peoples and communities. Additional links to videos and trusted web sites on vaccines are provided within each of the fact sheets.
 - [Video on Vaccine Confidence](#)
 - This video focuses on vaccine confidence for First Nations, Inuit, and Métis Peoples.
 - [Best and promising practices in promoting vaccine uptake and confidence among First Nations, Inuit, and Métis populations](#)
 - This fact sheet outlines various Indigenous-led programs relating to vaccine promotion among Indigenous populations.
 - [MyVaxxJourney](#)
 - A Canadian Indigenous Youth-led campaign promoting vaccine confidence through meaningful exchanges and authentic stories of their vaccination journeys.



Measles vaccine

Protect your children, protect yourself, protect your community.

Vaccines have been protecting people and communities against diseases for many years. Boost your vaccine confidence by learning how vaccines can protect First Nations, Inuit and Métis from measles.



What is measles?

Measles is a virus that spreads easily and can lead to serious complications, such as brain swelling and death. Measles can cause high fever, cold-like symptoms and a bad cough, followed by a red, blotchy rash on the face that spreads down the body. Measles is especially dangerous for children under 5 years, pregnant people and those with a compromised immune system.

Vaccination is the best way to protect yourself and your children from getting measles.



Why should I get this vaccine?

When you have all the recommended doses of the measles vaccine, protection is nearly 100%. The vaccine can protect against severe symptoms and complications caused by the virus.



Who should get this vaccine?

In Canada, the measles vaccine is usually given in childhood but is also recommended for those who did not receive all doses or never had a measles infection in the past.

Canada has 2 measles vaccines: measles-mumps-rubella (MMR) or measles-mumps-rubella-varicella (MMRV).



Where can I get the measles vaccine?

All provinces and territories offer free measles vaccines as part of their routine immunization program. If you think you or your child missed any measles vaccine doses, please contact your local healthcare provider or public health department.



What are the possible vaccine side effects?

Most side effects are minor and resolve on their own. Common side effects include pain, redness and swelling at the injection site. You may experience a mild fever, joint pain and a rash appearing 1 to 3 weeks after the vaccine. Severe reactions are rare.

Talk to your community health nurse or healthcare provider about how to help relieve symptoms after vaccination.



What to do after vaccination?

Wait in the clinic for 15 minutes after receiving your vaccine. Notify someone immediately if you experience any side effects.

Seek medical help if your symptoms get worse (for example, trouble breathing, swelling of face or rash) or last longer than 48 hours.

Catalogue: R122-65/2024E-PDF
ISBN: 978-0-660-71507-0



For more information:
Canada.ca/vaccines



Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Resources and Guidance

Information on specific measles exposure locations and what do if you are exposed: [Measles Exposures in Ontario | Public Health Ontario](#)

The routine measles and outbreak-related immunization schedules for Ontario: [Routine and Outbreak-related Measles Immunization Schedules](#)

Additional Resources related to measles prevention and exposure can be found here:

- **[Indigenous Services Canada](#)**
- **[Ontario College of Family Physicians](#)**
- **[SickKids](#)**

Public Health Units are working with local Indigenous healthcare organizations and First Nations communities to collaborate on tailored strategies that are culturally appropriate and based on what the communities' needs are for supports and messaging.

First Nations communities and organizations can also reach out to local PHUs or healthcare providers for more information on individual vaccination schedules, access to measles vaccines, and to learn more about specific guidance on measles outbreak response in their region.

If there are any additional questions please reach out to Leonor Tavares, Manager, Indigenous and Intergovernmental Unit at leonor.tavares@ontario.ca.

About Measles

*Information is current as of March 7, 2025

Measles is a serious infection that is highly contagious. It can be spread by air droplets, coughing, sneezing, talking or even just breathing. It can also be transmitted by touching your eyes, nose or mouth after touching an infected surface.

Protect yourself against measles

- ✓ Ensuring children are up to date with their vaccines is the priority. Children should receive two doses as part of routine childhood vaccinations.
- ✓ Adults born before 1970, may have natural immunity.
- ✓ Adults born in 1970 or later likely received one dose of a measles-containing vaccine. In 1996, two doses became the standard in Ontario. If travelling outside Canada to high-risk areas where measles is circulating, two doses are recommended.
- ✓ If you don't know whether you're vaccinated or have had measles, you are eligible for the vaccine.

