

Timiskaming Health Unit

Evacuation Centre Guide

Public Health Activities in an Emergency Evacuation Centre

A Guiding Document for Municipalities

2016



Adapted with permission from North Bay Parry Sound District Health Unit

Executive Summary

PURPOSE

The Timiskaming Health Unit Evacuation Centre Guide was developed to provide guidance to municipalities during the establishment and monitoring of an evacuation centre. It considers physical requirements, health protection, and health promotion amongst evacuees housed in an evacuation centre.

KEY PRINCIPLES

Planning for an evacuation centre needs to address many public health concerns. These include the physical amenities and space required for well-being, minimizing the risk of communicable disease outbreaks, and the need to promote the health of evacuees to prevent the exacerbation of chronic diseases.

The Community Emergency Control Group is ultimately responsible for the activation of an evacuation centre. Activation of an evacuation centre will require multi-agency consultation and response.

USE OF THE GUIDELINE

Preparing for and responding to a public health emergency is a Health Unit responsibility. This document serves as a reference to organizers of an evacuation centre in order to mitigate and prevent public health concerns. However, as in any emergency situation, there may be factors which cannot be covered by a single set of guidelines. This document should be used as a guide for consideration rather than a mandatory directive. It does not replace the need for the application of expert judgment to each individual situation.

Acknowledgements

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Table of Contents

Executive Summary	1
1 Introduction.....	4
1.1 Who Uses Emergency Centres?.....	4
1.2 Public Health Role and Responsibilities.....	5
2 Administration	5
2.1 Evacuee Registration.....	5
2.2 Surveillance.....	5
2.3 Resources	6
3 Physical Amenities.....	6
3.1 Location	6
3.2 Areas Required.....	7
3.3 Physical Space and Air Circulation	7
3.4 Safety, Privacy and Responsibilities.....	8
3.5 Baby Friendly Environment.....	8
3.6 Water Requirements.....	8
3.7 Personal Hygiene	9
3.8 Mud/Disinfecting Area	10
3.9 Toilet Facilities (Washrooms).....	10
3.10 Cleaning of Living Areas.....	11
3.11 Recreation Area	12
3.12 Smoking	12
3.13 Laundry (where available).....	12
3.14 Garbage and Waste Management	13

4	Food Safety	13
4.1	Food Preparation Area	13
4.2	Food Handlers and Food Handling Practices.....	14
4.3	Special Dietary Needs and Allergies	14
4.4	Healthy Eating Support.....	14
5	Pets and Public Health	14
6	Control of Communicable Diseases.....	15
6.1	General Infection Control for Evacuation Centres.....	16
6.2	Management of People with Infectious Diseases in Evacuation Centres	16
6.3	“Sick Bays”/Special Temporary Accommodation Centres.....	17
6.4	Surveillance and Detection	18
6.5	Vaccinations.....	18
7	Control of Non-Communicable Diseases/Chronic Illness Management	18
7.1	Injury.....	18
7.2	Chronic Disease	18
7.3	Reproductive Health	19
8	Hygiene Promotion	19
8.1	Hand Hygiene	19
9	Returning Home Information.....	20
10	Appendices.....	21
11	References.....	28

1 Introduction

The Municipal Emergency Response Plans detail emergency preparedness, response and recovery arrangements for the community to ensure a coordinated response to emergencies by all relevant agencies involved.

The Municipality's Community Control Group is ultimately responsible for the activation of an evacuation centre in the event that normal resources are not equipped to manage the accommodation requirements following a decision to evacuate a population. Activation of an evacuation centre requires multi agency consultation and response.

This document provides guidance regarding public health matters that may need to be considered in the establishment and monitoring of an evacuation centre. It will not consider provision of medical or mental health services, although these too may have a significant impact on the health of the evacuee population.

This guideline should not be seen as a stringent set of rules to be applied without the input and discretion of the Health Unit professionals. In any emergency situation there may be factors which cannot be covered by a single set of guidelines, therefore, this document should be used as a guide, rather than a mandatory directive to be followed. It does not replace the need for the application of expert judgment to each individual situation.

