



# Evacuation Centre Planning and Operational Considerations COVID-19

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## ORIGIN AND DEFINITION OF ISSUE

Coronavirus disease (COVID-19) is an infectious disease first reported by officials in Wuhan City, China in December 2019.<sup>1</sup> In March, 2020 the World Health Organisation characterised COVID-19 as a pandemic due to the rapid spread and severity of the virus. The COVID-19 pandemic is now a complex global crisis without contemporary precedent. As the term pandemic is a vast reference to an epidemic of any infectious disease that has spread across multiple continents, this document will address specifically COVID-19 in Australia. It is essential that evacuation centre planning and operational guidelines incorporate COVID-19 safe practice during this current pandemic, to prepare communities for the difficulties that could arise from overlapping crises.

## INTRODUCTION

The aim of this document is to supplement existing emergency sheltering practices to assist in reducing the spread of infectious disease in an evacuation/relief centre during the COVID-19 pandemic. Current practice guidelines have a single purpose- to establish common minimum requirements to safeguard public health, safety and general welfare for those seeking emergency sheltering. The preferred emergency sheltering practices apply well-recognised international humanitarian best practice to the Australian emergency sheltering context, specifically the emergency shelters known variously from state to state as evacuation centres, or emergency relief centres. The preferred practices draw heavily on *The Sphere Project: Humanitarian Charter and Minimum Standards in Humanitarian Response* (2011).<sup>2</sup> *The Sphere Project* identifies a set of minimum standards which are evidence-based and represent sector-wide consensus on best practice in international humanitarian response. Current emergency sheltering practices have to be enhanced to create a COVID-19 safe environment during this public health emergency.

## PURPOSE

The purpose of this document is to adequately allow for the application of pandemic safe practices in a COVID-19 environment, in relation to establishing and operating emergency sheltering in Australia. This document will:

- provide safe and supportive solutions for evacuated communities and associated responding agencies
- centralise recommendations that can assist multiple agencies and entities to identify COVID-19 safe guidelines for disaster response
- supplement Preferred Sheltering Practices for Emergency Sheltering in Australia (guidelines)

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<sup>1</sup> World Health Organisation. Coronavirus disease 2019 (COVID-19). Situation Report-94.

<sup>2</sup>The Sphere Project, 2011.

## SCOPE

This document

- includes adjustments to current emergency sheltering practice to assist in preventing the spread of COVID-19
- is centred on evidence-based research to date, for mitigation of COVID-19 transmission risk in congregate areas
- incorporates recommendations from, but not limited to, the Australian Government Department of Health, Queensland Health and Safe Work Australia
- offers a range of options that can be applied to a variety of situations and resources

This document **is not**

- intended to be prescriptive or compliance oriented
- intended to replace existing evacuation centre handbooks and field guides. It works to compliment this information by adding an additional COVID-19 lens.
- intended to over-ride the process of other supporting agencies or health authorities.

## DEFINITIONS

Asymptomatic	a person has no symptoms
Symptomatic	a person showing symptoms or signs, often medical
Quarantine	for people who do not currently have the disease but are at risk of developing it due to potential exposure to an infected case
Isolation	for people who have the disease and are at risk of transmitting it
COVID-19 safe practice	what constitutes best practice in the mitigation and prevention of the spread of COVID-19
High contact points	include all hard surfaces that are touched on a regular basis e.g. light switches, door handles, taps, benches
Higher-risk individuals	more likely than others to be susceptible to COVID-19
Household members	persons who ordinarily live at the same residence, including if family or kinship customs or cultural obligations have the effect of a person living across multiple residences
Social Distancing	maintain a physical distance between people, and reducing the number of times people come in contact with each other to assist in the spread of infectious disease

# EMERGENCY SHELTERING IN AUSTRALIA

## CURRENT PRACTICE

Australia has well developed practice around the planning for, and operation of, evacuation centres. Much of this practice is well documented in National, State, Local and organisational level plans and handbooks. The following documents are valuable resources for evacuation centre planning.

### **National evacuation planning handbook (no. 4)**

<https://knowledge.aidr.org.au/media/5617/aidr-evacuation-planning-handbook.pdf>

### **Evacuation Centre field guide (Red Cross)**

<https://www.disaster.qld.gov.au/dmg/st/Documents/RG1272-Queensland-Evacuation-Centre-Field-Guide.pdf>

### **Evacuation Centre Management handbook (Red Cross)**

<https://www.disaster.qld.gov.au/dmg/st/Documents/H1259-Evacuation-Centre-Management-Handbook.pdf>

### **Evacuation Centre planning toolkit (Red Cross)**

<https://www.disaster.qld.gov.au/dmg/st/Documents/H1193-RED671-QLD-Planning-Toolkit.pdf>

### **Preferred Sheltering Practices for Emergency Sheltering in Australia- Handbook and Info graphs (Red Cross)-**

**Infographic on Sheltering Practices – Space Management, Waste Management, Water Supply, Sanitation**

<https://www.redcross.org.au/getmedia/b3c678a1-8961-4c35-9f82-dd128c41832c/2014-FINAL-PSP-Infographic-Poster-RED855.pdf.aspx>

**Infographic on Sheltering Practices - Food**

<https://www.redcross.org.au/getmedia/bd5971f8-699a-48e3-87be-6187255624d4/2014-FINAL-Food-Infographic-Poster-RED855-PSP-1.pdf.aspx>

## PREFERRED PRACTICE

The Preferred Sheltering Practices apply recognised international humanitarian best practice to the Australian emergency sheltering context (e.g. evacuation/relief centres), to assist Australian emergency management agencies to improve the quality of their actions during, and in planning for, emergency sheltering operations. The preferred sheltering practices relate to the basic needs of space management, waste management, water supply, sanitation and food within an evacuation centre. Such preferred sheltering practices, established in the emergency sheltering phase of a disaster, will greatly assist the physical and psychosocial recovery of communities following a disaster.

Because the predominant mode of human-to-human transmission of COVID-19 is via droplets, airborne transmission and fomites (inanimate objects such as utensils and furniture) from an infected person, enhanced cleaning regimes and social distancing is recommended to reduce the spread of the virus<sup>3</sup> (see appendix- diagram1). As social distancing is extremely hard to maintain effectively in an evacuation centre or equivalent, 'congregate sheltering' should be discouraged in a COVID-19 context. Where possible, alternative sheltering solutions should be utilised.

## SHELTERING SOLUTIONS

A tiered approach to emergency sheltering should be adopted during times of emergency, with the following sheltering solutions to be considered by decision makers:

- 1. Shelter in Place** if safe to do so
- 2. Shelter with Family and Friends** if safe to do so
- 3. Use Commercial Accommodations** if available
- 4. Use Evacuation Centres as a last resort**

### **1. Shelter in Place** if safe to do so

During times of emergency it is always preferable for people in potential areas of impact to shelter in place if safe to do so. This allows the individual or family to remain in their familiar environment that is normally established to meet their day to day needs. The necessity for agencies to provide additional support is mostly reduced when people remain in their home. While COVID-19 is prevalent, 'sheltering in place' allows for the seamless continuation of quarantine, isolation and other distancing measures.

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<sup>3</sup> CDNA National Guidelines for Public Health Units. Coronavirus Disease 2019 (COVID-19).



## **2. Shelter with Family and Friends if safe to do so**

Sheltering with family and friends is strongly encouraged when an individual or family cannot 'shelter in place'. This promotes family and social connection and ensures that basic human needs can be addressed in a normal home environment. Amid COVID-19 ensuring that homes can safely support additional people must be considered, particularly where some may be symptomatic. Access to supplies to address basic human needs such as food and hygiene products etc. may not be adequate to support a larger group of people staying in the one home. Support with resupply and product access may need to be considered. Exemptions may need to be sought if the number of family members exceeds the number of people who can reside at the same address under pandemic restrictions. It is important to be guided by current health directives for your state or territory. If exemptions are not permitted then alternative sheltering solutions will need to be utilised.

## **3. Use Commercial Accommodation Options if available**

Where people cannot safely shelter themselves and are unable to access other accommodation solutions, then the next viable solution is to look at the utilisation of commercial accommodations or equivalent sheltering options. Commercial accommodation may include (but is not limited to):

**Hotels**

**Motel**

**Caravan Parks**

**Holiday Cabins / Resorts**

**School, sport or church camp facilities with multiple rooms or accommodation blocks**

**Boarding facilities such as mining camps, boarding schools, University lodging, work camps etc.**

The **key advantages** of utilising commercial accommodation options (during COVID-19) for evacuees are:

- Individuals and families can self-support and maintain isolation, quarantine and social distancing requirements, in particular, where separate accommodation rooms have been made available.
- The ability for family groups to be self-contained (ideally with in-room access to toilet, shower, cooking and laundry facilities), reducing potential human to human transmission of COVID-19.
- On-site cleaning and hygiene regimes are already in place. These may include already established cleaning staff, products and resources. (Enhancement to prevent the contraction and spread of COVID-19 will be necessary).
- Waste management arrangements are already in place. (Enhancements will be necessary for removal method and frequency of waste removal).
- Reduced need for disaster management support agencies to provide a 24-hour staffing presence, with the exception of additional security to ensure COVID-19 safe practice is followed.
- Contract security arrangements are often already in place at most commercial facilities (may need to be enhanced due to heightened stress and work load surrounding COVID-19).

#### 4. Use Evacuation Centres as a Last Resort

If circumstance dictates, then a decision may need to be made to open an evacuation centre. This remains a last resort solution and does not come without risks. Considerations for opening and operating an evacuation centre during COVID-19 include (but are not limited to):

- Building capacity to safely shelter evacuees will be dramatically reduced.
- The application of the minimum preferred sheltering practice for 'space management (3.5- 5m<sup>2</sup> per person) may no longer be possible. Additional space may be necessary to achieve effective social distancing.
- The possibility that multiple evacuation centres may need to be opened to support social distancing requirements, which in turn will put agency and physical resources under pressure.
- Consideration should be given to align alternative accommodation solutions with current quarantine hotel arrangements. Redirecting evacuees into already established quarantine hotel or health supported arrangements may be an effective alternative.
- Health screening should occur before entering an evacuation or relief centre. This will include general COVID-19 and health questions<sup>4</sup>, requiring additional staff.

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<sup>4</sup> Queensland Health. September 11, 2020. Evacuation Management Guide for COVID-19. Multiagency considerations for planning.

- The provision of PPE for staff in evacuation centres to undertake their allocated tasks. This may include the use of gloves, face masks and disposable aprons.
- enhanced hand washing regime
- enhanced cleaning regime
- enhanced laundry regimes
- the provision of individual-use (not shared) items like soap and towels
- designating specific toilet and wash facilities for staff and/or those potentially affected by COVID-19

## TIERED RESPONSE FOR APPLICATION OF COVID-19 SAFETY GUIDELINES

To respond appropriately to COVID-19 during emergency sheltering, it is important to understand the level of transmission within communities that is current at the time of planning. When implementing guidelines for the establishment and operation of evacuation centres, the amount of COVID-19 transmission within a community will have direct bearing on the severity of recommendations to encourage best COVID-19 safe practice.

The following levels, as defined by QLD Health,<sup>5</sup> consider the risk of community transmission, and will affect sheltering practice guidelines. These risk determinations can be localised (for example, in event of a local outbreak or cluster of COVID-19), regional or state-wide.

LEVEL	DEFINITION	RESPONSE
<b>Low Risk</b>	<ul style="list-style-type: none"> <li>• No or few community cases of SARS-CoV-2</li> <li>• Cases only in quarantine</li> <li>• Small number of linked cases</li> </ul>	<ul style="list-style-type: none"> <li>• Adherence to CHO directives</li> <li>• Drawing on normal sheltering practice guidelines with enhanced cleaning regimes, social distancing applied and attention to personal hygiene</li> </ul>
<b>Moderate Risk</b>	<ul style="list-style-type: none"> <li>• A series of unlinked cases</li> <li>• High numbers of locally acquired cases</li> <li>• Cases with high numbers of local contacts</li> <li>• Confirmed community cases of SARS-CoV-2 variant of concern</li> </ul>	<ul style="list-style-type: none"> <li>• As per Low Risk plus-</li> <li>• Strict application and implementation of COVID safe practice</li> <li>• Evacuation as a last resort</li> </ul>
<b>High Risk</b>	<ul style="list-style-type: none"> <li>• High numbers of unlinked cases</li> <li>• Sustained community transmission of SARS-CoV-2 variant of concern</li> </ul>	<ul style="list-style-type: none"> <li>• As per Low &amp; Moderate Risk plus-</li> <li>• Evacuation as an absolute last resort</li> <li>• Consider testing &amp; quarantine post evacuation</li> </ul>

TABLE 2. RISK LEVEL VARIATIONS FOR COVID-19 SAFETY RESPONSE IN EMERGENCY SHELTERING

<sup>5</sup> Qld Government. Pandemic Response Guidance Personal Protective equipment in Residential Aged Care and Disability accommodation services. June 2021.

When community transmission is not evident or at a low level, enhancements to current evacuation centre planning will not be as great as when community transmission rises to a moderate level or above. Table 2 displays possible responses to the increasing presence of COVID-19 in a community, in relation to emergency sheltering practices.



*Although Covid-19 considerations and social distancing are expected to be followed as is practically possible, preservation of life will remain priority.<sup>6</sup>*

How Local Disaster Management Groups and other agencies apply COVID-19 safety to evacuation centres will be also be affected by a number of other factors including, (but not limited to):

- the type of emergency experienced
- the particular community being impacted
- facilities available to be used as evacuation centres
- resources available to support the centres

While level of community transmission will determine the necessary COVID-19 response for emergency sheltering, consideration should also be given to health implications for exit strategies. Health authorities and those responsible for disaster management will need to carefully consider health implications when returning evacuees and centre staff into communities.

## PLANNING PRINCIPLES FOR CONGREGATE SHELTERING

Emergency sheltering planning for congregate sheltering during COVID-19 should be guided by current health guidelines wherever possible. Chief Health Officer Directives across Australian States and Territories may have provisions for exemptions in relation to evacuation/ relief centres and cyclone shelters. These may be accessed through relevant government websites.

## ASSUMPTIONS

Assumptions for congregate sheltering in a COVID-19 context include:

- Pre symptomatic and asymptomatic individuals can transmit COVID-19 (Gandhi, Yokoe & Havlir, 2020).
- Fear of contracting COVID-19 will not prevent residents from accessing emergency sheltering when necessary.

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<sup>6</sup> Queensland Health. Evacuation Management Guide for COVID-19. Multi-agency considerations for planning. Sept 2020.

- Staff and evacuees need to undergo basic screening on entry and exit of an evacuation centre.
- Evacuees and staff will adhere, or be agreeable to, prescribed COVID-19 safe requirements, including social distancing measures and COVID-19 safe practice implemented by Evacuation Centre Management.
- Evacuees and staff will be responsible for themselves, their dependants, their property and their pets (if applicable).
- Evacuees will have access to mobile phones and other technological devices.
- Evacuees may come from a position of disadvantage with limited access to resources and family support.
- Some evacuees may have a higher care need that will require escalation and onwards referral.

