

Ministry of Health and Long-Term Care

A light blue map of Ontario is centered on a dark teal background. The map shows the outline of the province and is divided into smaller regions, likely representing health service areas. The title text is overlaid on the map.

# Ontario Health System Action Plan: Syrian Refugees

December 17, 2015

[ontario.ca/syrianrefugees](http://ontario.ca/syrianrefugees)

Ministry of Health and Long-Term Care  
Copies of this report can be obtained from  
INFOline: 1-866-532-3161  
TTY 1-800-387-5559

# Table of Contents

<b>Background and Context</b> .....	<b>2</b>
The Crisis in Syria .....	2
Canada's Commitment .....	2
Ontario's Responsibility .....	2
Health System Considerations .....	3
<b>Overview and Scope of Plan</b> .....	<b>5</b>
Purpose of Ontario's Health System Action Plan for Syrian Refugees .....	5
Canada's National Strategic Plan for Syrian Refugee Resettlement .....	6
Coordination of Health-Related Actions .....	7
Coordination with Other Sectors .....	8
Planning Assumptions and Considerations .....	8
Key Websites .....	11
<b>Ontario Health System Action Plan: Syrian Refugees</b> .....	<b>12</b>
Goal .....	12
Objectives .....	12
Guidance to Support Action .....	12
<b>1: Understand refugees' health status to assess needs</b> .....	<b>13</b>
Refugee health profiles .....	13
Pre-arrival medical assessment information .....	14
<b>2: Prepare the health system to support refugees' health needs</b> .....	<b>15</b>
Ministry Emergency Operations Centre (MEOC) .....	15
Local planning to meet health service demands .....	15
Health insurance coverage .....	17
Information and resources for health care providers to support refugee care .....	18
Worker health and safety .....	18
<b>3: Respond to refugees' health needs upon arrival</b> .....	<b>20</b>
Arrival at the airport .....	20
Temporary accommodation sites .....	21
Health system information for refugees and sponsors .....	22
Primary and community care .....	22
Immunization .....	24
Mental health and addictions services .....	24
Infectious disease and health system surveillance .....	26
<b>Looking Ahead</b> .....	<b>27</b>
<b>Annexes</b> .....	<b>28</b>

# Acronym List

AFHTO	Association of Family Health Teams Ontario
AOHC	Association of Ontario Health Centres
CAMH	Centre for Addiction and Mental Health
CBSA	Canada Border Services Agency
CCIRH	Canadian Collaboration for Immigrant and Refugee Health
CHC	Community Health Centre
CMAH	Community Mental Health Association of Canada
CRC	Canadian Red Cross
DND	Department of National Defence
EMAT	Emergency Medical Assistance Team
FHT	Family Health Teams
GAR	Government Assisted Refugee
GOC	Government Operations Centre
HPOC	Health Portfolio Operations Centre
IFHP	Interim Federal Health Program
ILS	Interim Lodging Site
IME	Immigration Medical Examination
IPAC	Infection Prevention and Control
IRCC	Immigration, Refugees and Citizenship Canada
LGBTQI	Lesbian, Gay, Bisexual, Trans, Queer, and Intersex
LHIN	Local Health Integration Network
MCIT	Ministry of Citizenship, Immigration and International Trade
MEOC	Ministry Emergency Operations Centre
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
NACI	National Advisory Committee on Immunization
NCC	National Coordination Cell
NPAO	Nurse Practitioners' Association of Ontario
NPLC	Nurse Practitioner-Led Clinic
OCFP	Ontario College of Family Physicians
OHIP	Ontario Health Insurance Plan
OMA	Ontario Medical Association
OPI	Over the Phone Interpretation
PEOC	Provincial Emergency Operations Centre
PHAC	Public Health Agency of Canada
PHO	Public Health Ontario
PHU	Public Health Unit
PPE	Personal Protective Equipment
PSR	Privately Sponsored Refugee
PTSD	Post-Traumatic Stress Disorder
RAP	Resettlement Assistance Program
RNAO	Registered Nurses' Association of Ontario
UNHCR	United Nations High Commissioner for Refugees

# Background and Context

## The Crisis in Syria

Since the outbreak of civil war in Syria in 2011, over 4 million Syrians have fled the country. Most have taken temporary shelter in refugee camps in neighbouring countries of Lebanon, Jordan, and Turkey. The United Nations High Commissioner for Refugees (UNHCR) has called situation in Syria the largest humanitarian emergency of our era.

The UNHCR has issued an urgent appeal to the international community for assistance in resettling vulnerable refugees who have been displaced from Syria.

Canada is among several countries around the world that is responding to this urgent situation by taking in refugees from Syria for permanent resettlement.

## Canada's Commitment

The Government of Canada has committed to resettling 25,000 government assisted refugees from Syria. Government Assisted Refugees (GARs) are refugees that have been registered and identified by the UNHCR and referred to Canada. The federal government funds a network of settlement agencies to provide assistance and income support to GARs. Beyond this commitment, additional refugees will be arriving that are privately sponsored. Privately sponsored refugees (PSRs) are identified and supported by private sponsors of organizations or groups of individuals for their first year in Canada (this support includes income support and practical assistance).



On November 24, 2015, the Government of Canada released its plan for welcoming Syrian refugees to Canada. Under this plan, the Government of Canada wishes to bring in 25,000 refugees (government assisted and privately sponsored) by the end of February 2016.

## Ontario's Responsibility

Ontario has a long and proud history of welcoming refugees and helping them settle and integrate in their new communities. In 2014, Ontario welcomed over 11,400 refugees to start a new life in our province.

Ontario will play a significant role in the resettlement of Syrian refugees.