Resources on the practical aspects of planning for an evacuation centre are listed in the References. Useful guidance is available from:

- Sphere Project's Humanitarian Charter and Minimum Standards in Disaster Response (The Sphere Project), as adopted by the World Health Organization
- Emergency Preparedness Canada (New South Whales, Department of Health, Population Health - Disaster Management, 2011)
- United States Centres for Disease Control and Prevention (Center for Disease Control and Prevention (CDC)) resources

1.1 Who Uses Emergency Centres?

Experience from Hurricane Katrina, where a large urban population was evacuated from New Orleans in the US, shows that it is likely that the people that require accommodations in emergency centres are those that are most vulnerable (have a lack of social supports, have nowhere else to go or who cannot afford to obtain temporary accommodations). Many of these people have chronic health problems such as diabetes, cardiac disease or mental illness (Mollyann Brodie, 2006).

Not all emergencies will require a large scale evacuation. The local need for evacuations may be limited to a small population size or for only a short term need for an evacuation centre. As an

example an evacuation centre may be required for one night; an overnight road closure displaces persons from out of town who may not necessarily be able to afford accommodations or have access to such facilities. It is understood that depending on where an emergency occurs and where a centre can be accessed will determine the amenities available, that specific location may not necessarily meet all the objectives outlined in this guide, all effort should be made to ensure that vital services are made available.

1.2 Public Health Role and Responsibilities

Public health has been described as "the science and art of preventing disease and promoting health". It is concerned with threats to the overall health of the community. The population in question can be as small as a handful of people, as in an evacuation centre or as large as all the inhabitants of several continents (for instance, in the case of a pandemic).

The Health Unit does not provide acute care medical services for evacuees.

The municipal emergency response plans outline numerous responsibilities of the Medical Officer of Health/Health Unit during an emergency. The Health Unit is responsible for the following with respect to an evacuation centre:

- a) Provides inspection of evacuation centres, makes recommendations and initiates remedial action in areas of accommodation standards related to:
 - i. overcrowding, sewage and waste disposal;
 - ii. monitoring of water supply, air quality, sanitation;
 - iii. food handling, storage, preparation, distribution and service;
 - iv. appropriate infection and control practices
- b) Liaises with local social service agencies on areas of mutual concern regarding evacuation centres;
- c) Provides surveillance and Public Health management of infectious disease cases and outbreaks.

2 Administration

2.1 Evacuee Registration

When employed by a municipality, the Red Cross will register people affected by emergencies and disasters at the evacuation centre. The information the Red Cross collects does not contain personal health information during the registration process.

2.2 Surveillance

It is important to understand who the vulnerable groups are upon entry to the evacuation centre especially for long term shelter. Screening people for pregnancy, medication, illness or other

condition that may require medical follow up, will allow for appropriate care. Appendix 1 contains an example of a screening tool that could be used for this purpose.

Consideration should be given to how and if health information will be collected and maintained, including how to locate individuals within the evacuation centre (e.g. an evacuation centre address). This will assist in follow-up of those with health conditions that require monitoring.

A standardized health information system could be implemented to routinely collect relevant data on demographics, mortality, morbidity and syndromic surveillance from the evacuees. The Health Unit would organize and supervise this system if required.

If a regular epidemiological report is needed, it would be generated and shared with all relevant agencies, decision-makers and the community. The frequency of the report will vary with the type and duration of the emergency and the stage of the emergency. Responsibility for the production of the epidemiological report is that of the Health Unit.

Supplementary data from other relevant sources (e.g. police, social services) may be used to assist in the interpretation of surveillance data and to guide decision-making.

2.3 Resources

Municipalities, employees, volunteers, and evacuees may not be familiar with the local services and resources. Information, resources and linkages to health and social services in the area should be made available.