## ASSEMBLY AREA SCREENING AND TRIAGE

### ASSEMBLY AREA CONSIDERATIONS

An assembly area is the first area that evacuees visit to await further direction. **It is not a testing clinic or swabbing station for COVID-19.** Use of PPE (masks at a minimum) is necessary to keep evacuees and workers in this area safe and assist in the prevention of the spread of COVID-19. Where possible, an assembly area should be established off-site. This reduces risks associated with the spread of COVID-19 to an evacuation centre.

### PERSONAL VEHICLE USE AS AN OPTION OF MOVING THROUGH ASSEMBLY

A system that relies on evacuees remaining in their vehicle as they move through the assembly area should be considered (shown in figure 1). This method has been effectively used for accessing swabbing stations for the testing of COVID-19 (Shah et al. 2020).

Establishing the assembly area as primarily 'drive-through' may:

- Ensure smooth flow of evacuees through this area, potentially reducing person-to-person contact time. This may reduce potential exposure for staff and evacuees to COVID-19.
- Inform evacuees where they are to proceed to, while remaining in their own safe space. This may reduce stress levels of evacuees.
- reduce congestion at evacuation accommodation registration by performing initial pre-screening

Other considerations if a 'drive through' method is adopted (as shown in figure 1) area:

- One point of entry should be established to enter triage so that health screening cannot be avoided.
- Provision must be made for evacuees who arrive by other means of transport such as foot traffic, public transport and delivery by emergency services.
- Traffic management will be necessary.

- Suitable areas need to be designated for evacuee vehicle parking during the process.
- Toilet facilities with strong COVID-19 messaging may be required.

*Note..*

*If it is not possible to triage off-site, a separate area outside the evacuation centre should be considered. Shelter from the elements will need to be provided for staff and evacuees to keep them well and safe from harm.*



FIGURE 1. PERSONAL VEHICLE USE AS AN OPTION FOR INITIAL TRIAGE OF EVACUEES IN THE ASSEMBLY AREA.

## ASSEMBLY AREA INCLUSIONS

### HEALTH SCREENING

The initial point of contact for evacuees entering the assembly area should be health screening. It is here that the risk of exposure and spread of COVID-19 can be reduced by diverting potential and/or known cases to the relevant designated accommodation. It is important during COVID-19, at this initial health screening point, that:

- Health screening should be done, where possible, by a health professional. Use of appropriate PPE (that meets relevant agency requirements) is essential to protect health screening staff and stop the spread of COVID-19.
- Specific screening tools include general COVID-19 and health questions.
- Identification of symptomatic individuals and associated family members, those in mandatory isolation and under quarantine orders, and well evacuees, must be achieved before evacuees proceed further.

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## ONWARDS MOVEMENT AREA

The role of the on-wards movement area team is to direct evacuees to COVID-19 safe accommodation. Determining household members is particularly relevant in a COVID-19 environment for social distancing requirements to be achieved. If registration is included at this point, consideration needs to be given to:

- Added pressure to agencies to provide additional staff and resources.
- Supply and use of appropriate PPE for assembly area staff to protect them from COVID infection.
- Reducing the use of shared implements for registration (such as pens and clipboards) and document handling.
- Use of concisely worded forms that minimise contact time between staff and evacuees.
- Provision of visual confirmation for evacuees to present on arrival to evacuation accommodation, indicating pre-screening at the assembly area has occurred. This may assist in reducing operational challenges when evacuees arrive at evacuation centres.

## DETERMINING EVACUEE SHELTERING OPTIONS

Advice and support from health professionals will be required in order to safely manage assembly area pre-screening and triage. On entering the assembly area, general COVID-19 and health questions will assist in the determination of evacuee pathway options. The options are:

1. **Confirmed cases** (those under isolation orders) are identified and directed to appropriate Health supported isolation accommodation solutions.
2. **Close contacts** (those under quarantine orders and who may be Symptomatic or Asymptomatic) are identified and directed to appropriate Health identified accommodation solutions (which may include quarantine hotels / motels)
3. **Symptomatic individuals** that are not otherwise covered in Groups 1 or 2, are directed to health recommended accommodation solutions.
4. **Asymptomatic individuals** that are not otherwise covered in Groups 1 or 2, and cleared cases, are directed to an evacuation centre or alternative evacuation accommodation.

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## HIGH-RISK INDIVIDUALS

Extra consideration should be given to accommodating high risk individuals. People who are at high risk of contracting COVID-19 may include, but are not limited to:

- people of 70 years of age and older
- 65 years and older with chronic medical conditions
- people with weakened immune systems

- Aboriginal and Torres Strait Islander people 50 years and older with a chronic medical condition

## SAFETY CONSIDERATIONS

### CONDITIONS OF ENTRY FOR ALL STAFF, VISITORS, AND CENTRE USERS

Anyone intending to enter an evacuation centre must:

- undergo basic screening before entering or re-entering an evacuation centre
- must not have symptoms consistent with COVID-19
- must not have been be under a quarantine order
- must not have been in close contact with a known positive case
- must not be arriving from a known hotspot
- must agree to the Code of Conduct as set out by Centre Management
- must realise the potential risk of working in a congregate sheltering environment and be willing to comply with all work health and safety requirements

### ENTRY OF OTHER CONTRACTORS AND PROVIDERS

Visitors to the centre should ideally be limited to essential workers where possible. This ensures that social distancing and other COVID-19 safe measures can be better maintained. All contractors and visitors must adhere to the site COVID-19 safe practice arrangements including, but not limited to, undergoing basic screening, signing in and out on a COVID-19 register, hand sanitisation and social distancing.

### CODE OF CONDUCT- COVID-19

Centre Management must provide guidance on acceptable behaviour when in an evacuation centre. People within a centre are expected to be responsible for themselves, their dependants, their property and their pets (if applicable). They are also expected to demonstrate respect for other centre users and the facility itself. Evacuees and staff should be informed of the Code of Conduct in the following ways (but not limited to):

- by distribution of information packs on entry. Inclusion of a resident information sheet with relating compliance expectations of COVID safe practice, and clear indication of what occurs after non-compliance is necessary. (The inclusion of hand sanitiser, alcohol wipes, mask and personal rubbish bag in these packs, where possible, is advised to assist in COVID safe practice).
- multiple signage in visible points around the centre
- noticeboard messages that can be regularly updated
- electronic displays such as the use of video clips in briefings to demonstrate actions such as hygiene practice, social distancing and application of PPE (if required)
- audio messages by way of speaker system to reduce the necessity for mass gatherings



- use of group text messages for acceptable behavioural reminders of COVID-19 safe practice

Emphasis on COVID-19 safe practice is essential to protect others and stop the spread of the disease. People are expected to be responsible for themselves, their dependants, their property and their pets (if applicable). They are also expected to demonstrate respect for other centre users and the facility itself. Messages that relay COVID-19 safe practices in an evacuation centres should include, but not be limited to, the following:



FIGURE 2. COVID-19 SAFE PRACTICE TO REDUCE THE SPREAD AND CONTRACTION OF DISEASE

The following document (figure 3) is an Evacuee Information Sheet. It is the Code of Conduct for all evacuees accessing emergency sheltering during COVID-19.



## Evacuation Centre: EVACUEE INFORMATION



**Our aim is to provide a safe and supportive environment for every-one. Please consider the following:**

Emergency sheltering during COVID-19 is guided, wherever possible, by current health recommendations. Emphasis on COVID-19 safe practice is essential to protect others and stop the spread of the disease. The following guidelines help everyone to understand their role in creating a safe and supportive environment during COVID-19.

**People are expected to be responsible for themselves, their dependants, their property and their pets (if applicable).**

As with all public venues there are minimum standards of behaviour. The following guidelines help everyone share the space safely without causing any additional stress.

<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Parents must keep track of their children, accompany them to bathrooms and manage their actions.</b></p> </div> </div>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>No drugs or alcohol are allowed in the centre and anyone posing a threat to others will be asked to leave.</b></p> </div> </div>
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Be responsible for managing one's own rubbish and disposing of it in the appropriate manner.</b></p> </div> </div>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Under legislation, smoking is only allowed in designated smoking areas.</b></p> </div> </div>
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Keep noise to a minimum between 9pm and 7am. Inappropriate language will not be tolerated.</b></p> </div> </div>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Pets are to remain in designated areas only. Owners are responsible for the care of their pets. Not all sites can support pets.</b></p> </div> </div>

**People within an Evacuation Centre are expected to follow COVID-19 safe guidelines as directed by Centre Management.**

<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Keep 1.5 metres away from others wherever possible.</b></p> </div> </div>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Clean and disinfect surfaces and objects used often, including furniture and personal belongings.</b></p> </div> </div>
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Wash your hands often with soap and water.</b></p> </div> </div>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Avoid physical greetings such as handshaking, hugs and kisses outside the family unit.</b></p> </div> </div>
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Use alcohol-based hand sanitisers when soap and water are not available.</b></p> </div> </div>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Avoid crowded areas and large public gatherings. Maintain social distancing at all times.</b></p> </div> </div>
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Always cough or sneeze into your arm or a tissue, and dispose of the tissue straight away. Avoid touching your face.</b></p> </div> </div>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Alert staff to incidents involving bodily fluids such as vomit and bedwetting that will require an enhanced cleaning process.</b></p> </div> </div>

*Thank-you for your support in keeping every-one safe.*

Figure 3. Evacuee Information Sheet/ Code of Conduct COVID-19

## EVACUATION CENTRE SET-UP AND OPERATIONAL CONSIDERATIONS

### IN-CENTRE SCREENING

COVID-19 health screenings should occur for all staff, evacuees, visitors and contractors on entry and exit of emergency sheltering. Daily messaging for people within the centre should continue to reflect the importance of reporting known COVID-19 symptoms to staff.

### RECEPTION/REGISTRATION

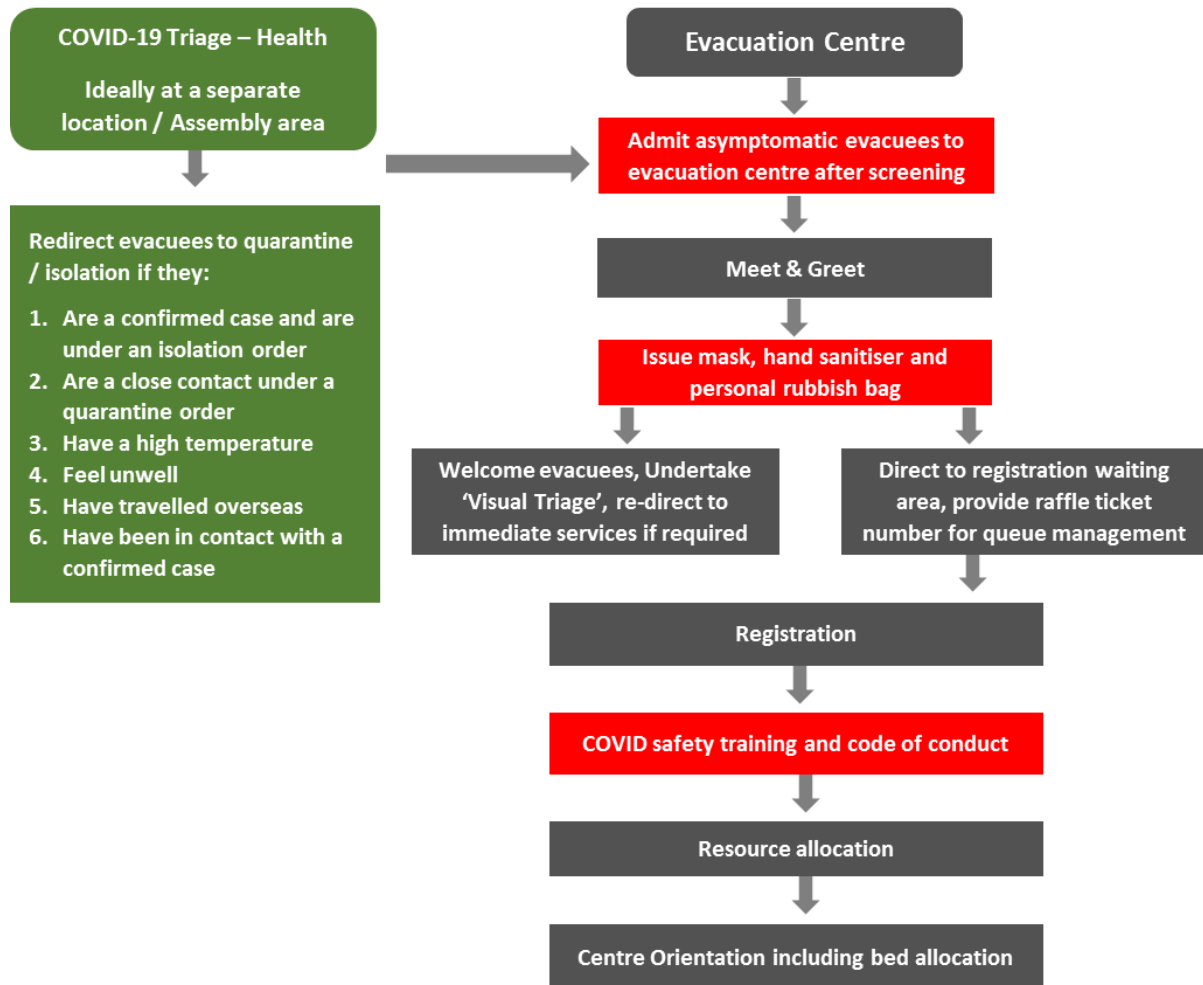
Current evacuation centre guidelines for reception and registration require enhancement to be considered COVID safe. In these known congregate areas, social distancing measures are paramount. Every effort must be made to reduce congestion and length of time evacuees spend in this area. The distribution and use of masks in this area will assist with COVID-19 safe practice, as shown in figure 4. The pathway of evacuees through the registration area should be direct and depicted clearly by use of good signage and other visual tools.



FIGURE 4. USE OF MASKS DURING REGISTRATION TO KEEP EVACUEES AND STAFF SAFE.

The diagram below is a representation of how evacuees could move through the evacuation centre registration and intake process during COVID-19:

### Evacuation Centre Registration and Intake Process - COVID



#### Key points for consideration in the lay-out and operational of reception/registration areas in a COVID-19 context include:

- Ideally there should be one point of entrance and a separate point of exit. This assists in managing the flow of people through the centre, supports social distancing, and ensures control of registration and screening requirements by staff at all times.
- Protection from the elements is necessary to ensure the safety and well-being of all evacuees and staff.
- Masks should be worn by evacuees until bed allocation occurs (or as stipulated in relevant health directives). As registration is a high usage area, masks can provide an extra safety measure until more space is provided within the centre.