Toronto's Lester B. Pearson International Airport will be one of two entry points for refugees arriving in Canada. Montréal's Pierre Elliot Trudeau International Airport will be the other point of entry. Refugees who arrive at either airport may be temporarily accommodated or settled in Ontario.

Temporary accommodation sites in Ontario and Québec will house refugees whose housing at their final destination community is not yet ready. These sites will provide important interim lodging for some refugees until they can be moved to a permanent host community.

As Canada's largest province, Ontario will become home to a large proportion of the refugees. On September 12, 2015, the Government of Ontario announced funding to help bring 10,000 refugees to Ontario by the end of 2016, and it is possible that more than 10,000 may ultimately settle in Ontario. Cities and towns across the province will welcome Syrian refugees into their communities.



Ontario is committed to collaborating with the Government of Canada and other partners to support the permanent resettlement and integration of Syrian refugees in Canada.

## Health System Considerations

The arrival of a large number of newcomers to Canada and Ontario requires consideration about potential impacts to the health system. Ontario's health system will be engaged both in activities related to the initial arrival of refugees, and in their ongoing settlement as they begin their new lives. The health and well-being of the refugees, and of the Canadians who will be welcoming them into their communities, will be an important concern throughout the resettlement process.

This Health System Action Plan outlines the actions to be taken by Ontario's health system to support the objectives of the resettlement effort. It outlines roles and responsibilities among the various partners who will be involved in this effort, and provides guidance to support seamless and coordinated operations.

This plan is based on the best available information and planning assumptions at time of publication. The planning activities for Syrian refugee resettlement remain fluid and dynamic, and it is likely that aspects of this plan will evolve as the process progresses. The health system will be kept up to date throughout the process. Some health stakeholders may be asked to contribute to certain response activities or the development of new solutions as the situation unfolds.

Even as the health system works together on addressing existing challenges, the successful resettlement of Syrian refugees in Ontario will require a truly coordinated effort among all health system partners. It will also require close collaboration across sectors with areas such as social services, education, housing and others that are all interdependent with health. Settlement services and other non-profit agencies play a

key role in connecting newcomers to Canada and have extensive programs designed for refugees. Effective information sharing and collaboration between health system partners and these agencies will be essential in supporting the health and well-being of refugees. Ontario has the ability to lead in this regard, and to play a key role in the overall humanitarian effort. Ontario's health system is up to the task.

### Considerations related to Other Refugees in Ontario

The health needs of the Syrian refugee population are significant. It is important that the health system provides this group of refugees with high quality care. However, this *Health System Action Plan: Syrian Refugees* does not suggest that Syrian refugees should be given preferential treatment over refugees from other countries. Ontario welcomes thousands of refugees from around the world each year, all of whom deserve to receive the best health care our system can provide. The need for this Health System Action Plan is due to the scale of the effort to resettle such a large number of refugees within a short period of time.

Relatedly, nothing in this plan suggests the provision of special treatment to Syrian refugees over and above the treatment provided to other Ontarians.

# Overview and Scope of Plan

## Purpose of Ontario's Health System Action Plan for Syrian Refugees

This *Health System Action Plan: Syrian Refugees* has been developed to guide Ontario's health system in supporting the arrival and integration of Syrian Refugees in Ontario. It includes information and guidance related both to government assisted and privately sponsored refugees.

This plan is intended for health system stakeholders across the province, and provides a high-level summary of:

- Overall goal and objectives related to the resettlement of Syrian refugees in Ontario and Canada, focusing on the role of the health system.
- Actions that will be required to support refugee health and well-being, and to mitigate any potential public health risks.
- Guidance to support action by health system partners, including roles and responsibilities.
- Areas where local and/or sector plans, protocols, or processes may need to be developed.

This document does not include:

- All health system plans that may be put in place for specific local areas, sectors, organizations, services, or facilities.

This plan provides a framework and summary of actions. It will be supported by a series of annexes with more detailed guidance on specific topics and related roles and responsibilities. Annexes will be shared with relevant partners, and will be updated if new information becomes available or the situation changes.

Please note this plan contains references to third party websites for information purposes only. The Government of Ontario does not exercise control over the content of these websites and is not able to confirm that all information available on these sites is accurate or current.



# Canada's National Strategic Plan for Syrian Refugee Resettlement

The Government of Canada is responsible for the development and implementation of the overall plan to bring Syrian refugees to Canada. It has outlined a five-phase process by which refugees will be identified, transported, and settled in Canada. The five phases are:



**1. Identifying Syrian refugees to come to Canada:**

Canada will work with the UNHCR to identify people in Jordan and Lebanon, where they have an extensive list of registered refugees. Canada is implementing a similar process in Turkey, where refugees are registered with the state and not the UNHCR.

**2. Processing Syrian refugees overseas:**

Interested refugees will be scheduled for processing in dedicated visa offices in Amman and Beirut. Visa processing capacity will also be enhanced in Turkey. Security and health screening is also conducted during this phase.

**3. Transportation to Canada:**

Transportation via privately chartered aircraft, with military aircraft assisting if needed, will be organized to help bring refugees to Canada. Flights will be destined to either Montréal or Toronto.

**4. Welcoming in Canada:**

Upon arrival in Canada, all refugees will be welcomed and Border Services Officers will oversee the process for admission of the refugees into Canada. This will include final verification of identity. All refugees will be screened for signs of illness when they arrive in Canada and treatment will be available if anyone is ill upon arrival.

**5. Settlement and community integration:**

Syrian refugees will be transported to communities across Canada, where they will begin to build a new life for themselves and their family. They will be provided with immediate, essential services and long-term settlement support to ensure their successful settlement and integration into Canadian society.

The five phases involved in this operation involve many considerations that extend beyond health. Activities related to identity verification, security screening, immigration processing, transportation logistics, language services, and community integration are all key components of the plan being coordinated by the Government of Canada. While these aspects of the process are outside the scope of *Ontario's Health Action Plan: Syrian Refugees*, they will impact this plan.