3 Physical Amenities

Selection of an evacuation centre site and management of the centre is the responsibility of the municipality. Ideally, selected site(s) would be inspected prior to activation. The assessment would help determine the capacity of the site. The magnitude of the incident, the number of evacuees, etc. would determine the need for more evacuation sites at the time. Appendix 2 is an example of an Evacuation Centre Site Inspection Form.

3.1 Location

Whenever possible, evacuees should be accommodated near to their homes. If the nature of the emergency is such that the evacuation site is likely to be affected (e.g. power, water and/or sanitation failures) then it is preferable to move evacuees to an alternative safe site.

Any building should be structurally sound and have sufficient emergency exits. Ensure that gas, electricity, water and sewerage systems have been checked by the relevant authorities.

The facility may be housing individuals with limited physical mobility – including those in wheelchairs, those using mobility aids and those with very young children. Refer to the Ontario Regulation 191/11 Integrated Accessibility Standards.

3.2 Areas Required

The centre *may* require:

- Administration/staff area
- Registration area
- Mud/disinfecting area (to prevent mud and debris being tracked into the building. This will simplify cleaning and also reduce the risk of falls on wet floors)
- Sleeping area (including “addresses” within the sleeping area so that evacuees can be easily located for follow-up of social or medical issues)
- Eating area
- Shower and toilet facilities
- Kitchen/food preparation area
- Hand washing stations
- Garbage collection area
- Clinic area
- Isolation area for potentially infectious people
- Laundry
- Recreation areas (e.g. play area)
- Child Care
- Special purpose areas (e.g. depending on the population, a prayer area)
- Pet holding area (Refer to Section 5)

3.3 Physical Space and Air Circulation

Living areas should be well ventilated with a reasonable supply of fresh air available. People should have sufficient covered living space providing thermal comfort, fresh air and protection from the climate. This ensures their privacy, safety and health and enables essential household and livelihood activities to be undertaken. A covered floor area in excess of 3.72 m² per person will often be required to meet these considerations (The Sphere Project).

The floor-to-ceiling height is also a key factor, with greater height being preferable in hot and humid times of the year to aid air circulation. A lower height is preferable in cold times of the year to minimize the internal volume that requires heating. The internal floor-to ceiling height should be a minimum of two meters at the highest point (The Sphere Project).

There shall be no smoking in the evacuation centre (Refer to Section 3.11) and cooking shall only occur in the food preparation area.

Temperature / Humidity Ranges for Comfort			
Conditions	Relative Humidity	Acceptable Operating Temperatures	
		°C	°F
Summer (light clothing)	If 30%, then	24.5 - 28	76 - 82
	If 60%, then	23 - 25.5	74 - 78
Winter (warm clothing)	If 30%, then	20.5 - 25.5	69 - 78
	If 60%, then	20 - 24	68 - 75

Source: Adapted from ASHRAE 55-2010. (CCOHS, 2013).

3.4 Safety, Privacy and Responsibilities

Where possible, families should be accommodated together. Well-planned access routes through the evacuation centre should be highlighted. Materials to screen personal space and opportunities for internal subdivision within the evacuation centre should be provided. Individual spaces can aid the provision of adequate privacy and safety.

People seeking or receiving assistance in an evacuation centre and those who provide that care have the right to be treated with respect. If care is provided on-site, it will be provided in a manner that shows courtesy and consideration for a person’s culture, religious beliefs, sexual orientation, issues arising from a disability and right to privacy (New South Wales, Department of Health, Population Health - Disaster Management, 2011)

3.5 Baby Friendly Environment

It is important to establish, maintain and support an environment that is welcoming and accommodating to families and breastfeeding mothers. Women should be welcomed to breastfeed anywhere and privacy should be accommodated if desired.

3.6 Water Requirements

The quantities of water needed for domestic use may vary according to the climate, the sanitation facilities available, people's normal habits, their religious and cultural practices, the food they cook, the clothes they wear, etc.