- Distribution of raffle tickets or a similar numbered system for the waiting area will reduce the need for queueing and sharing of chairs. Evacuees can remain socially distanced and proceed forward when called.
- All evacuees, staff and other visitors to the centre must sign in and out every time the centre is entered or exited.
- Social distancing must be applied to all aspects of the reception, registration and waiting areas.
- Minimum distance of 1.5 metres between any person (unless members of same household)
- People must be spaced 1.5 metres apart at a minimum when queueing, indicated by clear markings on the floor.
- One directional flow for queueing areas and walkways should be used where possible. When space or lay-out prevents this, 3 metres is recommended for walkways. This ensures space for people to safely pass each other in a COVID-19 environment.
- Registration paperwork may be done by staff on behalf of evacuees to reduce the number of 'touch points' and potential spread of COVID-19. Sanitation of all shared equipment when used unavoidably, must be done between every person (such as writing implements or electronic devices).

#### LAYOUT EXAMPLE OF REGISTRATION AND INTAKE AREA DURING COVID-19

Figure 4 is an example of how a Registration and Intake area may look under COVID-19 restrictions, but it is important to consider what best suits your circumstances.

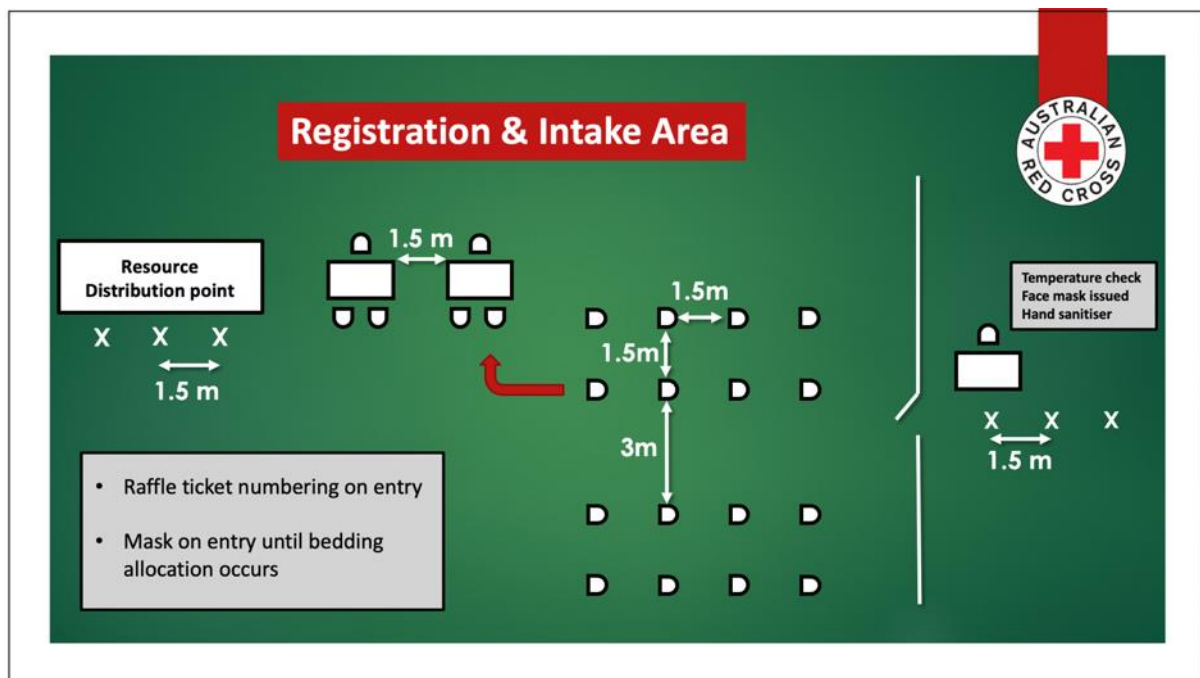


FIGURE 5. REGISTRATION AND INTAKE AREA LAY-OUT DURING COVID-19

## USE OF PPE DURING COVID-19

Personal Protective Equipment (PPE) refers to anything used or worn to minimise risk to people's health and safety. In a COVID-19 context, PPE should be used in accordance with recommendations and directions provided by the relevant State, Territory and National Government. PPE requirements in evacuation centres will be directly affected by COVID-19 level restrictions, and the prevalence of this infectious disease within the relevant communities requiring evacuation.



*The requirement and level of use of PPE may change through-out an evacuation. This is due the volatility of the COVID-19 environment and subsequent changing circumstances.*

### HIGH RISK TASKS REQUIRING THE USE OF PPE

Some tasks within an evacuation centre in a COVID-19 environment are considered higher risk and require the use of PPE. These include-

- screening of evacuees, staff, contractors and visitors
- handling and distribution of food and drinks
- cleaning and waste disposal of non-personal waste
- providing first aid
- working in, or entering, the isolation care area



FIGURE 6. USE OF PPE IN COVID-19

## HAND SANITISER

The regular and consistent use of an alcohol-based hand sanitiser is important in assisting the prevention of the spread of COVID-19. This applies to all people performing any task on a daily basis. Correct and regular use is particularly important after bathroom use, before entering meal areas and consuming food, and when sharing resources. To assist in the prevention of the possible spread of COVID-19 an increased number of hand sanitising stations (non-water) should be provided throughout the centre. Multiple hand washing areas should be easily and safely accessible to all staff and evacuees.



*There is no evidence that alcohol-free hand rubs are effective against viruses like COVID-19. Experts recommend alcohol-based sanitisers<sup>7</sup>.*



***Drinking alcohol-based hand sanitizers can cause intoxication and coma. Ethanol-based products in particular can cause low blood sugar which can lead to seizure in children (Soloway, 2020<sup>8</sup>). All care should be taken to prevent accidental or deliberate ingestion of hand sanitiser.***

***For Poisons Information Centre phone 13 11 26.***

## GLOVES

The use of gloves should be carefully considered as they can increase the risk of disease transmission if not used correctly. The use of gloves as a PPE may be applicable while performing the above mentioned **high risk tasks** to keep people safe in a COVID-19 context. Disposable gloves (as opposed to multi use gloves) are recommended during COVID-19 to reduce the risk of spread of disease. A number of considerations apply to the use of disposable gloves as a PPE (as discussed by Safe Work Australia, 2020). These include, but are not limited to:

- what staff will touch while performing work tasks in an evacuation centre
- who workers may come into contact with while performing tasks in and around a centre, and associated risks
- practicality of using gloves for a designated task
- not all gloves are appropriate for all tasks

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<sup>7</sup> Australian Government Department of Health recommendations

<sup>8</sup> Rose Ann Soloway (Clinical Toxicologist). 2020.

- appropriate methods for application and disposal of gloves



*Gloves made of PVC, rubber, nitrile or neoprene are recommended for protection against exposure to 'biological hazards' but are not medical grade. Medical gloves can be made of latex, vinyl, synthetic polymer or nitrile (Safe Work Australia, 2020). Use of these gloves may be more appropriate to areas such as first aid and isolation areas. The agency in charge of these areas should refer to specific protocol they are governed by.*

## CORRECT APPLICATION AND DISPOSAL OF USED GLOVES

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To prevent the spread of COVID-19 it is necessary to correctly put on and take off disposal gloves (Appendix diagram 3). Safe Work Australia (2020) recommend following these steps to prevent the spread of germs:

- Wash your hands with soap and water before touching gloves. If not available, use an alcohol-based hand sanitiser.
- When putting the gloves on, try to only touch the top edge of the glove at the wrist.
- During a task, maintain good hygiene by following COVID-19 safe practice as previously stipulated in this document (do not touch your face, sneeze into elbow etc.)
- Monitor what you touch and replace gloves frequently.
- To remove gloves, pull from the wrist down, turning them inside out.
- Unless COVID-19 contamination has occurred, used gloves can be disposed of with general waste. Preference is for a closed bin.
- Contaminated gloves should be disposed of in a closed bin that does not require touching, such as a pedal bin or other hands-free mechanisms. The bin should be double bagged to minimise any exposure to COVID-19.
- Wash hands with soap and water (minimum 20 seconds) or use alcohol-based hand sanitiser if not available.

### **Gloves would be considered contaminated if:**

- they have been worn by a symptomatic worker or visitor
- they have been worn by a close contact of a confirmed COVID-19 case
- the wearer has touched a potentially contaminated surface.

Where a closed bin is not available, the contaminated gloves should be placed in a sealed bag before disposal into the bin.

## MASKS USED AS PPE TO MINIMISE TRANSMISSIBILITY OF COVID-19

Masks can be an important part of COVID-19 safe behaviour when used in conjunction with other known preventive measures. As state and territory requirements may differ, it is important to keep up to date with recommendations and requirements that may apply



on a National, State, Local and organisational level. Masks can be an effective control measure to prevent the spread of COVID-19 in high usage areas, and when optimal social distancing may become difficult to maintain. The safety of staff and evacuees should be ensured by the use of masks in areas such as assembly, reception/registration, first aid and isolation. Masks are also recommended for performing the high risk tasks listed previously. Consideration when using masks must be given to the following:

- Type of masks being used. Single-use masks must be correctly disposed of and will increase waste amounts in an evacuation centre. Re-usable masks need appropriate laundering.
- Correct use and application of the mask

## RELUCTANCE TO WEAR A FACE MASK IN AN EVACUATION CENTRE

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There may be a number of reasons why a person may refuse to wear a mask. Mitigation of this should be achieved where possible. These include, but are not limited to:

- Not understanding the positive benefits of using PPE in an evacuation setting. All staff, evacuees and others entering an evacuation centre will need clarification of shelter rules. An explanation of the importance of adhering to the code of conduct regarding PPE and why it may assist in preventing the spread of COVID-19 will be beneficial.
- Medical issues may prevent the wearing of masks.
- Discomfort and unease of doing something unfamiliar may be identified as a reason not to wear a mask. Education is key to helping people understand the importance of PPE, where applicable.
- Lack of skills to apply a mask correctly may cause reluctance to wear one. Assistance may be necessary in the education of how to complete the task.
- Some people may simply refuse without explanation.

## WHEN PPE IS NOT WORN AS DIRECTED IN AN EVACUATION CENTRE

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Given that COVID-19 is a health emergency, directives from the Chief Health Officer of the respective State or Territory will be used to guide and inform practice in an evacuation centre. All users of the evacuation centre will be required to comply with health directions and COVID-19 safe practice. If a centre user refuses to comply with those directions they may be refused entry to the centre and may be required to make their own alternative arrangements. Some people may not be able to comply with directions due to medical or other conditions. In this instance health authorities should be consulted. Consideration should also be given to infants and young children who may be unable to wear PPE or apply sanitisers etc.



*Health practitioners on-site may require a different level of PPE and should be guided by their individual governing body.*



## DO I NEED TO WEAR A MASK?

Masks are an extra precaution to protect against COVID-19 in areas with community transmission. Check your local state and territory advice about mask recommendations and requirements. If you are in a situation where physical distancing is difficult such as on public transport, you may choose to wear a mask.

### To stay COVID free, do the 3:

1. Wash or sanitise your hands
2. Physical distancing (1.5m)
3. Have the COVIDSafe app



Also stay at home if you're unwell and get tested.

If you choose to wear a mask, it is important:

- ✓ Wash your hands before putting on the mask
- ✓ Make sure it covers your nose and mouth and fits snugly under your chin, over the bridge of your nose and against the sides of your face.
- ✓ Do not touch the front of the mask while wearing it or when removing it. If you do touch the mask, wash or sanitise your hands immediately. Do not allow the mask to hang around your neck.
- ✓ Wash or sanitise your hands after removing the mask.



**\*Single-use masks should not be re-used and should be discarded immediately after use.**

**IMPORTANT:** People with chronic respiratory conditions should seek medical advice before using a mask.

Further information [www.health.gov.au](http://www.health.gov.au)

Figure 7. HOW TO SAFELY APPLY/USE A MASK

## ISOLATION CARE AREA DURING COVID-19 RESTRICTIONS

A separate isolation care area should be established for the temporary separation and care of evacuees or staff who may become symptomatic while in an evacuation centre. This area:

- is not a first aid area
- should only be used as a temporary stay area for COVID-19 symptomatic individuals to separate them from the general population. Duration of stay here should be minimal while other off-site health care arrangements are being made.
- should be managed by a health representative wearing PPE as stipulated by the relevant health body
- should be a separate room located away from other centre users
- should have a designated bathroom for isolation clients and staff
- should have restricted access and does not allow visitors
- should have all meals set down outside for collection and distribution by staff
- should have strict cleaning regimes

Note..

*'End of isolation' and suitability to return to an evacuation centre, post illness, can only be determined by a health professional.*

### LAY-OUT EXAMPLE OF ISOLATION CARE AREA DURING COVID-19

Figure 8 is an example of how an isolation care area may look under COVID-19 restrictions, but it is important to consider what best suits your circumstances.

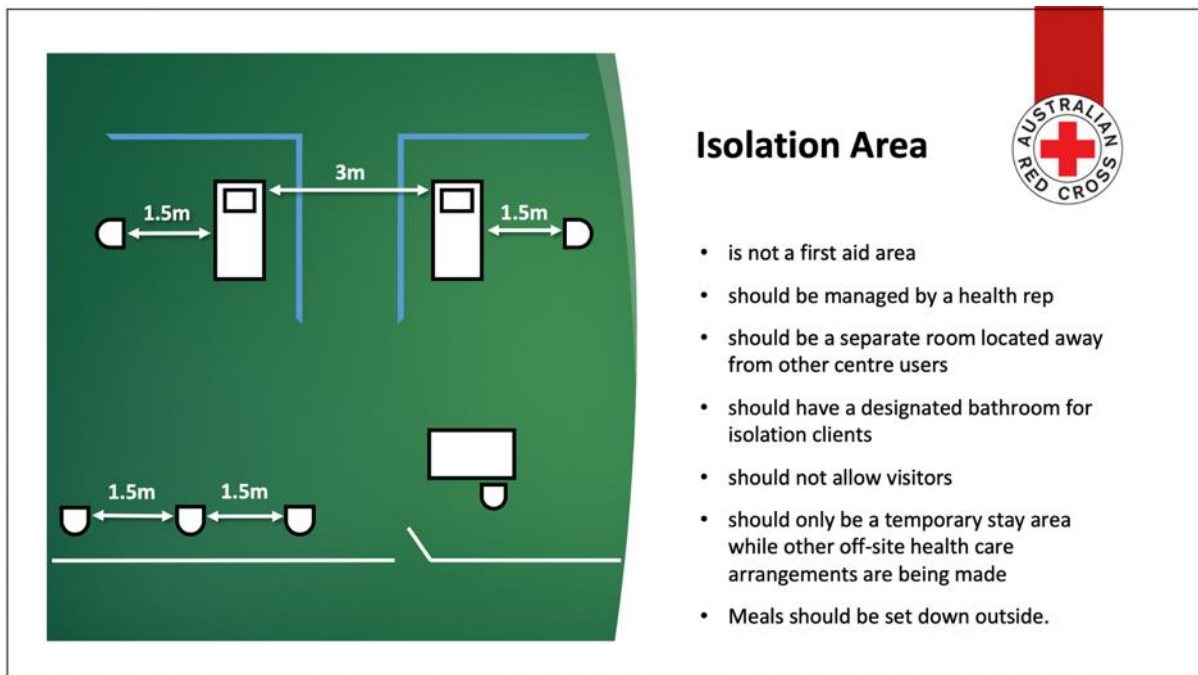


FIGURE 8. ISOLATION AREA LAY-OUT EXAMPLE

SIGNAGE

COVID-19 signs should be included with regular signage, distributed through-out the centre. Information should be easily understood by non-English speaking and low literacy people. These signs may include:

- social distancing measures
- effective handwashing procedures
- demonstration of hand sanitiser usage
- Covid-19 safe practice such as frequent hand washing, sneeze or cough in elbow, no handshaking etc.
- common symptoms of COVID-19 and the importance of reporting if unwell
- correct applications and use of face masks
- how to cope with stress



FIGURE 9. SAMPLE OF COVID-19 SAFE RESOURCES

Signs that will support COVID-19 safe practice are available in the Red Cross COVID-19 Toolkit. They can also be sourced from government websites such as <https://www.australia.gov.au/covidsafe-resources>.