The vaccine should never be given to:

- People who are pregnant
- Infants under 6 months
- People with weakened immune systems

Most at risk for exposure to measles:

- Health care workers
- Those travelling to countries where measles is circulating
- Post-secondary students

If you find out you've been exposed, and aren't fully immunized, contact your family doctor, primary care provider or public health unit.



Where to get the vaccine

Contact your family doctor, primary care provider or **public health unit**.

Symptoms



Fever



Runny Nose



Cough



Red Eyes



White spots in the mouth and throat



Rash

You are considered contagious from 4 days prior to a rash appearing until 4 days after the rash has appeared (9 days total).

If you become ill

Isolate at home and call a health care provider. Don't go to a health care facility until you have called first to say that you might have measles. If measles is expected/confirmed, isolate.



For more information visit www.ontario.ca/page/about-measles



The following information was received from Indigenous Services Canada regarding Medical Transportation for the Ontario Regions Non-Insured Health Benefits Program.

Medical Transportation Ontario Region Non-Insured Health Benefits Program

To: Ontario Region Nursing Stations/Health Centres
Chiefs and Councils/Health Directors
Indigenous Services Canada Partners

From: Terry Jeans, Director Client and Community Response

Date: October 8, 2025

Medical Transportation Requests: 10 Day Guideline

The Non-Insured Health Benefits (NIHB) Program is committed to supporting eligible clients in accessing medically necessary health services. In response to feedback from clients and First Nations leadership, NIHB has reviewed and updated our approach to travel planning under the Medical Transportation benefit.

NIHB is now following a 10 day travel guideline for medical transportation requests. This standard will provide clients with more notice before their travel out of community.

Effective November 1, 2025, we request all client transportation requests be submitted to NIHB a minimum of 10 business days prior to the appointment date. *Some exceptions apply.*

Background

Many clients and First Nation representatives have expressed concerns about receiving short notice travel arrangements. Additionally, booking travel on short notice also presents challenges with flight availability and lack of accommodation options near medical service locations.

NIHB carefully considered the feedback from clients and partners, and the realities of the travel and accommodation industry which face increasing demand and various limitations. We explored how we issue travel vouchers and when they are provided to clients. The 10 day guideline will help to address existing challenges and improve client services.



Service Improvements

This guideline will improve the overall travel experience for clients. It enables NIHB to:

- Secure travel and accommodations in a timely manner for clients
- Issue travel vouchers well in advance – providing clients more notice before their departure
- Minimize last-minute complications – reducing the risk of delays or missed appointments
- Improve client services and transportation planning
- Ensure NIHB resources remain available for urgent travel

Urgent/Unforeseen Needs

While we request every effort be made to follow the 10 day guideline, NIHB understands that urgent or unforeseen medical needs can arise. In these cases, we will continue to accept transportation requests and every effort will be made to arrange travel within the limitations of transportation and accommodation availability. If travel cannot be secured in time, both the client and health facility will be informed so alternative appointment arrangements can be made. Requests for urgent travel may be escalated to management who may request documentation to support the urgency.

Contact for More Information

We appreciate your cooperation in following this guideline to provide more reliable and efficient service for all clients. Should you have any questions or require further information, please do not hesitate to contact Patricia Emond, Acting Program Delivery Manager, at patricia.emond@sac-isc.gc.ca.

About NIHB

The NIHB program provides coverage for a range of health services for registered First Nations and recognized Inuit, which includes prescription drugs, over-the-counter medications, dental, vision care, medical supplies and equipment, mental health counselling, and transportation to access health services that are not available locally. Learn more about NIHB at www.canada.ca/NIHB.

Sincerely,

Terry Jeans,

Director, Client & Community Response, FNIHB



Key Contacts for Communities Served by Ontario Region NIHB Medical Transportation

Terry Jeans, Director – Client & Community Response, terry.jeans@sac-isc.gc.ca

Patricia Emond, Acting Senior Program Delivery Manager, patricia.emond@sac-isc.gc.ca

Kelli George-Egerter, Manager – Medical Transportation, kelli.george-egerter@sac-isc.gc.ca

Ontario Region NIHB Client Information Line, Monday - Friday: 8 am - 4 pm (EST)

Call: 1-800-640-0642

All Ontario Emergency After Hours Line (4 pm to 8 am CST)