As a minimum, 7L per person per day of water should be provided. Ideally, at least 15L per person per day should be supplied for drinking, cooking and personal hygiene requirements. The very young and the elderly are at greater risk of dehydration. The allocated amount may need to be increased in hot conditions or where heavy work is being carried out.

People should have to queue for no more than 15 minutes to access water and it should take no more than three minutes to fill a 20L container. Excessive waiting time suggests that there is inadequate water availability.

Consider the number of people per tap and the water flow. A rough guide is 250 people per tap when the water flow is 7.5L/min (The Sphere Project).

Steps should be taken to minimize post-water delivery contamination (e.g. containers dedicated to water collection should be provided for family groups). People in the centre should be provided with information regarding any water quality concerns. The following table advises basic survival water needs:

Simplified Table of Basic Water Needs (per person)		
Survival Needs: water intake (drinking and food)	2.5 - 3 litres per day	Depends on: the climate and individual physiology
Basic Hygiene Practices	2 - 6 litres per day	Depends on: social and cultural norms
Basic Cooking Needs	3- 6 litres per day	Depends on: food type, social and cultural norms
Total Basic Water	7.5-15 litres per day	

Reference The Sphere Project (2011) Humanitarian Charter and Minimum Standards in Disaster Response.

Water supplied to the evacuation centre shall be potable, in sufficient quantity to meet the needs of the occupants, and obtained from a source approved by the Medical Officer of Health or Public Health Inspector.

3.7 Personal Hygiene

Good personal hygiene should be promoted throughout the centre. Hand hygiene and good respiratory etiquette (covering coughs and sneezes) should be promoted with education materials and distribution of equipment (e.g. alcohol-based hand cleanser, tissues, and waste containers) if possible. Separate hand washing stations should be set up near toilet and meal areas and there should be systems in place to ensure high compliance.

Shower Requirements
A ratio of one shower per 50 people is suggested if the weather is temperate and one shower per 30 people in hot weather

A supply of personal hygiene products should be available to evacuees and additional items essential for ensuring personal hygiene, dignity and well-being must be accessible (e.g. incontinence pads, feminine hygiene products). Each individual should have access to a supply of soap.

Caretakers of infants and children under two years should have access to at least three disposable diapers per day with the ability to replenish, or 12 washable diapers if access to new stock is likely to be an issue and appropriate laundry facilities are available.

3.8 Mud/Disinfecting Area

Depending on the event, evacuees may come from an area that has been contaminated (e.g. by sewage) or is muddy or dusty. In order to maintain the cleanliness of the facility and reduce the chance of introduction of disease, if possible, an area at the entrance to the facility should be put aside for cleaning mud from shoes and clothes.

3.9 Toilet Facilities (Washrooms)

Use of toilets could be arranged by households and/or segregated by gender. The allocation of toilets may depend on the gender distribution of the evacuees (e.g. predominantly male vs. predominantly female).

Soap, water and paper towels should be available within the toilet facilities for hand washing. Posters promoting proper hand washing should be available in the washroom area.

Washroom Capacities	
Toilets	1:20
Sinks	1:10

Waste containers with tight fitting lids should be located in the washrooms.

Facilities for changing diapers and for the safe disposal of used diapers should be established, including hand washing facilities near the changing stations.

A regular cleaning roster should be established and maintained. Toilet facilities should include provision for the disposal of women's sanitary products (e.g. bins with tight fitting lids).

If a sewage system that falls under Part 8 of the Building Code of Ontario serves the evacuation centre, ensure it is able to accommodate the intended occupancy levels of the evacuation centre.

3.10 Cleaning of Living Areas

Rosters of personnel (either volunteers or evacuees) should be developed to ensure systematic cleaning is undertaken. Cleaning materials should be made available to all residents and residents encouraged to keep the evacuation centre clean and tidy. Any cleaning materials should be safely stored in a designated, secure cupboard and out of the reach of children.