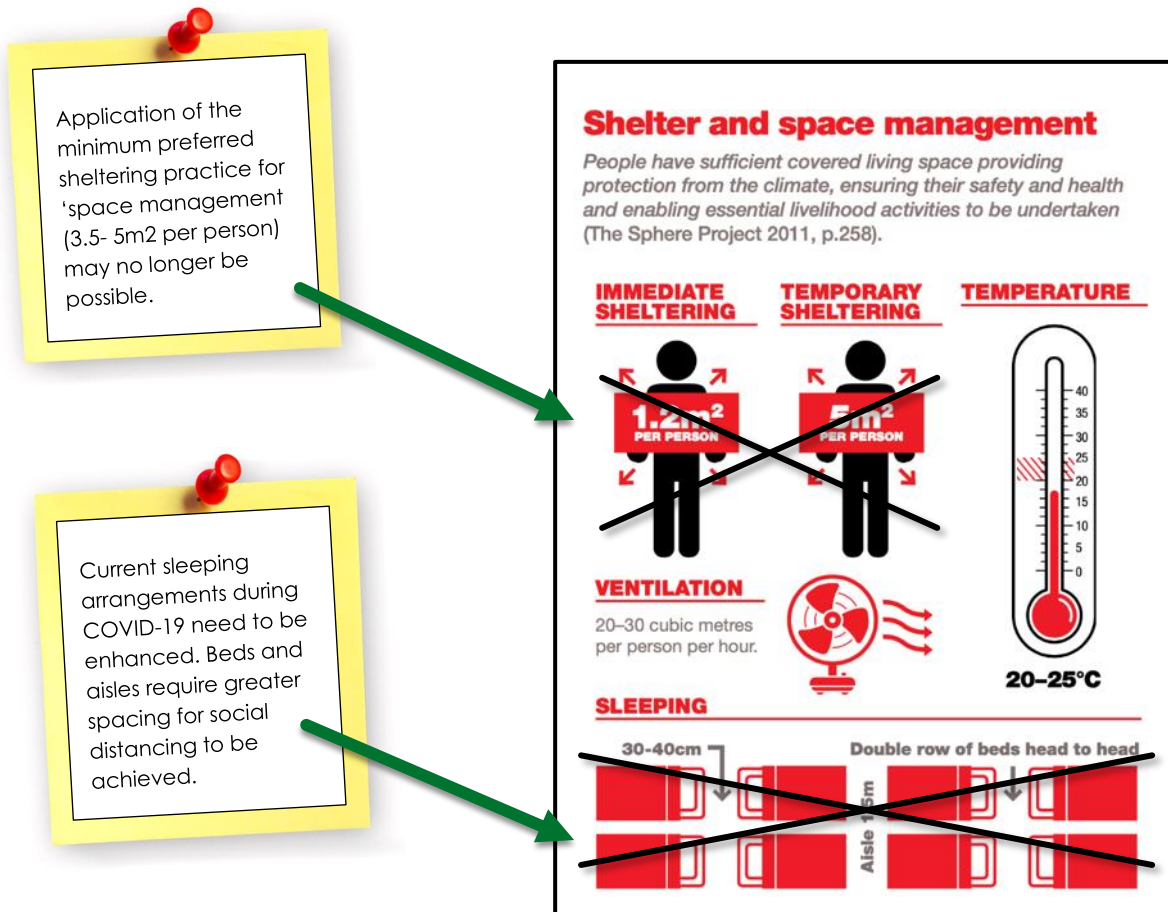
OTHER FORMS OF COMMUNICATION

Other forms of communication may include:

- use of speaker systems for regular briefings to reduce the movement of evacuees
- addressing evacuees in smaller groups to avoid larger congregations
- group text messages and emails
- electronic resources such as videos
- directing evacuees to on-line services accessible on personal devices
- notice boards
- utilising expertise of specialist agencies to communicate targeted messaging

**APPLYING COVID-19 SAFE PRACTICE TO SPACE MANAGEMENT**

As social distancing is recommended to prevent the spread of COVID-19, the requirement for more space per person will significantly reduce the capacity of congregate shelters. Current recommendations for sleeping and dining lay-outs will require the adjustments described in Figure 10. Walkway space will need to be increased to ensure the safe passage of evacuees and staff at all times. The establishment and maintenance of directional flow for walkways, entries and exits may need to be considered.



Application of the minimum preferred sheltering practice for 'space management (3.5- 5m<sup>2</sup> per person) may no longer be possible.

Current sleeping arrangements during COVID-19 need to be enhanced. Beds and aisles require greater spacing for social distancing to be achieved.

FIGURE 10. ADJUSTMENTS TO SPACE MANAGEMENT FOR COVID-19 SAFETY

**SLEEPING AND DINING AREA OPTIONS WITH SOCIAL DISTANCING APPLIED**

There are a number of design options that can be used for sleeping- and dining areas to minimise the transmissibility of COVID-19 and its known consequences. The following information suggests examples of how sleeping and dining areas may look under COVID-19 restrictions, but it is important to consider what best suits your circumstances.

## USE OF BARRIERS AROUND PERSONAL SPACE

Consideration should be given to the use of barriers, where possible, in the sleeping area. In a COVID-19 environment this may assist with:

- clearly demarking all allocated sleeping space from walkways and other areas
- defining personal space for evacuees
- creating a sense of privacy around bedding

Barrier materials should be carefully chosen for practicality, suitability and availability. Figure 11 depicts an example of what the use of barriers may look like in an evacuation centre. Cardboard is just one example of a resource that could be used to form barriers in the sleeping area. Room dividers may be another option to explore, with consideration given to associated difficulties in sourcing, financing, storing and timely delivery of them.



FIGURE 11. CARDBOARD USED TO CREATE SLEEPING AREA BARRIERS

## SEPARATE SLEEPING AND DINING AREAS

### SEPARATE SLEEPING AREA WITH COVID-19 SAFE DISTANCING APPLIED

Current recommendations in evacuation centre practice for the lay-out of furniture in a sleeping area do not allow for suggested government COVID-19 safe practice. While 1.5 metres is the recommended distance between people<sup>9</sup>, this distance does not allow for evacuees to move in, out and around beds. Where possible, the following is therefore recommended:

- 3 metres between any edge of furniture, for singles and differing family groups, should be used to assist with the prevention of the possible spread of COVID-19.
- The walkways between bed aisles should be 3 metres, where possible, allowing for evacuees to safely pass or family members to walk side by side (e.g. holding a child's hand).
- One directional flow should be established and maintained for walkways if the above mentioned space distances cannot be achieved.

When space is very limited within an evacuation centre, two different approaches can be used in the allocation of family space. Figure 12 and 13 are examples of how separate sleeping areas may look under COVID-19 restrictions, but it is important to consider what best suits your circumstances.

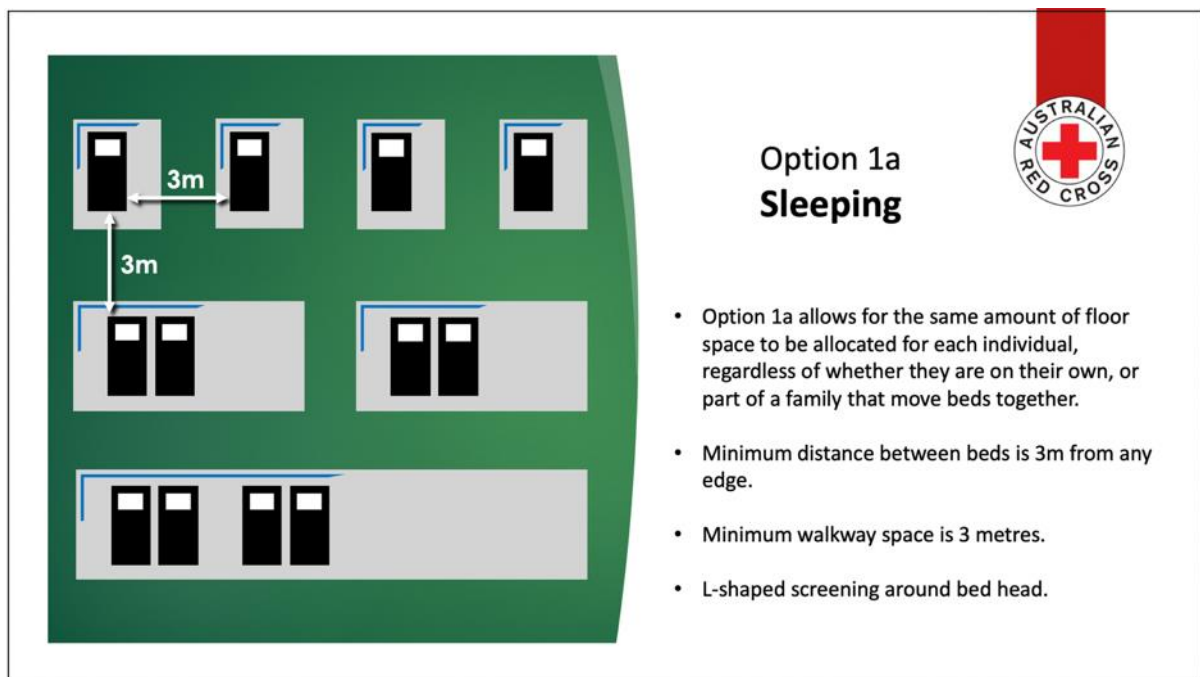


FIGURE 12. EXAMPLE OF BED LAY-OUT WITH SOCIAL DISTANCING APPLIED

<sup>9</sup>Queensland Health. Evacuation Management Guide for COVID-19. 11 September, 2020. Version 1.

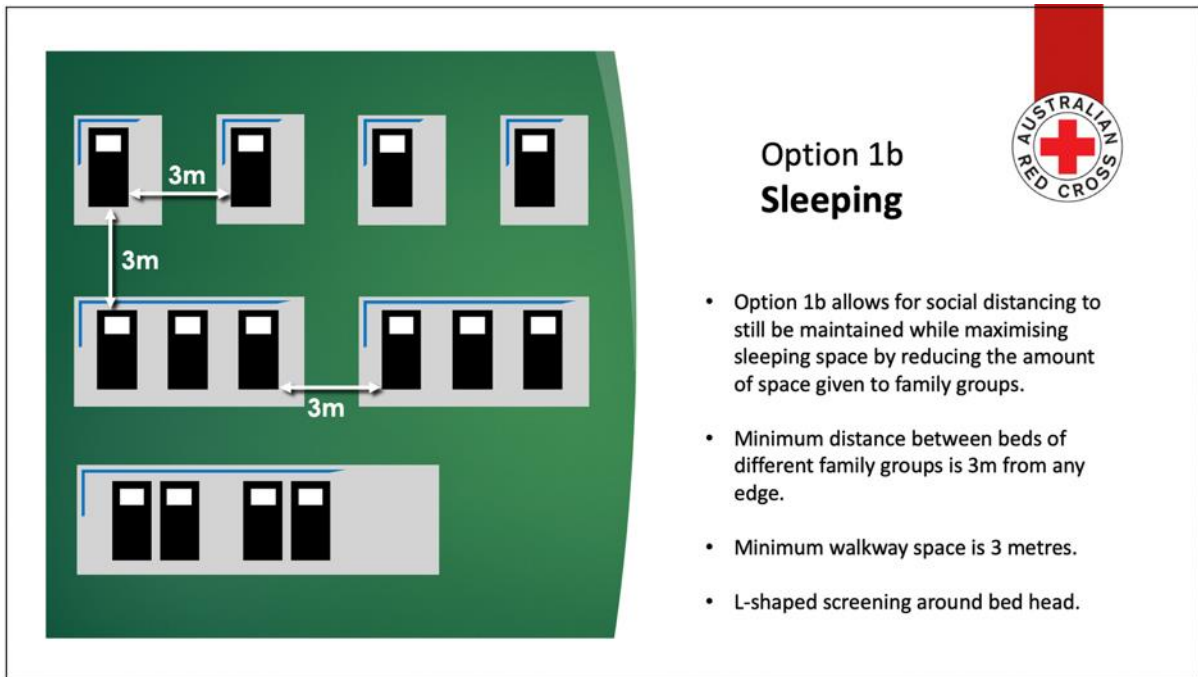


FIGURE 13. EXAMPLE OF SLEEPING LAY-OUT TO MAXIMISE SPACE

**Option 1a** (Figure 12) – Allows for the same amount of floor space to be allocated for each individual, regardless of whether they are on their own, or part of a family that move beds together.

- The minimum distance between beds is 3 metres from any edge.
- The minimum walkway distance is 3 metres. If this cannot be achieved, one directional flow should be established and maintained.
- Use of 'L-shaped' screening around the head of the bed will provide visible and physical separation, assisting in clearly defining walkways.

**Option 1 b** (Figure 13) - Allows for social distancing to still be maintained while maximising sleeping space by reducing the amount of space given to family groups.

- The minimum distance between beds is 3 metres from any edge.
- The minimum walkway distance is 3 metres. If this cannot be achieved, one directional flow should be established and maintained.
- Use of 'L-shaped' screening around head of bed will provide visible and physical separation, assisting in clearly defining walkways.



## SEPARATE DINING AREA WITH COVID-19 SAFE DISTANCING APPLIED

Changes are necessary to current recommendations for separate dining areas in evacuation centres if these areas are to reflect COVID-19 safe practice. Major consideration needs to be given to the addition of social distancing to all aspects of the dining area and the resulting consequences of this action. The number of people accessing this area with COVID-19 safe distancing applied may be limited, and use of a rostering system may become necessary. Separate dining areas need the following points to be addressed:

- Additional handwashing and sanitising points should be set up for use by all evacuees and staff prior to entering a dining area.
- Extra staffing may be necessary to supervise and encourage consistency of COVID-19 safe hygiene practice.
- Entry and exit points of dining areas should be reviewed to optimise social distancing.
- One directional flow for entry, exiting and queueing should be used where possible.
- Queueing must allow for a minimum of 1.5 metres between individuals, indicated by clear markings on the floor.
- Minimum distance for family groups from table edge to back of chair is 3 metres.
- Minimum distance between single seating is 1.5 metres.

### LAY-OUT EXAMPLE OF SEPARATE DINING AREA DURING COVID-19 RESTRICTIONS

Figure 14 is an example of how a separate dining area may look with social distancing applied, but it is important to consider what best suits your circumstances.