Call: 1-833-675-3081

Sioux Lookout NIHB Office 1-888-283-8885

General Travel Request Fax: 807-737-3879

General Travel Email: sl-ssna-sl-nihb@sac-isc.gc.ca

Medivacs & Urgent Fax: 807-737-8057

Medivacs & Urgent Email: nihbslurgent-urgentsnasl@sac-isc.gc.ca

Discharges Fax: 807-737-4917

Discharge Email: nihbsl-discharge-congehospitalssnasl@sac-isc.gc.ca

Sioux Lookout First Nations Health Authority (SLFNHA) – Discharges

Call: 1-807-737-5080

Fax: 1-807-737-3618

Thunder Bay NIHB Office 1-877-779-7749

Travel Request Email: nihbmt.tbay@sac-isc.gc.ca








Travel Request Fax: 1-866-551-5650

Southern NIHB Office 1-800-881-3921 Option 3

Travel Request Email: onnihbtrans-ssna@sac-isc.gc.ca

Travel Request Fax: 1-800-806-6662



 FNIHCC MONTHLY EDUCATION SERIES		
MONTH	TOPIC	PRESENTER
October 1st, 2025 10:00 am – 11:00 am Meeting Link	Quality Improvement Part 1 	Corey MacKenzie, Director First Nations Inuit & Metis Saint Elizabeth Health Care
November 5th, 2025 10:00 am – 11:00 am Meeting Link	Quality Improvement Part 2 	Corey MacKenzie, Director First Nations Inuit & Metis Saint Elizabeth Health Care
December 3rd, 2025 10:00 am – 11:00 am Meeting Link	Palliative Approach to Care for all clients 	Holly Prince, Lead Indigenous Peoples' Health & Aging, Centre for Education and Research on Aging & Health, Lakehead University
January 7th, 2025 10:00 am – 11:00 am Meeting Link	Discharge Planning 	Jill Marcella, Manager, St. Joseph's Care Group North west Regional Palliative Care Program
February 4th, 2025 10:00 am – 11:00 am Meeting Link	Peer Led Debriefing 	Holly Prince, Lead Indigenous Peoples' Health & Aging, Centre for Education and Research on Aging & Health, Lakehead University
March 4th, 2025 Meeting Link	Reviewing Policies and Procedures annually – what does it mean? 	Corey MacKenzie, Director First Nations Inuit & Metis Saint Elizabeth Health Care

The recordings will be made available on Onehealth by topic

Dawn Bruyere
Assistant Director Nursing
Mobile: (613) 797-9302
dawn.bruyere@sac-isc.gc.ca

Heather Meekis
Home & Community Care Coordinator
Mobile: (807) 374-0237
heather.meekis@sac-isc.gc.ca

Danica Pavelic
Senior Program Officer
Mobile: (807) 355-4853
danica.pavelic@sac-isc.gc.ca

Tenielle Patterson
Junior Program Officer
Mobile: (807) 630-1473
tenielle.patterson@sac-isc.gc.ca