All floors should be swept, electrostatically mopped or vacuumed daily. Sleeping areas should be kept neat and tidy to facilitate cleaning activities. People should not eat in the sleeping area to facilitate ease of cleaning and reduce the attraction of pests.

Keeping surfaces and items clean helps reduce the spread of infections among people living or working at the evacuation centre. Surfaces should be cleaned with a household cleaner when visibly dirty and on a regular schedule. Kitchens and bathrooms should be cleaned at least daily and as necessary (e.g. after use). Bed frames, mattresses and pillows should be cleaned and their coverings laundered between occupants. Other furniture should be cleaned weekly and as needed. Spills should be cleaned up immediately.

Sanitize (i.e. reduce microbial contamination to safer levels) high-risk and high touch surfaces using a household disinfectant or a mixture of 1 teaspoon of household bleach (5.25%) in 2 cups, mix fresh daily. Household bleach and detergents are dangerous and should be stored securely away from children. Where needed, disinfectant solutions should be made up as required and then discarded by being flushed with copious amounts of water down the sink (down a dedicated sink for cleaners if available). It is preferable to wear disposable gloves while performing cleaning activities. If using bleach, gloves, apron and a face shield should be worn.

Cleaning of high-risk and high touch surfaces is particularly important. High-risk surfaces include:

- food preparation surfaces
- surfaces used for diaper changing
- surfaces soiled with body fluid (e.g. emesis, blood, feces).

High –touch surfaces include any surfaces that are frequently touched by the majority of the population throughout the day such as door knobs and hand railings.

Because of the potentially high ratio of residents to toilets, temporary evacuation centres have a particular need for frequent and supervised cleaning and maintenance of washroom facilities. Designated centre personnel should ensure surfaces are wiped down with disinfectant at least hourly while the premises are occupied and basic supplies such as hand soap, paper towels, and toilet paper are maintained in each washroom.

3.11 Recreation Area

A safe, secure recreation area should be designated. Evacuees will need an area for physical activity such as sport and games. Children may also require an indoor area for more passive activities. Age-appropriate physical activities can be recommended based on available resources. Access to gyms, sports fields, equipment and programs may be possible through contacts and relationships with area schools.

3.12 Smoking

The Smoke-Free Ontario Act and local by-laws must be adhered to in and around the evacuation centre.

Designated smoking areas may be prohibited by local by-laws, and as there is no legal obligation to provide designated smoking areas, they are not recommended.

However, if it is decided that such areas are to be provided, they should be:

- located outdoors, well-ventilated with no possibility that the resultant smoke will contaminate the indoor areas, clearly designated and marked with signs
- located away from cross-traffic and where people may be congregated, and away from entrances, exits and windows
- provided with garbage cans and ash cans

For more information regarding tobacco regulations, refer to the Smoke Free Ontario Act and the Regulations, the Electronic Cigarette Act, and local municipal by-laws.

Training for evacuation centre staff and volunteers regarding substance use prevention and awareness may be valuable as an anticipatory measure or upon identification of concerns regarding substance use or abuse by evacuees.

3.13 Laundry (where available)

Laundry should be processed offsite where possible or done in an area separate from personal hygiene facilities.

Garments heavily soiled with feces should be handled carefully, wearing gloves, and placed in a plastic bag. If feces can easily be removed using toilet paper, the garment may be laundered by washing in a washing machine using normal temperature settings and laundry detergent. There is no need to disinfect the tubs of washers or tumblers of dryers if cycles are run until they are completed.

Any donated clothing must be washed and screened for appropriateness before distribution. All affected people should have access to sufficient changes of clothing to ensure their thermal

comfort, dignity, health and well-being. This will require at least two sets of essential items, particularly underclothes, to enable laundering (The Sphere Project).

3.14 Garbage and Waste Management

The local municipality is responsible for waste management.