There are health considerations involved in each of the five phases of the overall resettlement initiative, but many of these are also outside the scope of Ontario's health system. Health care activities involved in phases one, two, and three are being coordinated by the federal government. For example:

- Before refugees are approved for travel, medical personnel appointed and overseen by the federal government will complete an immigration medical examination (IME) for each individual. This examination will include screening for infectious and communicable diseases, including but not limited to tuberculosis for example.
- Before refugees board their flights, they will undergo a fit-to-fly assessment to ensure they are not ill at the time of boarding.
- In some cases, medical personnel may be assigned to accompany a flight to respond to any health concerns that may arise in transit. The Department of National Defence may provide military medical personnel for such flights.

Phases four and five of the resettlement initiative will require the active engagement of Ontario's health system. For example:

- When refugees arrive at Lester B. Pearson International Airport, Ontario health personnel will be required to respond in the event of illness identified during flight or during border screening.
- Following refugees' arrival, Ontario's health system will play a significant role in supporting their needs as they integrate into communities throughout the province. Ongoing monitoring of system capacity and its ability to address refugees' health needs as well as public health surveillance for infectious diseases, should they occur, will also be important to ensure that any health risks are mitigated.

## Coordination of Health-Related Actions

The Government of Canada will coordinate all health screening and monitoring activities for refugees prior to their arrival in Canada. The Health Portfolio Operations Centre (HPOC), managed by the Public Health Agency of Canada (PHAC), will coordinate the health aspects of the federal response and liaise with provincial and territorial health ministries.

Ontario's Ministry of Health and Long-Term Care (MOHLTC) will coordinate health system activities to support the arrival and resettlement of refugees in Ontario. The Ministry's Emergency Operations Centre (MEOC) has been activated to provide a single point of contact and coordination for the provincial health system. The MEOC will collaborate and share information across levels of government as well as with system and local partners, including detailed guidance related to each component of this plan. Health system partners may direct questions to MEOC's Health Care Provider Hotline at 1-866-212-2272 or [emergencymanagement.moh@ontario.ca](mailto:emergencymanagement.moh@ontario.ca).

Local health planning and activities will be coordinated by Local Health Integration Networks (LHINs), in collaboration with other local health system partners.

## Coordination with Other Sectors

Supporting the ongoing health needs of the refugee population is just one aspect of a complex response involving many sectors. The education sector, social services sector, housing sector, and many others are also involved in the overall resettlement effort. Refugees' needs in these areas are interconnected, and the success of Ontario's resettlement effort will depend on how well these sectors work together. Health system integration with other key sectors and partners will be essential.

Cross-sector coordination and integration will occur at many levels:

- A federal National Coordination Cell (NCC), supported by the federal Government Operations Centre (GOC) is providing overall operational coordination across federal departments and with partners internationally.
- Cabinet Office of Ontario is providing overall strategic coordination of the provincial resettlement effort. An Executive Lead has been appointed to oversee this effort and a Syrian Refugee Resettlement Team has been established. A Strategic Advisory Table has been established with cross-sector representation to ensure Ontario is meeting the needs of the refugee population in a coordinated manner.
- Local cross-sector coordination efforts will occur in municipalities that are identified as final destination communities for Syrian refugees. It is important that local health sector partners are well integrated in each community effort, in coordination with their respective Local Health Integration Network (LHIN).
- Settlement services and other non-profit agencies play a key role in connecting newcomers to Canada and have extensive programs designed for refugees. Effective information sharing and collaboration between health system partners and these agencies will be essential in supporting the health and well-being of refugees.

## Planning Assumptions and Considerations

The following planning assumptions and considerations have been identified to guide Ontario's health system in planning to support Syrian refugees:

### General Assumptions

- A total of 25,000 Syrian refugees will arrive in Canada by end of February 2016. Of these, 10,000 may arrive by December 31, 2015. The remaining 15,000 would arrive in January and February 2016. Both groups will contain a mix of government-assisted refugees (GARs) and privately sponsored refugees (PSRs).
- Up to two thirds of refugees could arrive at Lester B. Pearson International Airport.
- At least 10,000 of these refugees could ultimately settle in Ontario.

- Refugees will complete immigration processing before traveling to Canada. They will arrive in Canada with permanent residency status.
- The federal government will identify appropriate cities and communities for interim lodging and final destination of government assisted refugees, with appropriate input from Ontario.
- Planning and response will be carried out in consideration of cultural sensitivities, the dignity and privacy of the refugees and their family connections.



Two thirds of 25,000 refugees could arrive at Pearson Airport

## Health-Related Assumptions

- The overall health of the refugee population is assessed as generally good, but many individuals will have specific health needs related to having experienced war in their country, and/or the difficult living conditions of refugee camps. Health needs could be physical (e.g., injury, chronic illness, nutritional deficits) or mental (e.g. post-traumatic stress, depression, anxiety). There will be a significant proportion of children (potentially up to half), for which paediatric care will be required.
- There is currently no indication of any significant risk of infectious diseases among the refugee population writ large. However, continued monitoring will be important to mitigate potential health risks.
- As part of immigration process, refugees will undergo a full immigration medical examination overseas prior to departure. They will also undergo a fit-to-fly assessment prior to boarding flights to Canada. Once they land in Canada, refugees will be screened for symptoms and signs of infectious disease by Canada Border Services Agency in accordance with the Quarantine Act.
- Refugees will be given a paper copy of their immigration medical examination (IME) results prior to departure for Canada, and will bring it with them to Canada.
- Arriving Syrian refugees will receive type 1 health benefits covered under the Interim Federal Health Program (IFHP), which is valid for 12 months following arrival. Refugees who settle in Ontario will be eligible for Ontario Health Insurance Plan (OHIP) coverage upon arrival.