Recipient Distribution

<p>Cynthia Magiskan Nurse Advisor Mobile: (807) 633-7052 cynthia.magiskan@sac-isc.gc.ca</p>	<p>Nicole Corbiere Nurse Advisor Mobile: (613) 863-4355 nicole.corbiere@sac-isc.gc.ca</p>	<p>Priscilla Sky Nurse Advisor Mobile: (807) 356-4731 priscilla.sky@sac-isc.gc.ca</p>
<ul style="list-style-type: none"> Anishinabe of Wauzhushk Onigum Eagle Lake First Nation Grassy Narrows First Nation Iskatewizaagegan #39 Independent Kingfisher Lake First Nation* Lac Seul First Nation <i>Kejick Bay</i> <i>WhiteFish Bay</i> <i>Frenchmen's Head</i> Naotkamegwanning First Nation North Caribou Lake First Nation Washagamis Bay (Obashkaandagaang) Niisaachewan Anishinaabe Nation Sandy Lake First Nation Shoal Lake #40 First Nation Wabaseemoong Independent Nation Wabauskang First Nation Wapekeka First Nation* Wunnumin Lake First Nation* <p><i>*First Nation is part of Shibogama First Nations Council</i></p>	<ul style="list-style-type: none"> Atikameksheng Anishnawbek Batchewana First Nation Chippewas of Rama First Nation Dokis First Nation Garden River First Nation Henvey Inlet First Nation M'Chigeeng First Nation Magnetawan First Nation Marten Falls First Nation Mississauga First Nation Nipissing First Nation Sagamok Anishnawbek First Nation Serpent River First Nation Taykwa Tagamou Nation Thessalon First Nation Wasauksing First Nation Wikwemikong Unceded Indian Reserve 	<ul style="list-style-type: none"> Dilico Anishinaabek Family Care <i>Bijnjitiwaabik Zaaging Anishinaabek</i> <i>Fort William First Nation</i> <i>Ginoogaming First Nation</i> <i>Long Lake #58 First Nation</i> <i>Michipicoten First Nation</i> <i>Pays Plat First Nation</i> <i>Red Rock First Nation</i> <i>Netmizaaggamig Nishnaabeg First Nation - (Pic Mobert)</i> <i>Whitesand First Nation</i> Keewaytinook Okimakanak <i>Deer Lake First Nation</i> <i>Fort Severn First Nation</i> <i>Keewaywin First Nation</i> <i>North Spirit Lake First Nation</i> <i>Poplar Hill First Nation</i> Mnaamodzawin Health Services Inc. <i>Aundeck-Omni-Kaning First Nation</i> <i>Sheguandah First Nation</i> <i>Sheshegwaning First Nation</i> <i>Whitefish River First Nation</i> <i>Zhibbaaasing First Nation</i> Waasegüzhig Nanaandawe'iyewigamig (WNHAC) <i>NWA #33 Angle Inlet</i> <i>NWA #33 Whitefish Bay</i> <i>NWA #37 Regina Bay</i> <i>NWA #37 Windigo</i> Aamjiwnaang First Nation Aroland First Nation Biigtigong Nishnaabeg First Nation Bingwi Neyaashi Anishinaabek Curve Lake First Nation Mohawk Council of Akwesasne Mohawks of the Bay of Quinte Moose Deer Point First Nation Moravian of the Thames Band Munsee-Delaware Nation Oneida Nation of the Thames Paawidigong First Nations Forum Inc. Saugeen First Nation Shawanaga First Nation Ojibway Territory Six Nations of the Grand River Wahnapiatae First Nation Walpole Island First Nation
<p>Jeremy Caul Nurse Advisor Mobile: (807) 355-0175 jeremy.caul@sac-isc.gc.ca</p>	<p>Kristen Chodoriwsky Nurse Advisor Mobile: (705) 362-2638 kristen.chodoriwsky@sac-isc.gc.ca</p>	<p>Danica Pavelic Senior Program Officer</p>
<ul style="list-style-type: none"> Alderville First Nation Algonquins of Pikwakanagan First Nation Beausoleil First Nation Chippewas of Georgina Island First Nation Chippewas of Kettle & Stony Point First Nation Chippewas of Nawash First Nation Chippewas of the Thames First Nation Couchiching First Nation Eabametoong (Fort Hope) First Nation Gishkaandago'ikwe Health Services <i>Anishinaabeg of Naongashing First Nation</i> <i>Big Grassy First Nation</i> <i>Lac La Croix First Nation</i> <i>Mitaanjigaming First Nation</i> <i>Ojibways of Onigaming</i> <i>Rainy River First Nation</i> <i>Seine River First Nation</i> Hiawatha First Nation Kitchenuhmaykoosib Inninuwug Mississaugas of the Credit Mississaugas of Scugog Island First Nation Naicatchewenin First Nation Nigigoonsiminikaaning First Nation Pikangikum First Nation Temagami First Nation 	<ul style="list-style-type: none"> Albany First Nation Apitipi Anicinapek Nation (Wahgoshig) Attawapiskat First Nation Chapleau Cree First Nation Constance Lake First Nation Kasabonika Lake First Nation Kashechewan Health Services Board Mishkeegogamang First Nation Moose Cree First Nation Muskrat Dam First Nation Neskantaga First Nation Nibinamik First Nation Webequie First Nation Weenusk First Nation Wabun Tribal Council <i>Brunswick House First Nation</i> <i>Chapleau Ojibway First Nation</i> <i>Matachewan First Nation</i> <i>Mattagamis First Nation</i> Windigo First Nations Council <i>Bearskin Lake First Nation</i> <i>Cat Lake First Nation</i> <i>Sachigo Lake First Nation</i> <i>Slate Falls First Nation</i> 	<ul style="list-style-type: none"> Bluewater Health Hospice Northwest London Health Sciences Centre McMaster University Northern Ontario Home and Community Care Network Providence Care Centre Royal Victoria Regional Health Centre Saint Elizabeth Health Care St. Joseph's Care Group Southwest Home & Community Care Network Association
	<p>No Program</p> <ul style="list-style-type: none"> Gull Bay First Nation Ojibway Nation of Saugeen First Nation Wahta Mohawks First Nation Wawakapewin First Nation 	
	<p><i>For general inquiries please contact</i> hcccon@sac-isc.gc.ca</p>	



With the rising rates of opioid-related harms and death, there is a pressing need to secure low-barrier access to harm reduction supplies, such as Naloxone (Narcan) in particular. Naloxone is a lifesaving medication that can reverse an opioid overdose by replacing the opioid molecules responsible for the overdose at receptor sites in the brain. Access to Naloxone, as well as Naloxone training, are instrumental to reducing the number of opioid overdose deaths in First Nations.