Waste disposal, including disposal of regulated biomedical waste such as needles and syringes, should comply with local standards. Facilities should be provided for the proper disposal of needles and syringes used for medications. Containers designed for sharp waste disposal should be placed where needles and syringes are used. Sharps containers must meet CSA standard (Canadian Standards Association, 2007). Many people who use needles and syringes may be reluctant to disclose their need publicly. Therefore, there should be some capacity for the safe disposal of needles and syringes privately (e.g. clinic areas).

Garbage receptacles should be lined with plastic bags that can be securely tied shut. Garbage bags should not be overfilled, nor should they be compressed by hand to expel excess air.

Garbage containers shall be of durable, leak proof construction and equipped with tight fitting lids. Garbage should be placed in an area separate from the living spaces.

Waste pick-ups should be frequently scheduled -daily, if possible. If daily pick-ups are not occurring, ensure the garbage is stored in a shaded location in secure bins.

Containers should be in convenient locations and in a suitable number for the disposal of refuse.

4 Food Safety

All foods served in the evacuation centre should be prepared in a Health Unit approved facility. Donation of foods prepared in home kitchens should not be served. An exception to this rule would be low-risk baked goods, like cookies, muffins and fruit pies, so long as the source information, or ingredient list, is provided and individuals are made aware that the items were not prepared in an inspected facility.

4.1 Food Preparation Area

Where possible, food should be prepared on-site in a dedicated food preparation area where food preparation standards are observed. It is preferable to have a Public Health Inspector from the Health Unit inspect the food preparation area prior to its use to ensure it meets the appropriate minimum requirements of the Food Premises Regulation, Ontario Regulation 562/90.

Food should not be consumed in sleeping areas. A separate dining area should be made available to assist in keeping the evacuation centre clean. When people bring their own hot food into the evacuation centre, they should be encouraged to consume it entirely or throw out the leftovers. Dining tables should be cleaned and sanitized after each use. The entire dining area should be

washed daily and maintained in a sanitary condition (i.e. floors, refuse containers, tables, chairs etc).

4.2 *Food Handlers and Food Handling Practices*

Food handlers and food handling practices should meet the minimum requirements of the Food Premises Regulation, Ontario Regulation 562/90.

Where possible, persons involved with food preparation shall hold a current Food Handler Certificate. Food Handler Certification Training is available through the Timiskaming Health Unit.

It is recommended that 200 gram samples of each menu item be kept in a labeled container in the freezer for a minimum of three days.

4.3 *Special Dietary Needs and Allergies*

It is likely that some of the evacuee population will have special dietary needs due to health or cultural requirements (e.g. a low salt diet, a diabetic diet). These needs should be taken into account when planning catering, and alternatives provided where possible.

It is also important to identify any allergies that may exist within the evacuee population and take measures to ensure these individuals are not fed any food containing those allergens, and the potential for cross contact during food preparation and serving is prevented.

4.4 *Healthy Eating Support*

Registered Dietitians can offer expertise in healthy menu planning based on available food options and may be able to offer feedback on existing menu plans to ensure the best available options are considered. Health Unit Dietitians may be aware of local and/or charitable food sources, as well as potential access to school kitchen facilities.

5 Pets and Public Health

The Health Unit does not recommend pets be allowed into the evacuation centre with the exception of service animals.

There is a risk to public health if people refuse to evacuate because of concern for a pet's welfare and the municipality should be prepared to provide advice.

While having a pet nearby may provide a source of comfort for those who have been evacuated, pets may pose a risk to public health through transmission of disease and risk of injury. The appropriateness of housing pets in public evacuation centres should be carefully considered (Center for Disease Control and Prevention (CDC), 2005).

Sometimes separate areas can be established for pets. If this is done, then these areas should be staffed with animal care personnel who have been trained in the handling of animals, as well as appropriate approaches to infection control. Animal evacuation centres or foster homes may be good alternatives.