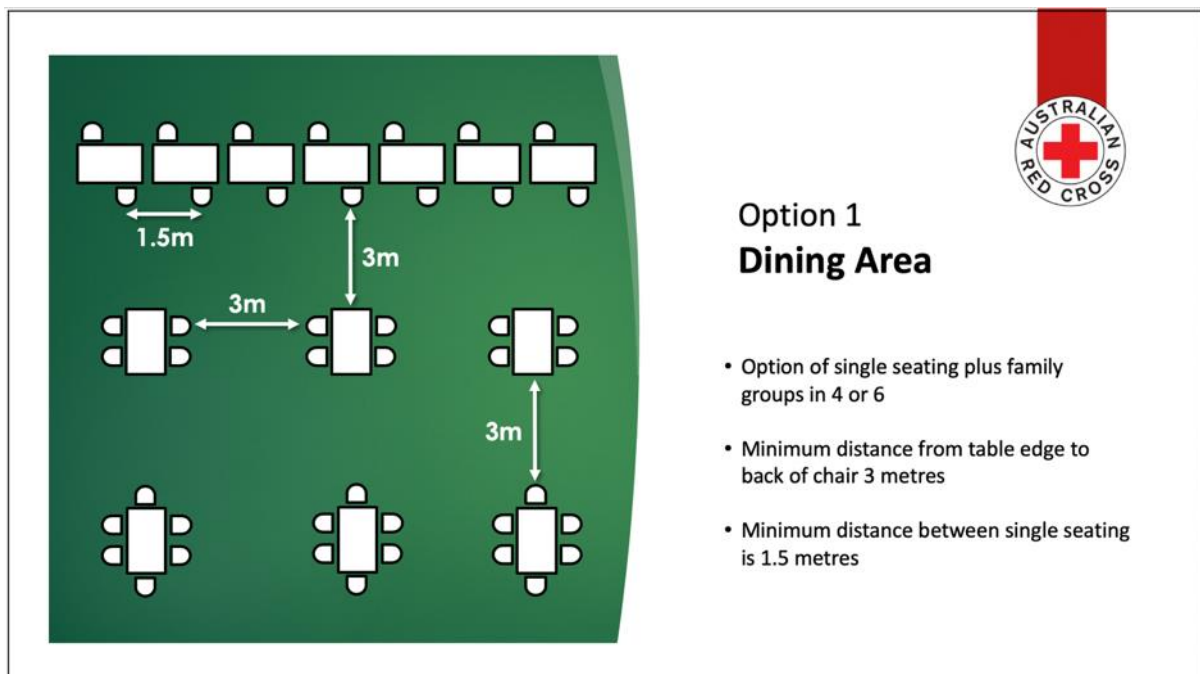


FIGURE 14. EXAMPLE LAY-OUT OF SEPARATE DINING AREA

## SLEEPING AND DINING AREAS INCORPORATED WITH COVID-19 SAFE DISTANCING APPLIED

By combining sleeping and dining, the use of communal spaces is reduced. This can be achieved for a mix of singles and family groups. Consideration must be given to the following:

- Single evacuees may require the sharing of a table with social distancing measures applied.
- Where family pods are allocated, a table and the relevant number of chairs are made available for use within their sleeping area. This requires more furniture to be set up than a shared dining area.
- It would be necessary to provide or supply access to relevant cleaning products.
- Strict adherence by evacuees to the code of conduct would be necessary to retain a hygienic evacuation centre. Evacuees would be responsible for the cleanliness of personal areas and removal of food rubbish from sleeping areas.
- Use of 'L-shaped' screening around the head of the bed will provide visible and physical separation, assisting in clearly defining walkways.

### LAY-OUT EXAMPLE OF INCORPORATED SLEEPING AND DINING AREA DURING COVID-19 RESTRICTIONS

Figures 15A, B and C are examples of how a combined sleeping and dining area may look under COVID-19 restrictions, but it is important to consider what best suits your circumstances.

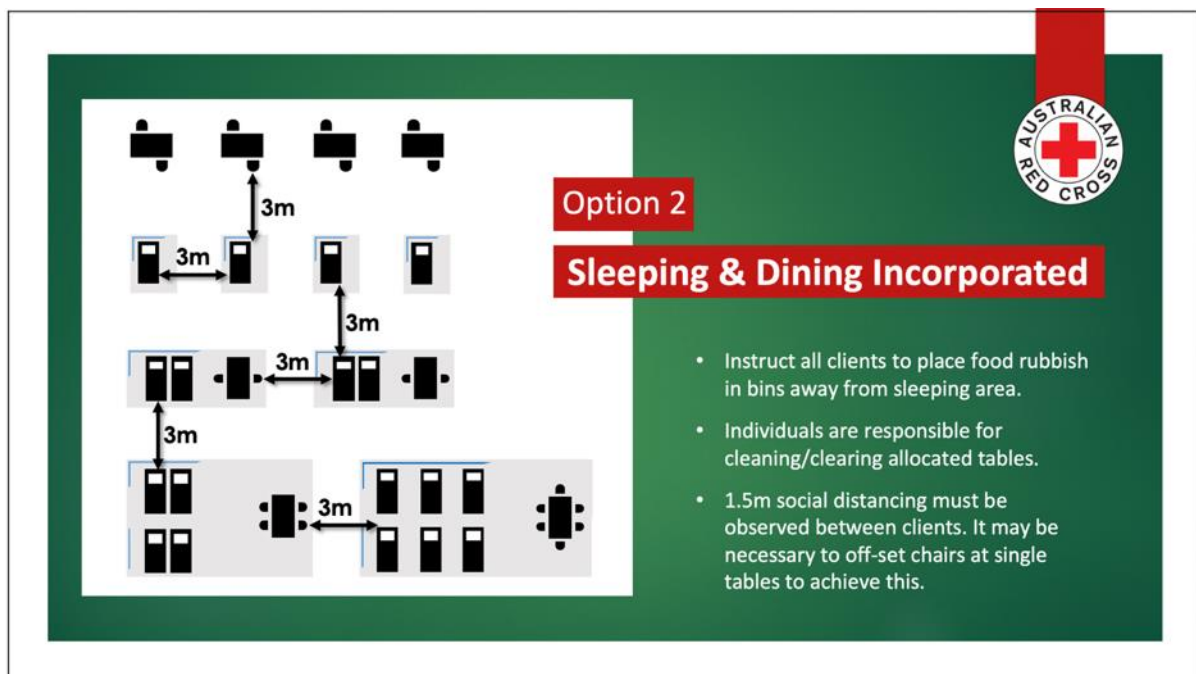


FIGURE 15A. EXAMPLE LAY-OUT OF SLEEPING AND DINING AREAS COMBINED



FIGURE 15B. ILLUSTRATION OF SLEEPING AND DINING AREAS COMBINED FOR FAMILY GROUPS



*Evacuees should be encouraged to access walkways from the foot of their bed.*



FIGURE 15C. ILLUSTRATION OF SLEEPING AND DINING AREAS COMBINED FOR SINGLES

As with any approach adopted to the evacuation centre lay-outs that incorporate COVID-19 safe practice, there will always be a number of advantages and disadvantages to each choice. Table 3 shows provides further detail on the impact of communal and incorporated dining.

	Advantages	Disadvantages
<b>Communal Dining Area</b>	Area can still provide the 'communal hub' feeling while observing social distancing	A rostering system for dining times may become necessary because of the reduced number of chairs due to distancing measures
	Food is reduced or eliminated from the sleeping area	Cleaning regimes become labour intensive to ensure every setting is cleaned appropriately between diners
		Staffing numbers increase to ensure COVID-19 safe practice is being observed, such as limited numbers in the area
		Risk of potential transmission increases through mass gathering and sharing of furniture
<b>Sleeping &amp; Dining Incorporated</b>	A reduction in the movement of evacuees around the centre, dissuading people from congregating in groups	Incidents of accidents (such as spills and slips) may increase, carrying food to designated area
	Families can be kept together in 'pods'	More tables and chairs may be necessary to achieve this
	Evacuees become responsible for cleaning their own dining area	Reliant on evacuees for cleanliness of sleeping area
	Food rubbish is not handled and disposed of by staff	Loss of community 'hub' feel

TABLE 3. ADVANTAGES AND DISADVANTAGES OF COMMUNAL AND INCORPORATED DINING AREAS IN CONGREGATE SHELTERING

## KITCHEN/FOOD SERVERY AREA

While there is no evidence at the time of writing this that COVID-19 is transmitted by consumption of food, maintaining good hygiene practice is recommended in the delivery of

food to people.<sup>10</sup> Elimination of buffet style service (where food is placed in public areas for diners to help themselves) is recommended to prevent the spread of COVID-19. By eliminating exposure of food/drinks to droplets and airborne COVID-19 pathogens by serving food in individual portions, evacuees and staff reduce the risk of contracting COVID-19. It is the responsibility of the agency supplying food to the centre to adhere to relevant industry guidelines for food preparation and COVID-19 considerations as part of that process. The following recommendations are to assist in food delivery to evacuees and staff.

With the intention of preventing unnecessary human-to-human contact and potential transmission of COVID-19, the **'Prep, Set down, Step back'** method should be used to deliver single serve meals and drinks to evacuees and staff.

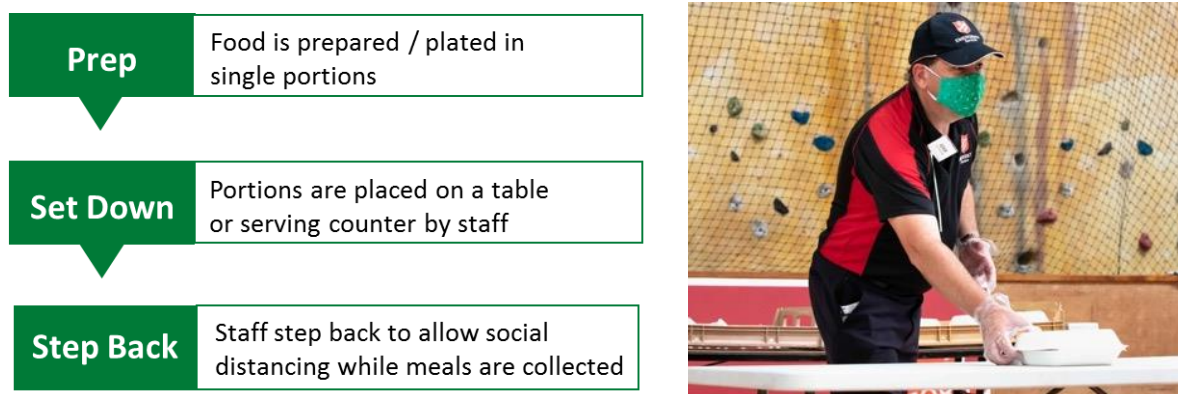


FIGURE 16. FOOD SERVICE

When using the 'Prep, Set Down, Step Back method as described above, consideration should be given to the following-

- A service table can provide a physical barrier to assist in social distancing between evacuee and service staff.
- Food is served by staff in individual portions rather than buffet style, ensuring the maintenance of best COVID-19 hygiene practices.
- Disposable crockery and cutlery is made available.
- Food is not directly handed to the evacuee, but instead, is placed on a food table for collection by a family representative.
- A clear distance is ensured between those preparing and serving the food, and the evacuees and staff picking up the food, before moving to the designated dining space.
- Drinks should no longer be self-serve. Hot and cold drinks need to be served or should be provided in single use bottles / cups (using Prep, Set down, Step back method).
- Communal touch points will be reduced with adherence to this method.

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<sup>10</sup> Food Standards Australia & New Zealand. (August, 2020).

## LAY-OUT EXAMPLE OF FOOD SERVICE AREA DURING COVID-19 RESTRICTIONS

Figure 17 is an example of how a food service area may look under COVID-19 restrictions, but it is important to consider what best suits your circumstances.

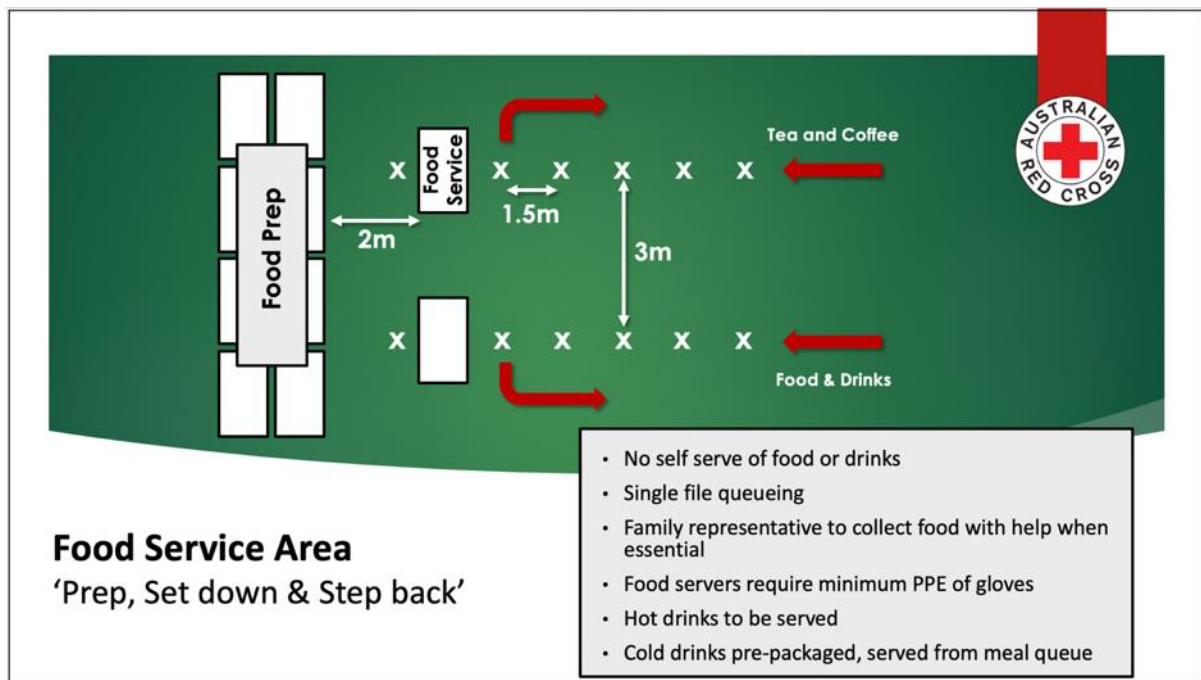


FIGURE 17. EXAMPLE LAY-OUT OF A FOOD SERVICE AREA

## APPLYING COVID SAFE PRACTICE TO WATER AND SANITATION

### ABLUTIONS CONSIDERATIONS AND ENHANCEMENTS

Although recommendations for shower and toilet quantities do not vary in a COVID-19 context, how ablution facilities are accessed will need to be adapted to create a COVID safe space. Enhanced cleaning for toilets and showers will also be required to ensure the safety of evacuees and staff. Consideration should be given to the following points:

- 1.5 metres social distancing will need to be implemented and enforced to all aspects of the ablution areas.
- A one-way system is preferable for queueing, with entry and exit points clearly indicated.
- Queueing requires a minimum 1.5 metre spacing, clearly indicated with floor markers.
- Use of a roster system may assist in the management of the number of people accessing sanitation areas at any given time. This aims to reduce mass congregation, reducing potential person-to-person spread of COVID-19.