## Language Considerations

Many of the arriving refugees will not yet be fluent in English or French. Arabic or Kurdish will likely be the first language of most individuals. Wherever possible, health system partners should offer language assistance services at points of contact with Syrian refugees. Options to consider include in-person or over the phone interpretation (OPI) services, translation of core written messages, bilingual staff and students, and partnering with local sponsorship or community organizations. [Access Alliance Multicultural Health and Community Services](#) is one example of an organization that provides interpretation services for health care providers.

## Cultural Considerations

Cultural sensitivity and awareness is important to consider when delivering health services to refugees. Considerations may include practices that respect modesty, such as providing long gowns that cover the lower legs, or ensuring access to gender-matched health care providers and interpreters, as appropriate.

The Ministry of Health and Long-Term Care is working with partners and subject matter experts to identify and share resources to support health sector partners in delivering culturally sensitive care. This information will be shared as part of education and awareness activities conducted by the ministry and other partners.

## Considerations related to Lesbian, Gay, Bisexual, Trans, Queer, and Intersex (LGBTQI) Refugees

Research shows that LGBTQI individuals often have unique health needs and may delay or avoid seeking health care or choose to withhold personal information from health care providers due to past negative experiences. LGBTQI refugees may have faced persecution in their home country based on homophobia, biphobia, or transphobia, and may not feel comfortable disclosing their sexual orientation or gender identity.

Providing upfront information about LGBTQI resources and services is important to support LGBTQI refugees when they arrive in Ontario. Health care providers are encouraged to identify local LGBTQI organizations in their area that can provide resources to patients. In smaller municipalities, if LGBTQI organizations are not located in close proximity, information may be provided for services in the next closest municipality where they are available. Online resources may also be provided.

In Ontario, [Rainbow Health Ontario](#) works to improve the health and well-being of LGBTQI people, and to increase access to competent and LGBTQI-friendly health care. Their [website](#) offers an array of LGBTQI health related information including fact sheets, academic research articles, and other health services and resources.

# Key Websites

## Government of Canada

- [Welcome Refugees – Immigration, Refugees and Citizenship Canada](#)
- [Interim Federal Health Program](#)

## Government of Ontario

- [Syrian Refugees: How You Can Help \(ontario.ca/syrianrefugees\)](#)
- [Ministry of Citizenship, Immigration and International Trade](#)
- [Syrian Refugees: Information for Health Sector Partners](#)

# Ontario Health System Action Plan: Syrian Refugees

## Goal

Ontario's health system must be prepared and ready to support the needs of arriving Syrian refugees. The goal of this plan is **to wrap health services around refugees at each stage of their resettlement journey.**

## Objectives

To achieve the goal of this plan and to meet the health needs of Syrian refugees arriving in Ontario, three overall objectives will provide the framework for health system actions:

<b>Understand</b>	<ul style="list-style-type: none"><li>• Understand refugees' health status to assess needs</li></ul>
<b>Prepare</b>	<ul style="list-style-type: none"><li>• Prepare the health system to support refugees' health needs by providing necessary information, coordination, and outreach</li></ul>
<b>Respond</b>	<ul style="list-style-type: none"><li>• Respond to refugees' health needs upon arrival in the settings and communities they inhabit</li></ul>

The ministry will provide further information on the evaluation of these objectives.

## Guidance to Support Action

Ontario's health system stakeholders will take specific actions to meet each of the above objectives.

The remainder of this document outlines the actions required, key partners involved, roles and responsibilities, and general guidance related to each action. More detailed information and guidance will be provided in a series of annexes to this plan. Annexes will be shared with relevant partners, and will be updated if new information becomes available or the situation changes.

# 1: Understand refugees' health status to assess needs

## Refugee health profiles



### Key Partners:

- Immigration, Refugees and Citizenship Canada (IRCC)
- Public Health Agency of Canada (PHAC)
- Public Health Ontario (PHO)
- Subject matter experts

### Summary:

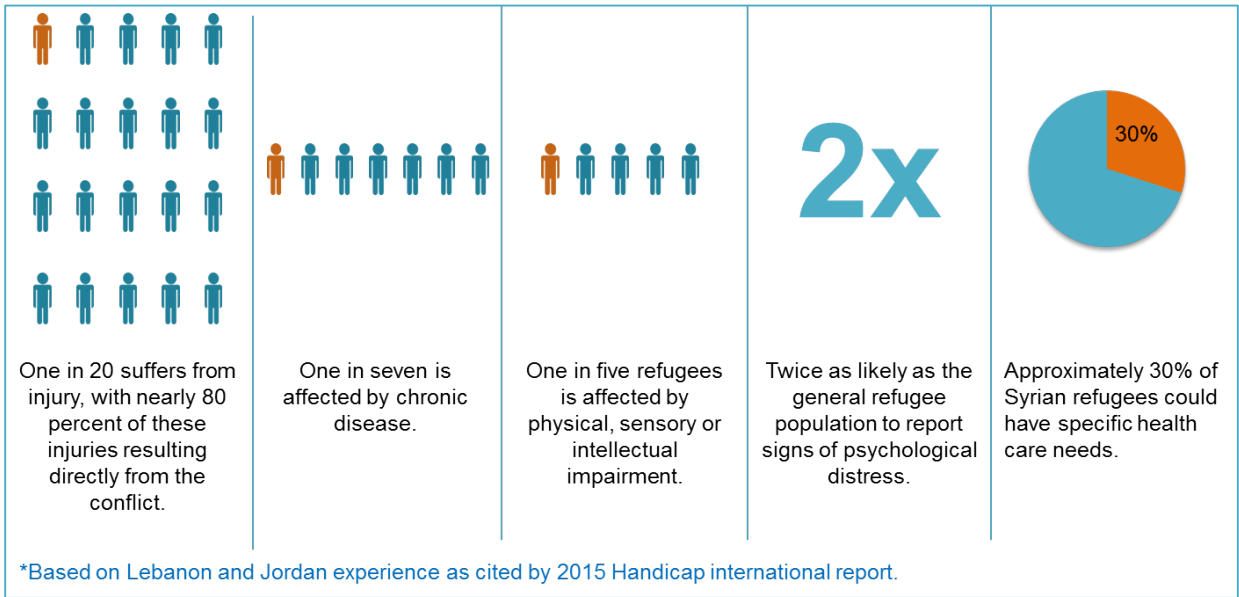
A health profile describes the general health characteristics and concerns of a population. It does not provide information about individuals, but rather about health issues that are likely to affect individuals within the population group. Health profiles can be used by health care providers to identify potential concerns when assessing their patients.