This program seeks to address this issue by ensuring that Ontario First Nations can access as many Naloxone kits as they need, when they need and where they need, with as little barriers possible.

For more information and to receive bulk quantities of Naloxone kits for your First Nation, please reach out to Faisal Khawaja, CEO at faisalk@marchesehealthcare.ca

For individuals interested in having kits shipped directly to your home, please visit www.getnaloxone.ca

[GetNaloxone.ca](http://www.getnaloxone.ca)



NARCAN® nasal spray (ISC Status Card holders only) - 1 box x 2 doses
\$0.00 CAD

Add to cart

Instructions for Use

NARCAN[®] (naloxone HCl)
NASAL SPRAY 4 mg

Step 1: Identify Opioid Overdose & Call for Emergency Medical Help



Check for signs of an opioid overdose:

- Person **DOES NOT** wake up after you shout, shake their shoulders, or firmly rub the middle of their chest.
- Breathing is very slow, irregular or has stopped.
- Centre part of their eye is very small, like a pinpoint.

Call 911 or ask someone to call for you.

Lay the person on their back.

Step 2: Give NARCAN[®] Nasal Spray



Remove device from packaging. **Do not test the device.** There is only one dose per device.

Tilt the person's head back and provide support under their neck with your hand.

Hold the device with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into one nostril.

Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.

Press the plunger firmly with your thumb to give the dose.

Remove the device from the nostril.

Step 3: Evaluate and support



Move the person on their side (recovery position). Watch them closely.

Give a second dose after 2 to 3 minutes if the person has not woken up or their breathing is not improved. **Alternate nostrils with each dose.**

Note: Each NARCAN[®] Nasal Spray device contains only one dose; use a new device for each additional dose.

You can give a dose every 2 to 3 minutes, if more are available and are needed.

Perform artificial respiration or cardiac massage until emergency medical help arrives, if you know how and if it is needed.

For a list of serious warnings, precautions and contraindications, refer to the product monograph.



Canada's Opioid Crisis: How You Can Help

The opioid crisis is a complex public health issue devastating the lives of many Canadians and their families who are experiencing accidental overdose or death from opioids.

TOGETHER, WE CAN SAVE LIVES



Get a free naloxone kit from a pharmacy. Naloxone is a medication that can temporarily reverse the effects of an opioid overdose. You do not need a prescription.



Take opioids as prescribed, store them in a safe place and dispose of unused opioids at a pharmacy. It is illegal to share prescribed opioids or take them from others.



Call 911, if you suspect an opioid overdose. Follow their instructions and administer naloxone if you have it.



Find support. If you or someone you know needs support for their opioid dependence or opioid use disorder, know that help is available. Our resource, [Finding Quality Addiction Care](#), can help you to find services in your area.



Use non-stigmatizing language. Choose [person-first language](#), which describes someone as a person before describing their health condition. Doing so can help break down negative stereotypes associated with substance use disorder or dependence.

An **overdose** can happen when you take more opioids than your body can handle, which can lead to difficulty breathing and unconsciousness. It can even be fatal.

The *Good Samaritan Drug Overdose Act* protects you from simple drug possession charges if you stay on the scene and call 911 after witnessing an overdose. The Act is designed to encourage and protect people to better prevent overdose deaths.


Instead of: Addict
Use: A person with a substance use disorder

THE OPIOID CRISIS IMPACTS US ALL

Substance use disorder or addiction is a treatable medical condition, not a choice.

Stigma creates barriers that prevent people who use substances from seeking and receiving the care and support they need. Be kind and compassionate to people living with a substance use disorder.

Spotlight Opportunity!



Have an upcoming First Nations-led community event you would like to share?



Would you like to spotlight a staff member/program/department from your community in the COO Newsletter?



Chiefs of Ontario's Health newsletter is published on a quarterly basis. If you are interested in providing a spotlight for the next newsletter, please email Kallie Diabo, Communications Officer, at Kallie.Diabo@coo.org.