- Use of a roster system and ensuring COVID-19 safe practice is being observed by evacuees may require extra staff.
- Supply of personal hygiene products should be individual, not shared.
- COVID-19 safe hand-drying options such as disposable paper towel should be provided
- Increased quantity of handwashing stations may be necessary to cater for increased hygiene requirements.
- Separate staff facilities, where possible, may provide extra protection to staff that are essential in the running of the evacuation centre.



Items such as soap and hand drying facilities become individual, not shared.

The number of handwashing stations may need to increase with COVID-19 enhanced hygiene requirements.

FIGURE 18. ADJUSTMENTS TO SANITATION FOR COVID-19 SAFETY

## WATER SUPPLY CONSIDERATIONS AND ENHANCEMENTS

While shower and drinking quantities follow current practice requirements, access, storage and hygiene requirements alter under a COVID-19 lens. Given the COVID-19 situation, consideration should be given to:

- discouraging the communal use of water sources and drinking receptacles

- increasing the recommendation of water required in current practice. Demand for water may be greater due greater personal hygiene demands and increased cleaning regimes.

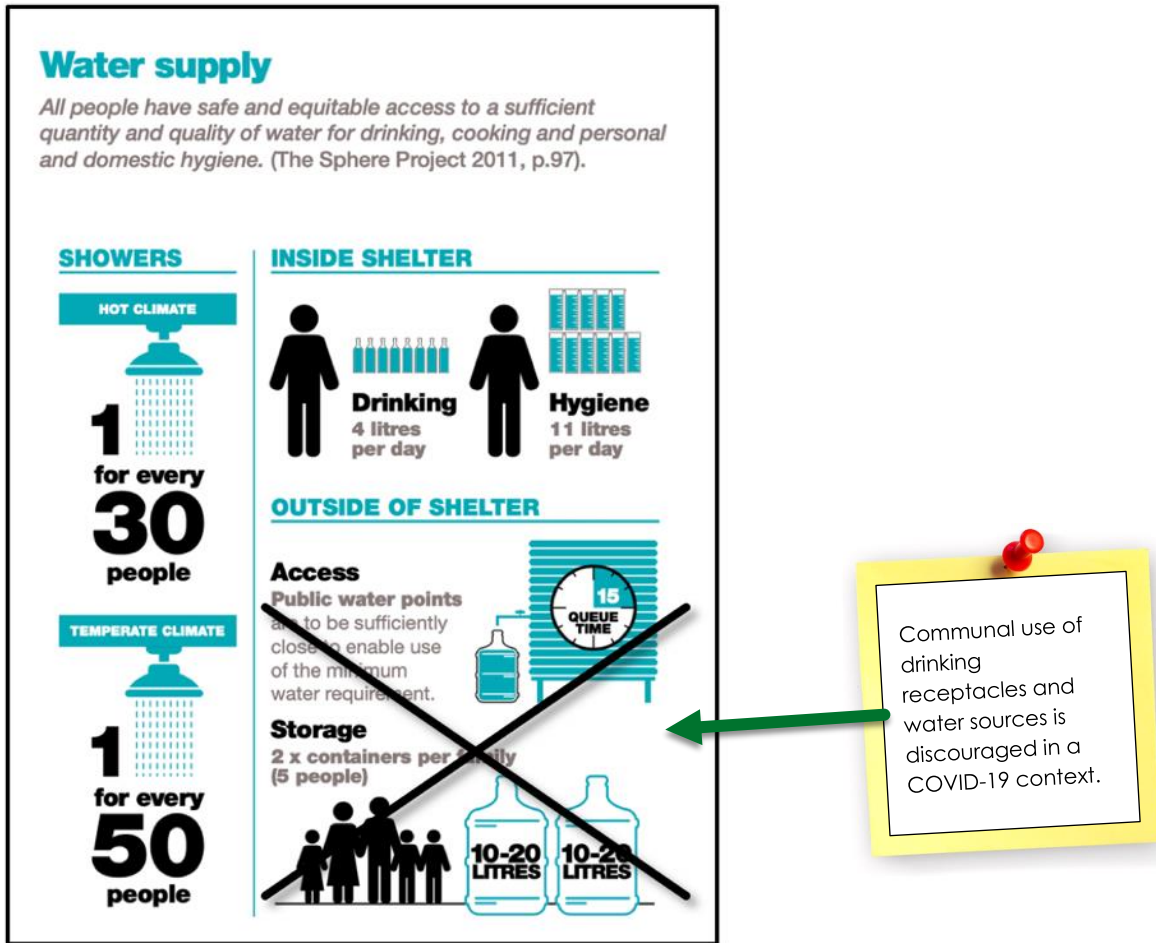


FIGURE 19. ADJUSTMENTS TO WATER SUPPLY FOR COVID-19 SAFETY

## LAUNDRY

When evacuation centres operate for longer than 3-4 days, it is common for evacuees to have access to laundry facilities by either tapping into existing arrangements or by identified commercial arrangements. Queensland Health (2020) state that risk of any disease transmission is very low if basic hygiene and common-sense storage and handling of soiled and cleaned linen is practised. Staff handling used linen require gloves and masks as a minimum requirement to assist in COVID safe practice. Disposable aprons will assist in preventing the possible contamination of staff clothing. Queensland Health (2020) also require all linen used by a person with confirmed, probable or suspected COVID-19 infection should be managed as for heavily soiled linen (see soiled beds/bedding below).



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## PERSONAL CLOTHING

Domestic-type washing machines must only be used for evacuees' personal items (such as clothes). Washing should involve the use of appropriate detergent and hot water. Loads should not be shared and limited to family groups. Clothes driers should be used if available.

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## GENERAL BED LINEN/TOWELS

General bed linen should not be directly handled by staff but by the evacuee responsible for its use. Consideration should be given to distributing linen initially, in a bag that it can be placed into after use ready for collection for laundering. The relevant commercial agency responsible for laundering of sheets should have specific measures in place to conduct a best practice COVID safe operation and may advice on specific measures they require for collection of used sheets.

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## SOILED BEDDING/BEDS

Removal of soiled laundry by staff members from beds requires use of PPE. Gloves, masks and fluid-resistant disposable aprons should be used to remove all soiled bedding and beds to prevent exposure of staff to bodily fluids that potentially could be harmful. All soiled linen should be bagged at the place it was used. Linen should be placed in a laundry bag of sufficient quality to prevent leakage during further handling and transportation. Soiled beds should be removed to a separate area and not reissued until adequate cleaning has taken place by a suitable contractor. Any external contractors used to assist in the cleaning of any beds or bedding must follow a COVID safe plan specific to their industry.

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## CLEANING

Cleaning and disinfecting are considered essential to assist in the prevention of transmission of COVID-19<sup>11</sup>. Enhancing current sheltering practice guidelines (for frequency of cleaning and method used) is necessary in a COVID-19 environment. Safe Work Australia are a good source of information for adequate cleaning in a COVID-19 environment. Information can be sourced from a number of Australian Government sites including:

[https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/accommodation-services/cleaning#heading--11--tab-toc-what should my workers wear to clean?](https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/accommodation-services/cleaning#heading--11--tab-toc-what%20should%20my%20workers%20wear%20to%20clean?)

Changes to current cleaning practices, to assist in the creation of a COVID safe environment in evacuation centres, may include:

- increasing frequency of general cleaning, especially in shared and high usage areas
- identifying and giving special attention to frequently touched surfaces

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<sup>11</sup> Cleaning to prevent the spread of COVID-19. Safe Work Australia.

- consideration of single-use cleaning clothes and their adequate disposal
- use of PPE during the cleaning process and the adequate disposal procedure followed (refer to use of PPE and waste management systems in this document)
- Where possible evacuees retain responsibility for keeping their own designated areas clean and hygienic. This may require the allocation of cleaning wipes and bin bags etc. Education on safe disposal of cleaning wipes is essential.
- Evacuation centres are likely to require cleaning staff to be on-site 24/7.
- ensuring cleaning products are of the required standard to prevent the spread of COVID-19
- allocating responsibility of the adequate cleaning of shared resources such as toys, phone charging stations etc.



Education is paramount in the correct disposal of cleaning wipes. All cleaning wipes, including compostable or biodegradable, should be disposed of in rubbish bags or bins to prevent toilet blockages.

## WASTE MANAGEMENT CONSIDERATIONS AND ENHANCEMENTS

### WHOLE SITE

It is anticipated that the waste generated in an evacuation centre will increase dramatically in a COVID-19 environment. This is due to the possibility of single use packaging on food, drinks, toiletries and other hygiene products. Additional provisions will be required to support waste management removal. Consideration should be given to the following:

- Frequency of internal and external waste disposal services will increase.
- The use of bin liners is preferable if 'wheelie bins' are being considered. This will minimise contamination.
- Consideration should be given to the safe disposal of medical waste. The agencies responsible for First Aid and Isolation should provide guidelines on what their organisation requires for COVID safe practice to be achieved.
- Where personal bin bags are distributed for use, staff and evacuees will require access to larger bins on regular intervals.
- Use of 'pedal' bins and other automated bin systems that remove the need to be activated by hand may be useful in reducing a number of high touch points.

## PERSONAL

Individual bin bags should be distributed and replenished regularly where possible. This will:

- place responsibility on the evacuees to keep their area tidy, preventing staff and other evacuees from having to pick up or touch their rubbish
- reduce the number of 'touch points' with lots of people normally using (and touching) communal bins multiple times during the day. They would manage their own waste and place in communal bin and end of each day then get issued a new personal bin bag.
- engage the evacuees in keeping the centre clean and safe.

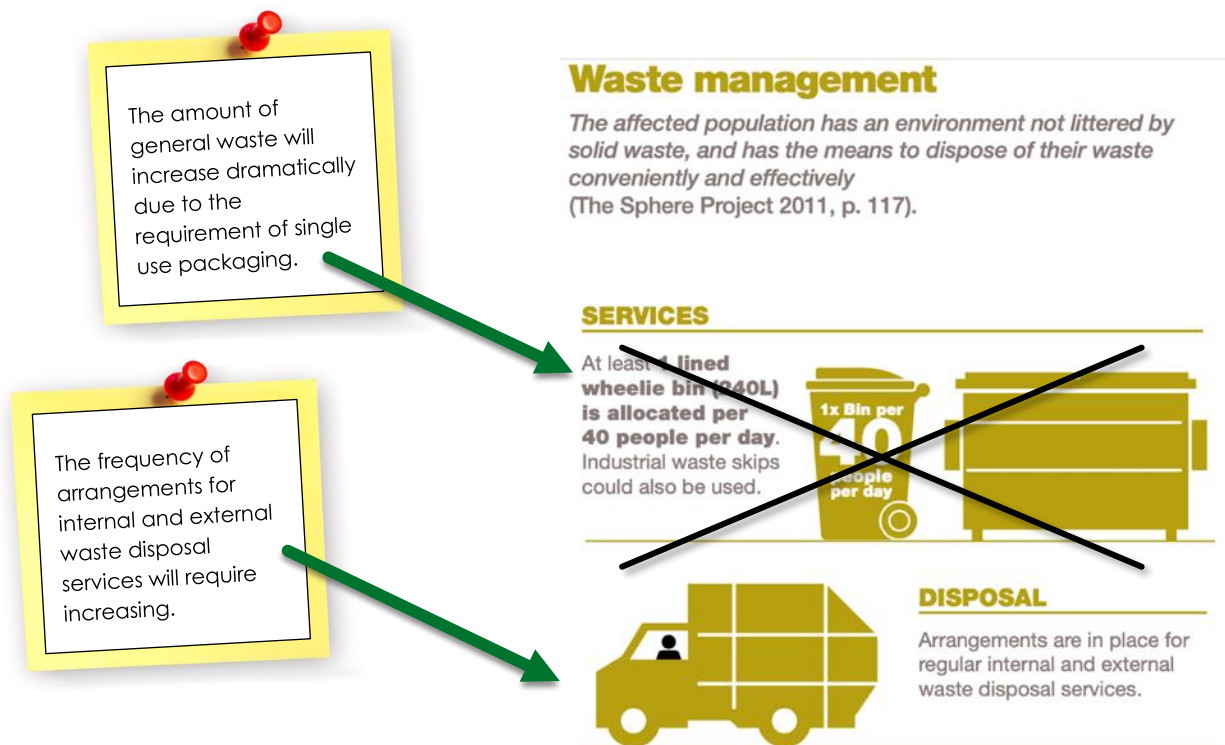


FIGURE 20. ADJUSTMENTS TO WASTE MANAGEMENT FOR COVID-19 SAFETY

## FIRST AID

Each evacuation centre normally has a designated first aid area. **Please note** that this area should **NOT** to be used as an isolation area for suspected COVID-19 cases. First aid arrangements will need to be enhanced to provide greater levels of protection for those administering first aid. The use of PPE is recommended at all times in the first aid area. All PPE, wound dressings and other used first aid products need to be appropriately disposed of in the designated bins. Different first aid providers will have their own organisational COVID safe guidelines which will need to be observed.

## POLICING COVID SAFE PRACTICE

A 'COVID-19 safe monitor' (as shown in Figure 21) may be necessary on site to ensure COVID-19 safety is clearly integrated into centre practice, removing pressure from other team members to continually police it. This role may be filled by a team facilitator person or an Environmental Health Officer who is based at the centre during the day. All staff from each onsite agency would have responsibility for adhering to, and applying, COVID safe practice to their operations. Additional security may be required to help monitor compliance, in particular at ablution and dining areas and other points of gathering.



FIGURE 21. COVID-19 SAFETY HYGIENE MARSHAL

## GENERAL SECURITY

An increased presence of security may be needed due to the possible heightened level of stress surrounding the spread of COVID-19.

## ANIMALS

Assistance/companion animals are the only animals permitted in an emergency shelter, usually separated for hygiene reasons. During COVID-19, current practice guidelines should be followed for any animals presenting at shelters.

## SUPPORT SERVICES

With a number of agencies operating in the centre, it is important that Centre Management be consistent with messaging surrounding COVID safe practice and expectations. Services known to provide support for evacuees after a disaster should consider the effectiveness of offering their services remotely where possible. This will reduce the possibility of person-to-person transmission of COVID-19 as evacuees access necessary services on-line. Support services should also consider the vulnerability of their staff when rostering those to work in an evacuation centre. Consideration should be given to high risk individuals.

**When visiting services are operating at the evacuation centre site they will be required to adhere to all of the site safety requirements, including COVID-19 specific guidelines.**

Consideration should be given to the following points in regards to support services in evacuation centres during COVID-19:

- Additional space for online or tele health service consultations may need to be included in evacuation centre layout plans.
- Relevant telephone numbers or web addresses will need to be available for evacuees to access.
- Additional technology may need to be provided to facilitate evacuees accessing online supports.
- Access to, and the effectiveness of, wireless networking technology (wi-fi) within the evacuation centre.