IRCC has published a population profile for Syrian refugees that includes a health profile.

### More Information:

- [Population Profile: Syrian Refugees – IRCC](#)

### Examples of Syrian Refugee Health Needs





## Pre-arrival medical assessment information



### Key Partners:

- Department of National Defence (DND)
- Immigration, Refugees and Citizenship Canada (IRCC)
- Public Health Agency of Canada (PHAC)

### Summary:

Each Syrian refugee arriving in Canada will be provided with a paper record of their immigration medical examination (IME) completed by medical personnel overseen by the Government of Canada.

Individuals are not required to provide their immigration medical examination records to provincial agencies or to health care providers. However, they may do so upon request to support health service delivery.

The ministry will work with the federal government to develop a mechanism for receiving appropriate, aggregate information pertaining to the health status of arriving refugees that the ministry can share with relevant partners on a regular basis.

IRCC will report any case of a reportable disease identified during an IME to Public Health Ontario, who will notify the appropriate local public health unit, as per existing notification processes.

### More Information:

- Immigration medical record report – sample available from MEOC

# 2: Prepare the health system to support refugees' health needs

## Ministry Emergency Operations Centre (MEOC)

### Key Partners:

- Local Health Integration Networks (LHINs)
- Public Health Units (PHUs)
- Health Care Provider Associations, Colleges, and Unions
- Provincial Emergency Operations Centre (PEOC)
- Health Portfolio Operations Centre (HPOC)

### Summary:

The Ministry Emergency Operations Centre (MEOC) has been activated. It provides a single point of contact and coordination for the provincial health system in support of the Syrian refugee resettlement effort in Ontario. The MEOC will collaborate and share information across levels of government and with local partners, including detailed guidance related each component of this plan.

The MEOC will institute a regular business cycle of teleconferences and situation reports with the following groups, and will adjust the timing based on the situation:

- LHINs
- PHUs
- Associations, colleges, unions and other health stakeholders



### MEOC Health Care Provider Hotline:

- Phone: 1-866-212-2272
- Email: [emergencymanagement.moh@ontario.ca](mailto:emergencymanagement.moh@ontario.ca)

## Local planning to meet health service demands

### Key Partners:

- Local Health Integration Networks (LHINs)
- Public Health Units (PHUs)
- Emergency Medical Assistance Team (EMAT)
- Local health providers and additional partners
- Canadian Red Cross (CRC)



## Summary:

Local Health Integration Networks (LHINs) are responsible for local planning and coordination of health services. A coordination table should be created and led by each LHIN to guide local activities. Tables should be inter-professional and include local health system leaders and representatives from primary care, including paediatrics, mental health, public health, dental, emergency services, and other key areas likely to be involved in supporting refugee health care. It should engage persons with experience in providing care to refugees.

All health sector partners potentially involved in providing care or services to refugees should:

- a) Anticipate services and supports provided by their organizations that may be accessed by or delivered to refugees
- b) Prepare to deliver those services and supports in consideration of refugee needs (including culture and language considerations).
- c) Connect with their local LHIN coordination table and stay up-to-date on ministry guidance provided.
- d) [Register](#) for the Interim Federal Health Program.

Providers that are located in close proximity to Resettlement Assistance Program (RAP) centres, Interim Lodging Sites (ILSs), or Toronto's Lester B. Pearson International Airport may be required to undertake additional preparedness activities in coordination with local LHIN tables. Identified RAP centres in Ontario are located in Hamilton, Kitchener, London, Ottawa, Toronto, and Windsor. Identified ILSs in Ontario are military bases in Borden, Kingston, Meaford, Petawawa, and Trenton.

Primary care providers are often an individual's initial point of contact to the health system. They will play a key role in developing and supporting local coordination plans for required health services. Upon arrival, refugees may require transitional care and should present to a primary care provider for initial medical assessment and/or referral to other health services.

A Refugee HealthLine, that will develop and maintain a registry of health care providers, will be used to connect refugees to health service providers for transitional care. All health care providers interested in participating can contact toll-free **1-866-286-4770** to add their name, practice, location, service and the number of prospective patients/clients they are able to take on.

A full overview of roles and responsibilities for local health system coordination will be provided in an annex to this plan.

## More Information:

- Annex: Local Health System Coordination



### Refugee HealthLine:

- 1-866-286-4770

## Health insurance coverage



### Key Partners:

- ServiceOntario
- Immigration, Refugees and Citizenship Canada (IRCC)
- Public Health Agency of Canada (PHAC)
- Ministry of Citizenship, Immigration, and International Trade (MCIIT)

### Summary:

At the current time, Syrian refugees who arrive in Canada on or after November 4, 2015 will receive an Interim Federal Health Program (IFHP) certificate upon arrival. The IFHP certificate is valid for 12 months and includes basic coverage, supplemental coverage (e.g. vision and dental care), and prescription drug coverage. The IFHP is administered by Immigration, Refugees and Citizenship Canada. Additional information is available on IRCC's [website](#).

Health care providers who may be involved in managing the care of refugees should [register for the IFHP](#). This may include physicians, nurse practitioners, dentists, optometrists, therapists, hospitals, paramedic services and others.

Refugees who are settling in Ontario will be eligible to apply for the Ontario Health Insurance Plan (OHIP) upon arrival. [Convention refugees and protected persons](#) are exempt from the usual 3-month waiting period. Individuals may apply for an OHIP card in person at a ServiceOntario Centre (see Health Insurance Coverage Annex for more information).

Refugees may initially utilize IFHP coverage when accessing primary health care services if they have not yet registered for OHIP. Once registered with OHIP, they will use OHIP for primary care services, but can continue to use IFHP coverage for supplementary benefits not covered by OHIP.

Some provincial health programs require OHIP coverage, and are not covered by IFHP, such as services provided by Community Care Access Centres.

Dental issues are a key health concern among the refugee population, particularly children. Partial dental coverage will be provided under the IFHP for the first 12 months following arrival. Local public health units, dental providers, and some Community Health Centres may also provide dental services under the Healthy Smiles Ontario program for low-income children beginning January 1, 2016.

## More Information:

- Annex: Health Insurance Coverage
- Interim Federal Health Program (IFHP) certificate – sample available from MEOC
- [IFHP – Immigration, Refugees and Citizenship Canada](#)
- [IFHP – Medavie Blue Cross](#) (coverage provider)
- [IFHP - Registration Information](#)
- [Verify a patient's IFHP coverage online](#) or call 1-888-614-1880
- [ServiceOntario](#)
- [Healthy Smiles Ontario](#)

## Information and resources for health care providers to support refugee care

### Key Partners:

- Association of Ontario Health Centres (AOHC)
- Ontario College of Family Physicians (OCFP)
- Registered Nurses' Association of Ontario (RNAO)
- Public Health Ontario (PHO)
- Refugee Clinics
- Additional subject matter experts



### Summary:

While several organizations and providers in Ontario have extensive experience providing services to refugee groups, some of the Syrian refugees may be resettled in communities that do not typically provide refugee-focused services.

The ministry is collaborating with key partners to develop education and awareness webinars and materials for the health sector to support refugee resettlement. These materials will help direct participants to existing resources to support local planning, address the care needs of the refugee population, and clarify health insurance benefits coverage.

Further details and scheduling of education and awareness webinars and materials by specific organizations (e.g. health care provider colleges and associations) will be provided when they are available.

## Worker health and safety

### Key Partners:

- Public Health Ontario (PHO)
- Ministry of Labour (MOL)



**Summary:**

There is currently no indication of any significant risk of infectious diseases among the Syrian refugee population. Health care workers who are providing services to refugees should be prepared to undertake routine practices and additional precautions for infection prevention and control (IPAC), appropriate to the scope of their duties. IPAC precautions include worker immunization, personal protective equipment (PPE), hand hygiene, and IPAC training.

The ministry has worked with Public Health Ontario to develop guidance for health worker safety based on the current risk situation. More information will be provided in an annex to this plan.

**More Information:**

- Annex: Worker Health and Safety and IPAC Practices in Clinical Care Settings

# 3: Respond to refugees' health needs upon arrival

## Arrival at the airport



### Key Partners:

- Canada Border Services Agency (CBSA)
- Public Health Agency of Canada (PHAC)
- Emergency Medical Assistance Team (EMAT)
- Peel Paramedic Services
- Toronto Paramedic Services
- Hospitals in the vicinity of the airport
- Public Health Units

### Summary:

Lester B. Pearson International Airport in Toronto will be one of two points of entry to Canada for Syrian refugees. Appropriate health assessment and response capacity at the airport and local hospitals will be required to support each group of refugees as they arrive. The ministry will alert the health system of arriving flights with as much advance notice as possible.

The Canada Border Services Agency (CBSA) will conduct routine processing, which includes screening for signs of illness. Individuals who may be ill will be referred to a Public Health Agency of Canada (PHAC) quarantine officer. Quarantine officers will assess whether there is a need to apply measures authorized under the *Quarantine Act*.

A small component of the Emergency Medical Assistance Team (EMAT) will initially be stationed at the airport to provide on-site medical care to any refugees who have urgent or sub-acute medical conditions upon arrival. Whether there is a need for EMAT to have a continued onsite presence will be determined based on experiences from the first few incoming flights.

Paramedics and ambulances will be staged at the airport to provide care and transport to hospital in the event that any individuals require more definitive medical care. Hospitals in the vicinity of the airport should ensure appropriate emergency department staffing levels and translation services at times of flight arrivals to meet potential needs.

Public health units will work with quarantine officers in the event that a case of a reportable infectious disease is suspected.

### More Information:

- Annex: Airport Health Services
- [Emergency Medical Assistance Team](#)

## Temporary accommodation sites



### Key Partners:

- Emergency Medical Assistance Team (EMAT)
- Department of National Defence (DND)
- Public Health Agency of Canada (PHAC)
- Canadian Red Cross (CRC)
- Local Health Integration Networks (LHINs)
- Public Health Units (PHUs)

### Summary:

Most of the arriving refugees will travel directly to their new home communities. In the event that government-assisted refugees' permanent housing is not yet ready when they arrive in Canada, they will be housed temporarily in one of two types of sites.

Federal Resettlement Assistance Program (RAP) centres currently perform the function of providing temporary accommodation and transitional support to government-assisted refugees. There are six RAP centres identified in Ontario. They are located in Hamilton, Kitchener, London, Ottawa, Toronto, and Windsor. RAP centres will be the first choice for temporary accommodation. However, their capacity is limited and may be exceeded as refugees continue to arrive.