## CHILDREN/YOUTH

Children and youth are the responsibility of the parent or caregiver on arrival, and within, an evacuation centre. All current practice guidelines concerning children and youth should be strictly adhered to. COVID-19 recommendations are **in addition** to all current practice guidelines for the care of children and youth in evacuation shelters. In a COVID-19 environment, children and youth will need greater levels of attention and more frequent reminders of COVID-safe behaviour to ensure compliance with the centres' Code of Conduct.

### Child Friendly Spaces in Covid-19 Context

Child Friendly Spaces within evacuation centres play an integral part in the recovery of children after disaster, providing a protected environment for them to learn, socialize and express themselves as they rebuild their lives<sup>12</sup>. This becomes even more important in a COVID-19 context as children and youths experience disaster. The agency responsible for children and youth activities in an evacuation centre should have specific measures in place to conduct a best practice COVID safe operation in terms of social distancing and best hygiene practice. These measures need to include the possibility of a reduction in shared resources, arrangements for enhanced cleaning of the area and any shared resources deemed necessary, and adherence to social distancing requirements (where applicable). Encouraging children and youth to continually practice good hygiene is also required from the lead agency involved. Messaging needs to be age-appropriate and may differ in delivery methods from that given to adults on an on-going basis.

## DAILY ACTIVITIES

Additional activities that may need to be considered, over and above a normal evacuation centre daily schedule, may include:

- Reminders at meal and meetings times of COVID-19 safe practices. Emphasis should be placed on the importance of personal hygiene and effective social distancing practice to reduce the spread of COVID-19.
- keeping areas clean to reduce the possible spread of COVID-19 on surfaces
- Children's toys and activities may need adjusting to incorporate COVID-19 safe practice.
- Visiting health services may frequent centres on a regular basis and may have specific requirements.
- screening requirements of people leaving or returning to evacuation centre premises

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<sup>12</sup> Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff. (2008).

Table 4 is an example of a daily evacuation centre schedule with COVID-19 safety adjustments considerations:

	Daily Centre Activities	Possible COVID-19 Adjustments
0600	Residents begin waking, showering etc.	Rostering system may be required.
0645	Phone check-in with Local Disaster Coordination Centre	
0700-0730	Personnel handover (12hr + 8hr rotations)	Reminder of COVID safe practice and cleaning of shared resources.
0730-0830	Breakfast	Hand sanitiser for COVID safe hygiene required. Use of a roster system to meet social distancing requirements. Service may take longer.
0830-0900	Evacuee meeting	Delivery method requires elimination of large gatherings and promotion of social distancing.
0930	Reports sent externally	
0930	External agencies begin offering services e.g. childcare	Relevant health body may have increased presence. Some support services may be operating remotely. Evacuees may require access to Wi/fi and agency contact details.
0930-1030	Cleaning, waste and facilities repair	Enhanced cleaning and waste removal will increase. Additional time slots may be necessary.
1000	First centre shuttle bus departs	Shuttle buses may not run in a COVID climate to reduce the movement of evacuees.
1000-1030	Agency Team Leader Meeting	Social distancing needs applying.
1030-1130	Media and VIP briefings	May require the presence of relevant health body. Restrictions on who may enter the centre.
1230-1330	Lunch	Hand sanitiser for COVID safe hygiene required. Use of a roster system to meet social distancing requirements. Service may take longer.
1500-1530	Personnel handover (8hr rotation)	Reminder of COVID safe practice and cleaning of shared resources.
1700	External agencies wrap-up offering services	
1730	Evacuee meeting	Delivery method requires elimination of large gatherings and promotion of social distancing.
1830-1930	Dinner	Hand sanitiser for COVID safe hygiene required. Use of a roster system to meet social distancing requirements. Service may take longer.
1900-1930	Personnel handover (12hr rotation)	Reminder of COVID safe practice and cleaning of shared resources.
1900-2000	Nightly entertainment	May needed to be adapted to incorporate COVID safe practice such as no mass gatherings, sharing of equipment and addition of social distancing requirements.
2200	Quiet time (lights and TV off), lockdown if needed	
2300-2330	Personnel handover (8hr rotation)	Reminder of COVID safe practice and cleaning of shared resources.
2400	Headcount undertaken	

TABLE 4. EXAMPLE OF A DAILY EVACUATION CENTRE SCHEDULE

## PSYCHOSOCIAL SUPPORT

Psychosocial support of evacuees is a multi-agency responsibility. Red Cross Psychological First Aid, in a COVID-19 context, means providing humane and compassionate care while adhering to recommended COVID-19 safe measures, such as social distancing.

The provision of Psychological First Aid can, on occasion, require reasonable close contact between the helper and those they are supporting. This may be to cater for discrete conversation or because the client is distressed and requires comfort or reassurance. Social distancing measures will need to be factored in to Psychological First Aid interactions. With more distance to ensure COVID-19 safety (minimum 1.5 metres) between supporter and client, it may be necessary to move interactions to a quieter location. This will help facilitate discretion and privacy during conversations.



The use of hand sanitiser before and after interactions is assist in COVID-19 safety. Wearing masks should be considered by staff and evacuees if effective social distancing cannot be achieved during Psychological First Aid.

## DEMOBILISATION

When closure of an evacuation centre is imminent, special consideration should be given to support the transition of evacuees and staff back to communities where COVID-19 impacts may still be prevalent. Attention should be given to the following details:

- Ensuring records are accurate when residents de-register upon departing the evacuation centre. Recording accurate personal information for contact tracing is paramount in a COVID-19 environment.
- Providing on-going COVID-19 related health advice to all staff and evacuees. This may include information on identification and reporting of COVID-19 symptoms and reiterating the importance of testing for COVID-19.
- Accurate quarantine advice should be supplied where applicable.

## DEMOBILISING RESOURCES

Demobilising resources used in an evacuation centre is a complex process, even more so in a COVID-19 context. Enhanced cleaning processes for the evacuation centre may be required upon demobilisation. Important aspects of demobilisation of an evacuation or relief centre during COVID-19 include:

- Establishing roles and responsibilities of all agencies involved, in regards to COVID-19 cleaning requirements on demobilisation.
- Where possible, cleaning of agency resources should be done on site before they are sent back to their respective agencies.
- Use of PPE in all demobilisation and associated cleaning activities will reduce the risk of COVID-19 contraction.



- Disposal of all single use items must follow best COVID-19 safe practice.
- Standard operating procedures for cleaning of resources upon demobilisation of an evacuation requires enhancement to a COVID-19 safe standard.
- Individual agencies must consider their process for reintegrating evacuation centre staff back into a normal workplace. Screening and a quarantine period may or may not be required.
- Protective measures should be put in place for staff before returning to their own families post evacuation centre closure. This will be dependent on current levels of COVID-19 community transmission and other associated risk factors, as determined by relevant health authorities.



Safe Work Australia has comprehensive guidelines for how to clean and disinfect resources in COVID-19.

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# APPENDIX

DIAGRAM 1. EVACUEE INFORMATION SHEET/ CODE OF CONDUCT



## Evacuation Centre: EVACUEE INFORMATION



**Our aim is to provide a safe and supportive environment for every-one. Please consider the following:**

Emergency sheltering during COVID-19 is guided, wherever possible, by current health recommendations. Emphasis on COVID-19 safe practice is essential to protect others and stop the spread of the disease. The following guidelines help everyone to understand their role in creating a safe and supportive environment during COVID-19.

**People are expected to be responsible for themselves, their dependants, their property and their pets (if applicable).**

As with all public venues there are minimum standards of behaviour. The following guidelines help everyone share the space safely without causing any additional stress.

- |   |  |
|---|--|
|  <p>Parents must keep track of their children, accompany them to bathrooms and manage their actions.</p> |  <p>No drugs or alcohol are allowed in the centre and anyone posing a threat to others will be asked to leave.</p>                        |
|  <p>Be responsible for managing one's own rubbish and disposing of it in the appropriate manner.</p>   |  <p>Under legislation, smoking is only allowed in designated smoking areas.</p>   |
|  <p>Keep noise to a minimum between 9pm and 7am. Inappropriate language will not be tolerated.</p>     |  <p>Pets are to remain in designated areas only. Owners are responsible for the care of their pets. Not all sites can support pets.</p> |

**People within an Evacuation Centre are expected to follow COVID-19 safe guidelines as directed by Centre Management.**

- |   |  |
|---|--|
|  <p>Keep 1.5 metres away from others wherever possible.</p>  |  <p>Clean and disinfect surfaces and objects used often, including furniture and personal belongings.</p>                             |
|  <p>Wash your hands often with soap and water.</p>   |  <p>Avoid physical greetings such as handshaking, hugs and kisses outside the family unit.</p>  |
|  <p>Use alcohol-based hand sanitisers when soap and water are not available.</p>   |  <p>Avoid crowded areas and large public gatherings. Maintain social distancing at all times.</p>                                     |
|  <p>Always cough or sneeze into your arm or a tissue, and dispose of the tissue straight away. Avoid touching your face.</p> |  <p>Alert staff to incidents involving bodily fluids such as vomit and bedwetting that will require an enhanced cleaning process.</p> |