The federal government has identified six military bases that may provide additional temporary accommodation to refugees until housing at their final destination community is ready. These are referred to as Interim Lodging Sites (ILSs). Five of the six ILSs are located in Ontario: Borden, Meaford, Kingston, Petawawa, and Trenton. The sixth ILS is Valcartier in Québec. Kingston is expected to be the first ILS site to be activated.

Government-assisted refugees arriving at either Toronto's Pearson International Airport or Montréal's Trudeau International Airport may be temporarily housed at an ILS if required. Whether ILSs are used depends on many factors, including processing overseas, housing absorption, RAP capacity, and base readiness and capacity. If required, the Canadian Red Cross will perform overall site management at some or all ILSs.

A small component of the EMAT team may initially be deployed to the first ILS activated in Ontario. EMAT would provide onsite primary care to refugees, and would coordinate locally with the appropriate LHIN coordination table(s). EMAT would also work with local health care providers in the event that a refugee requires additional care outside of the ILS.

EMAT would likely provide onsite care to one ILS only. Therefore, should more than one ILS require onsite care, the ministry would likely work with the appropriate LHIN coordination table(s) to arrange onsite primary care using local providers. More information is provided in the Interim Lodging Sites annex to this plan.



Public health units may be asked to provide certain immunizations to refugees who are temporarily housed at ILSs to protect them before they move on to their final destination communities (See Immunization section of this plan for more information).

In addition to RAP centres and ILSs, other provincial and municipal properties may provide temporary accommodation in certain circumstances, if required.

**More Information:**

- Annex: Interim Lodging Sites

## Health system information for refugees and sponsors



**Key Partners:**

- Public Health Ontario (PHO)
- Public Health Agency of Canada (PHAC)
- Ministry of Citizenship, Immigration, and International Trade (MCIIT)
- Health care providers

**Summary:**

Ontario has a long history of welcoming refugees. There are many existing resources and programs to support refugees and their sponsors to understand and access Ontario's health system. Many of these resources are made available through resettlement agencies and sponsoring organizations.

The ministry has developed an information package for Syrian refugees to support their access to health services in Ontario. This information package includes instructions on how to register for the Ontario Health Insurance Plan (OHIP), how to locate appropriate health care providers, and other information.

The information package will be posted online and distributed to settlement and sponsorship agencies throughout the province.

**More Information:**

- [Fact Sheet: Refugee Health Care Options in Ontario](#)

## Primary and community care



**Key Partners:**

- Association of Ontario Health Centres (AOHC)
- Ontario College of Family Physicians (OCFP)
- Registered Nurses' Association of Ontario (RNAO)
- Nurse Practitioners' Association of Ontario (NPAO)
- Ontario Medical Association (OMA)
- Association of Family Health Teams Ontario (AFHTO)
- Refugee health clinics

- Community Health Centres (CHCs)
- Family Health Teams (FHTs)
- Nurse Practitioner-Led Clinics (NPLCs)
- Midwifery Practices
- Private practices
- Walk-in clinics

**Summary:**

Primary care providers are often an individual’s initial point of contact to the health system. They will play a key role in supporting local coordination plans for required health services. Upon arrival, refugees may require transitional care and should present to a primary care provider for initial medical assessment and/or referral to other health services.

A Refugee HealthLine, that will develop and maintain a registry of health care providers, will be used to connect refugees to health service providers for transitional care. All health care providers interested in participating can contact toll-free **1-866-286-4770** to add their name, practice, location, service and the number of prospective patients/clients they are able to take on.

Refugee Health Clinics and Community Health Centres are experienced in providing care to refugee populations. They are a preferred option for providing transitional care and other services, where available. As a significant percentage of incoming refugees are expected to be children, access to paediatric care will also be necessary.

Once refugees have settled into their permanent accommodations, they will require regular health services. Having their health needs supported by the local health system will be an important component in their overall integration into Canadian society.

In addition to primary health care, newly arrived refugees are likely to require other supports and supplemental services. Dental and vision care needs may be identified as part of the transitional primary care assessment. Home and community care support services may also be required.



**Refugee HealthLine:**

- 1-866-286-4770

**More Information:**

- Annex: Local Health System Coordination
- [Canadian Medical Association Journal: Evidence-based clinical guidelines for immigrants and refugees](#)
- [Canadian Medical Association Journal: Caring for a newly arrived Syrian refugee family](#)
- [The College of Family Physicians of Canada: Refugee Health Care](#)
- [Canadian Collaboration for Immigrant and Refugee Health \(CCIRH\): Migrant Health Knowledge Exchange Network](#)

## Immunization



### Key Partners:

- Public Health Units
- Health care providers

### Summary:

Given the deterioration of the Syrian health system beginning in 2011, it is estimated that many of the arriving refugees – particularly children – are not up-to-date on their immunizations. Immunization is not part of the standard immigration medical examination that is conducted prior to refugees' travel to Canada. Ontario Health care providers should conduct an assessment of immunization history and offer catch-up immunizations as required. Local public health units may advise health care providers regarding immunization, and may also be required to support the immunization of large groups of incoming refugees staying in Interim Lodging Sites (ILSs) or Refugee Assistance Program (RAP) centres across the province.

Some refugees may have documented immunization information as part of their health record provided by the United Nations Refugee Agency (UNHCR) or other records. Only documented evidence should be used to confirm immunization history. Individual recall of immunization or history of illness should not be considered reliable evidence of immunity. When an individual's vaccine record is unreliable or unavailable, vaccines should be provided as if the individual were not yet immunized.