*Thank-you for your support in keeping every-one safe.*

DIAGRAM 2. WHY SOCIAL DISTANCING MATTERS

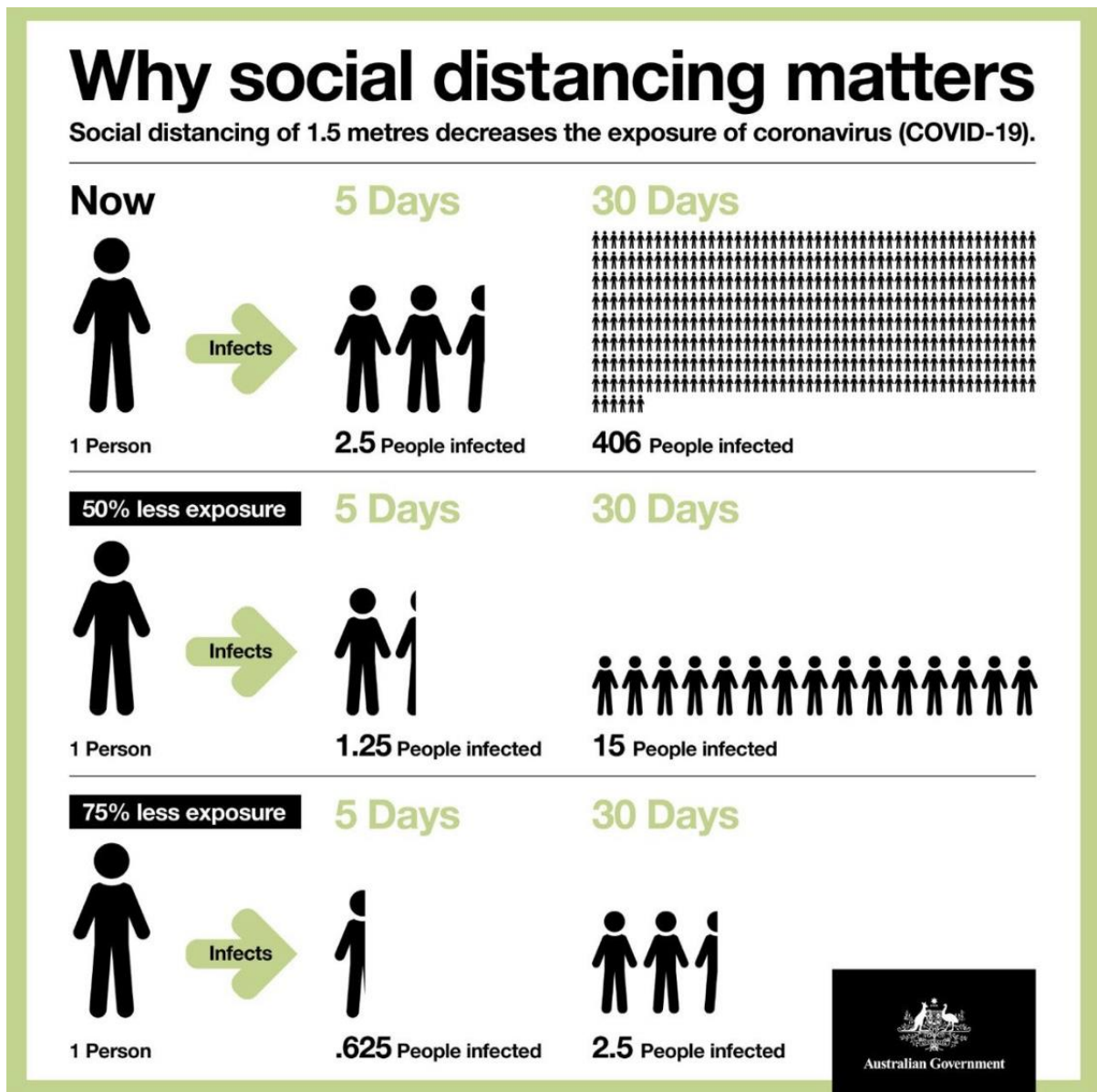
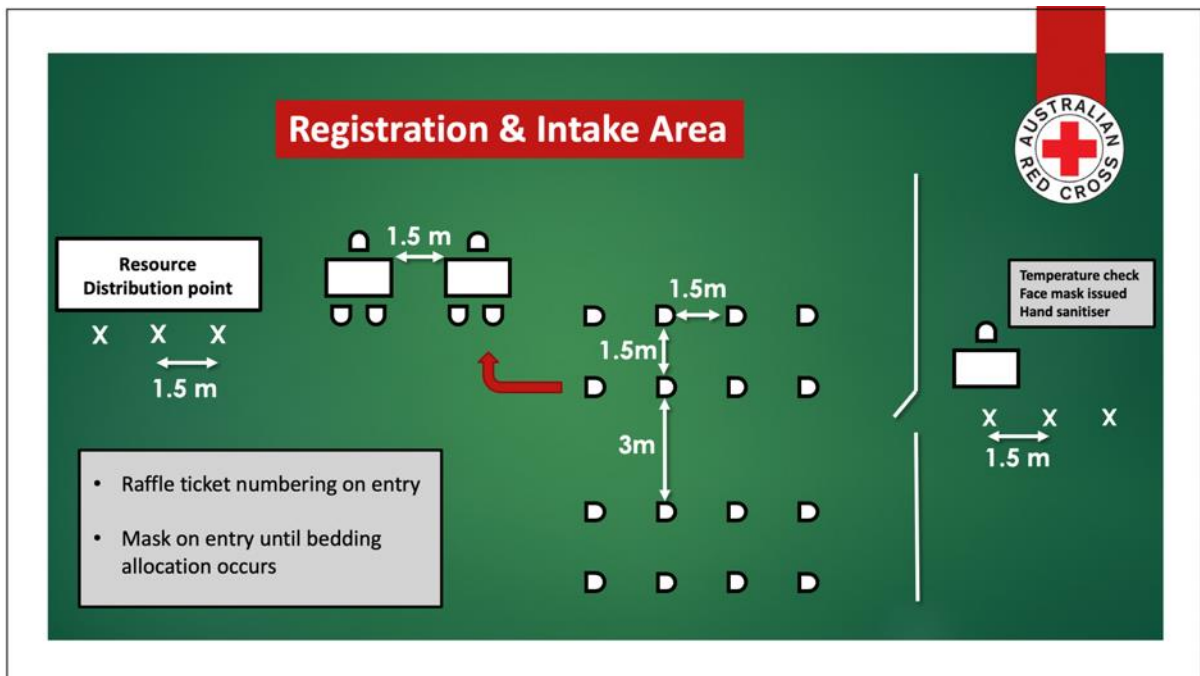
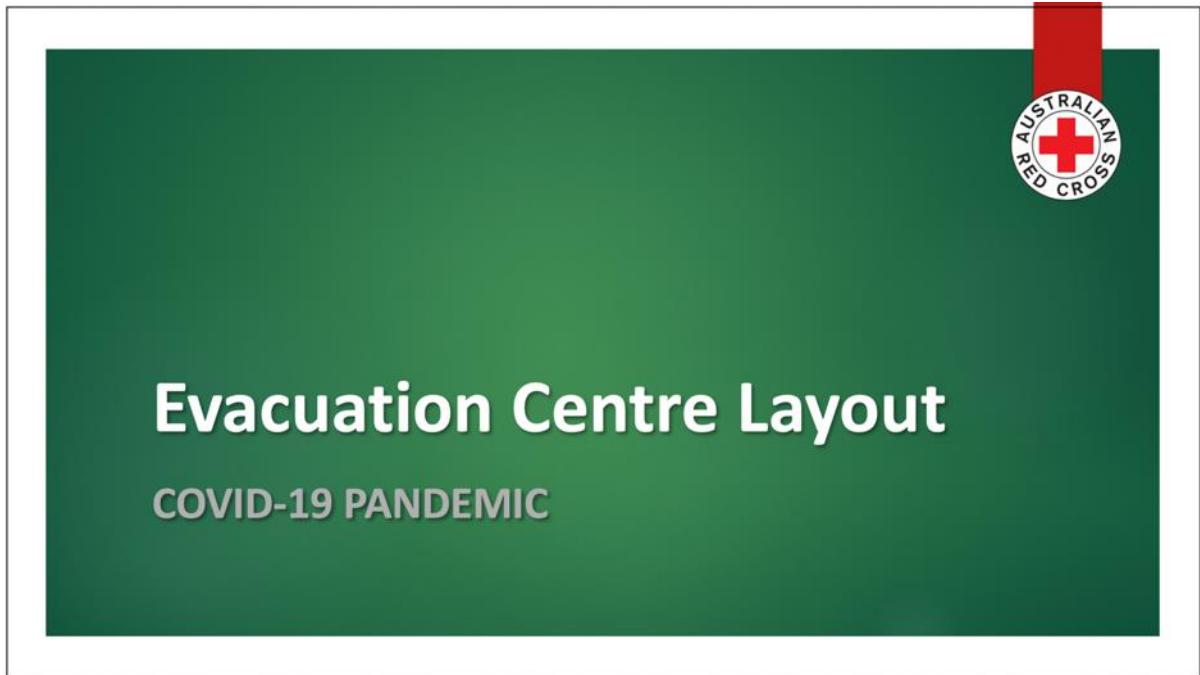
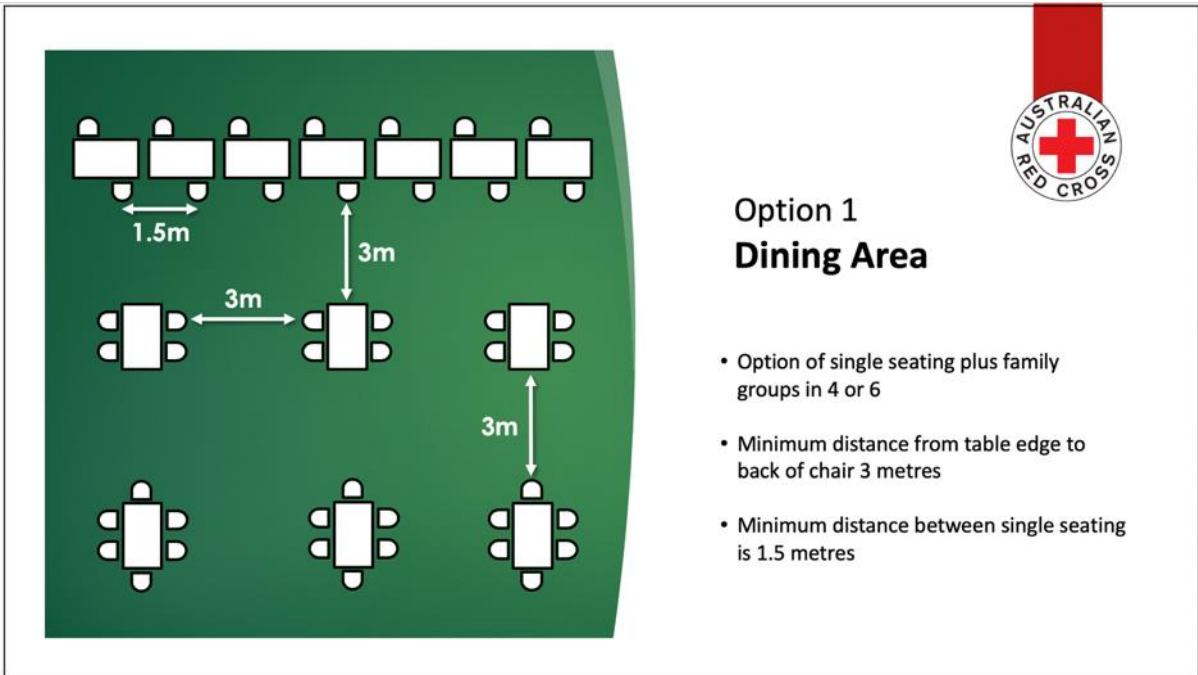
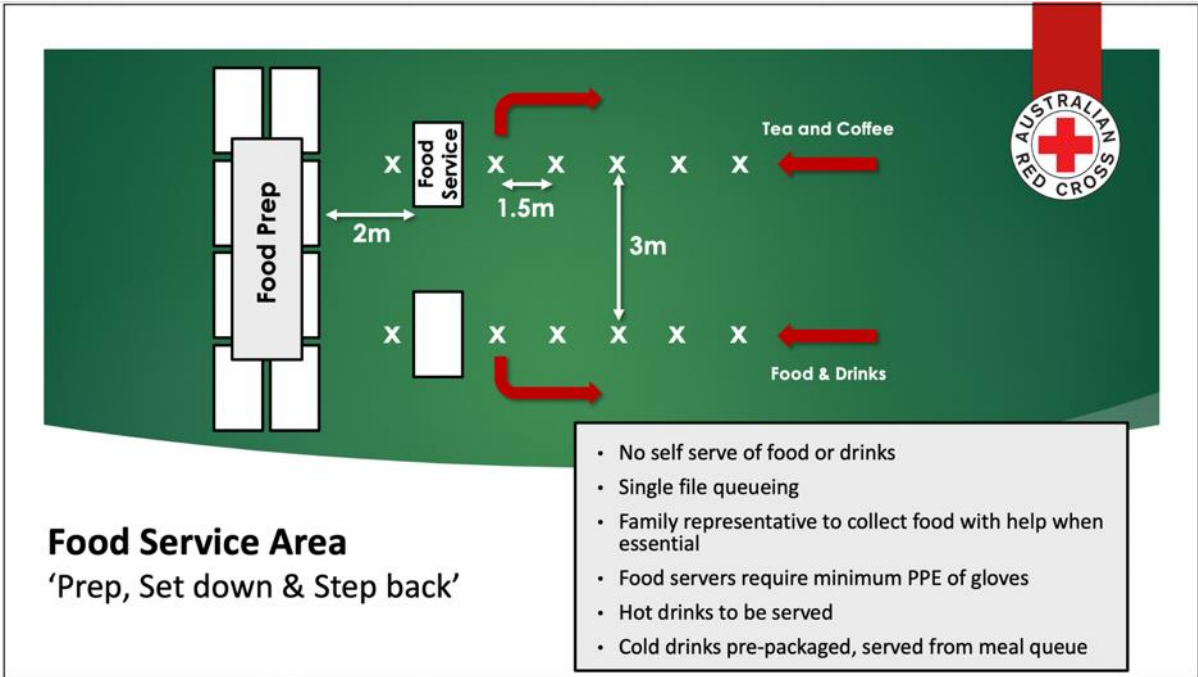
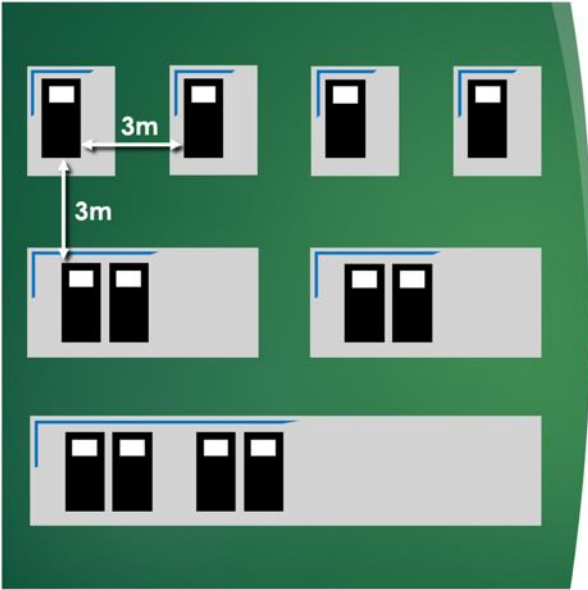


DIAGRAM 3. EVACUATION CENTRE LAY-OUT DURING COVID-19






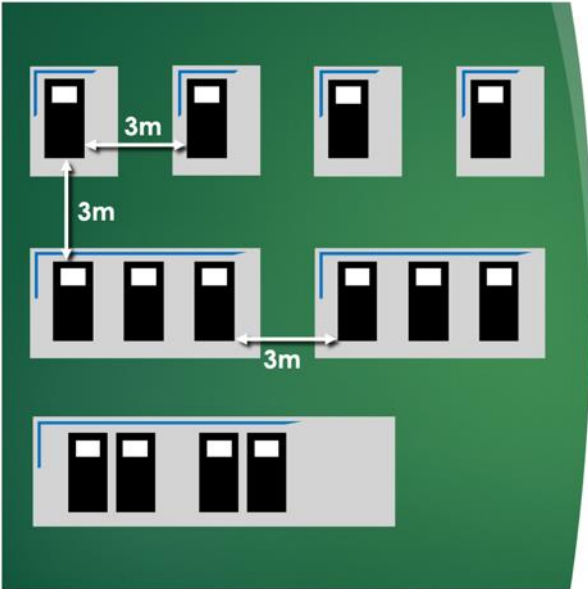


The diagram for Option 1a shows a green floor plan with three rows of beds. The top row has four single beds with a 3m distance between the first two. The middle row has two pairs of double beds, with a 3m distance between the first beds of each pair. The bottom row has a long double bed containing four single beds. L-shaped blue screening is shown around the head of each bed. A 3m distance is also indicated between the top row and the middle row.

### Option 1a Sleeping




- Option 1a allows for the same amount of floor space to be allocated for each individual, regardless of whether they are on their own, or part of a family that move beds together.
- Minimum distance between beds is 3m from any edge.
- Minimum walkway space is 3 metres.
- L-shaped screening around bed head.




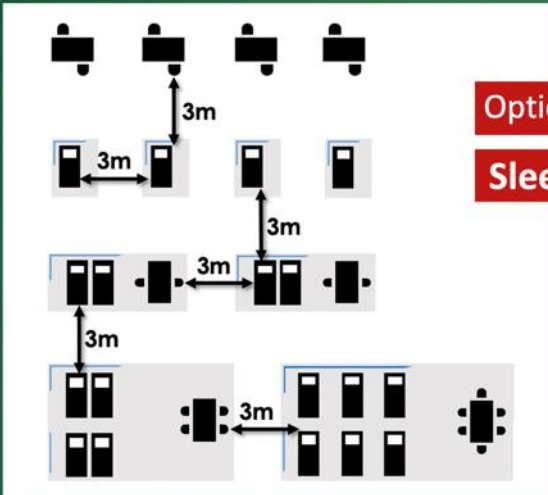
The diagram for Option 1b shows a green floor plan with three rows of beds. The top row has four single beds with a 3m distance between the first two. The middle row has two groups of three single beds each, with a 3m distance between the first beds of the two groups. The bottom row has a long double bed containing four single beds. L-shaped blue screening is shown around the head of each bed. A 3m distance is also indicated between the top row and the middle row.

### Option 1b Sleeping



- Option 1b allows for social distancing to still be maintained while maximising sleeping space by reducing the amount of space given to family groups.
- Minimum distance between beds of different family groups is 3m from any edge.
- Minimum walkway space is 3 metres.
- L-shaped screening around bed head.


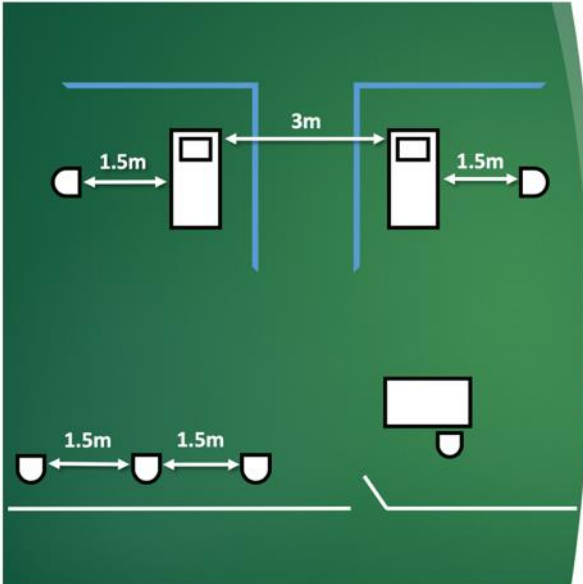


### Option 2

## Sleeping & Dining Incorporated

- Instruct all clients to place food rubbish in bins away from sleeping area.
- Individuals are responsible for cleaning/clearing allocated tables.
- 1.5m social distancing must be observed between clients. It may be necessary to off-set chairs at single tables to achieve this.

## Isolation Area

- is not a first aid area
- should be managed by a health rep
- should be a separate room located away from other centre users
- should have a designated bathroom for isolation clients
- should not allow visitors
- should only be a temporary stay area while other off-site health care arrangements are being made
- Meals should be set down outside.

# How to fit and remove protective gloves

## Fitting gloves



- Remove jewellery, cover abrasions, then wash and dry hands



- Fit gloves, adjusting at the cuffs

## Removing and disposing of gloves



- Remove by gripping at cuffs



- Immediately dispose of gloves in appropriate waste



- Wash hands

Replace gloves after contact with a person or infected area, or if the gloves become contaminated or damaged.

Wearing of gloves in some situations may be a practical measure to reduce the spread of infection, especially in health care environments or as a part of a cleaning regime.



**Australian Government**  
Department of Health and Ageing