Catch-up immunization schedules for children and adults are provided in Ontario's publicly funded immunization schedules, as well as by the National Advisory Committee on Immunization (NACI). If a number of vaccines are required, providers may need to prioritize which vaccines to give first. The immunization annex to this plan provides guidance on which vaccines should be given priority, depending on the client's age.

The immunization annex to this plan also provides information on vaccine schedules and products that were commonly used in Syria prior to 2011. This may be helpful to interpret immunization records that may be available.

### More Information:

- Annex: Immunization
- [Publicly Funded Immunization Schedules for Ontario](#)
- [Canadian Immunization Guide: Vaccination of Specific Populations](#)

## Mental health and addictions services



### Key Partners:

- Local Health Integration Networks (LHINs)
- Community Mental Health Association of Canada (CMAH)
- Mental health and addictions service providers

## **Summary:**

Individuals who have experienced war and have been forced to leave their homes will understandably experience symptoms of distress. Many refugees have lost friends and family in the conflict. Many have experienced periods in refugee camps, trauma, violence, and may experience post-traumatic stress disorder (PTSD) and other issues. All of them have lost their homes, possessions, routines, and community supports. They may experience anxiety and uncertainty about their future once they arrive in Canada. Many are likely to require specific mental health supports as they move beyond events of the past and become accustomed to their new lives in Canada.

A variety of mental health and addictions support services are available to refugees who need them. These include counselling and treatment, crisis intervention, and social rehabilitation services.

Due to cultural and language barriers, it is possible that discussions concerning mental health and mental illness may be interpreted or received differently by individuals. In order to provide the best possible care, providers should be sensitive to this.

Coordination of services is provided locally. Each Local Health Integration Network (LHIN) has a mental health lead who can help identify local mental health and addictions agencies and service providers.

Refugees and sponsors should be made aware of the supports available to them. They may be referred to the ConnexOntario Helplines below (which operates in 170 languages), or referred directly to an appropriate service provider. The Refugee HealthLine may also be used to connect to transitional care. Neither ConnexOntario nor the Refugee HealthLine are crisis lines, but can help connect refugees to services. Distress and Crisis Ontario also provides a listing of local crisis lines.

Coordination of appropriate language services will be particularly important for provision of mental health and addictions services.

## **More Information:**

- [ConnexOntario](#) Mental Health Helpline: 1-866-531-2600
- [ConnexOntario](#) Drug and Alcohol Helpline: 1-800-565-8603
- [Distress and Crisis Ontario](#)
- [Centre for Addiction and Mental Health \(CAMH\): Refugee Mental Health Toolkit](#)

# Infectious disease and health system surveillance



## Key Partners:

- Health Care Providers
- Public Health Units
- Public Health Ontario (PHO)
- Public Health Agency of Canada (PHAC)

## Summary:

The risk of infectious diseases spreading to the Canadian population as a result of the Syrian refugee operation is low. Refugees do not currently represent a threat to Ontario or Canada with respect to communicable diseases. However, refugees are a priority group for communicable disease prevention and control efforts because they are more vulnerable. This is particularly true in group accommodation settings.

Syrian refugees will arrive over the course of three months and will be housed in numerous communities across Canada. As such, the overall health system impacts of the resettlement effort are generally expected to be low. However, certain services may experience increased demands in some local areas. Clinics specializing in immigrant and refugee health, as well as primary care services in areas that receive a larger concentration of refugees, could be most impacted.

The ministry and Public Health Ontario are considering minor enhancements to routine surveillance processes to support the arrival of Syrian refugees. These activities would pertain only to surveillance of infectious diseases and health system impacts. It would not cover surveillance of chronic diseases, injury, or mental health issues at this time.

The refugees will arrive during influenza season, which is a period of natural surge in the health system. As such, it will be important for the ministry and health system partners to monitor the impact of the resettlement process on health care providers, and to be prepared to provide support if needed.

Additional information on surveillance will be made available in an annex to this plan.

## More Information:

- Annex: Infectious Disease and Health System Surveillance
- Annex: Infectious Disease Case and Contact Management

# Looking Ahead

In the months and years ahead, the Syrian refugees who settle in Ontario will build a new life for themselves and their families. They will become our neighbours, friends, colleagues, and community members. Their health and well-being will continue to be supported by our provincial health system, as it is for all Ontarians.

More Syrian refugees – in addition to the initial group of 25,000 – may continue to be resettled in Canada throughout 2016 and beyond. Ontario is committed to supporting this ongoing effort. We will continue to provide the necessary guidance and coordination that the health system needs to wrap health services around this population.

The actions that Ontario's health system takes now will provide a solid start for refugees as they settle and integrate into Ontario's communities. Our actions will also build a strong foundation for the health system to support future refugees that may arrive in Ontario.

When we look back, we will take pride in the work our health system did to support the arrival of Syrian refugees. We will know that we played a fundamental role in the overall humanitarian effort, and made a difference in the lives of thousands of new Ontarians.

# Annexes

The following annexes to this plan will be made available through the Ministry of Health and Long-Term Care's Emergency Operations Centre (MEOC).

MEOC Health Care Provider Hotline:

Phone: 1-866-212-2272

Email: [emergencymanagement.moh@ontario.ca](mailto:emergencymanagement.moh@ontario.ca)

- Airport Health Services
- Health Insurance Coverage
- Infectious Disease and Health System Surveillance
- Infectious Disease Case and Contact Management
- Interim Lodging Sites
- Immunization
- Local Health System Coordination
- Worker Health and Safety and IPAC Practices in Clinical Care Settings

The following resources are also available from the MEOC:

- Fact Sheet: Refugee Health Care Options in Ontario
- Interim Federal Health Plan Certificate - Sample
- Immigration Medical Examination Report - Sample
- Population Profile: Syrian Refugees (Immigration, Refugees and Citizenship Canada)