If there is no alternative to having pets in the evacuation centre, the following guidelines developed by the Center for Disease Control and Prevention, may help reduce risk of injury or disease:

- If a pet is kept at a human evacuation centre, it should not be allowed to roam freely around the facility and should be kept under control at all times, either via caging or a leash. This is for the animal's safety, as well as the safety of the people in the evacuation centre.
- Animals must be kept out of food preparation areas.
- Furred or feathered pets should be housed in areas separate from people with allergies or asthma triggered by fur, feathers, or dander.
- Cats should be kept in a cage with a litter box that is cleaned frequently, at least once every 24 hours. Pregnant women or immunocompromized people should not have contact with used litter.
- Dogs should be walked regularly on a leash outside the centre to allow them to urinate and defecate in designated areas. Any feces should be immediately collected and disposed of.
- Anyone bitten by an animal should speak with a healthcare provider to discuss associated concerns (e.g. tissue trauma, infection, rabies). Bites and scratches should be thoroughly cleaned with soap and water.
- People caring for pets in evacuation centres should practice good hygiene by cleaning up after their pets (e.g. disposal of feces) and frequently washing their hands.
- Children younger than 5 years old should not handle any pets without adult supervision, and should always wash their hands after doing so. Hand washing should be monitored by an adult.

6 Control of Communicable Diseases

Any evacuation centre should implement practices to reduce the spread of infectious diseases. Good infection control, plans for effective sanitation, careful attention to food handling and storage, and plans for the isolation of people with infectious disease can reduce the risk of a large-scale infectious disease outbreak.

Evacuation centres may have limited capacity for providing sanitary and food preparation facilities. Bathing and laundry resources are also likely to be limited. People should be discouraged from preparing food or laundry on-site as this may lead to unsanitary conditions.

The centre staff should ensure that appropriate hygiene and cleaning facilities are available. They should be aware of the procedures required to manage a person with a potentially infectious disease. Public health services may need to provide advice or basic training of this topic.

Posters should be posted emphasizing the importance of hand hygiene, safe food handling and what people should do if they become ill. These posters should be placed in prominent locations in the evacuation centre.

6.1 General Infection Control for Evacuation Centres

Use of appropriate infection control measures by all staff, volunteers and evacuees can reduce the spread of infectious diseases. Encourage good personal hygiene practices by adopting the following:

- cover coughs/sneezes with tissues or sleeves, dispose of tissues in the garbage after one use
- wash hands or use alcohol-based hand cleanser after coughing, sneezing, after going to the toilet and before eating
- provide tissues, waste receptacles and hand hygiene facilities in evacuation centre living areas
- prepare food hygienically.
- do not share eating utensils or drinking containers
- do not share personal care items such as combs, razors, toothbrushes, or towels
- have sharps disposal containers available

6.2 Management of People with Infectious Diseases in Evacuation Centres

The arrival of people who may have symptomatic infections, and/or unrecognized or incubating infectious diseases, combined with potential for crowding and limited sanitary infrastructure increases the risk of infections spreading among residents and between residents and staff. This is particularly true of respiratory infections and enteric diseases.

Before entering an evacuation centre, all residents should be requested to report the following conditions:

- fever
- cough (new or changed)
- vomiting
- diarrhea
- rash

People with any of the above conditions should be admitted to the evacuation centre only after appropriate medical evaluation and care. Evacuation centre staff should be actively and regularly

asking residents of the centre about the presence of above syndromes in order to identify illness. Residents of the centre should be instructed to report any of the above conditions to the centre staff, in order to consult health authorities in a timely fashion.

Evacuation centre staff with any of the above symptoms should not work in the centre, but should seek medical evaluation by their own healthcare provider for assessment and clearance prior to returning to work.

Each evacuation centre should have a clear plan for transferring individuals with potentially infectious diseases. If a communicable disease is identified in a person already residing at the centre, the ill individual(s) should be separated from other residents or transferred to a special accommodation centre or “sick bay” (see Section 6.5). The sick bay should ideally be a room separate from the main centre living to isolate potentially infectious people; with beds separated by at least 2 metres and preferably screened, a dedicated toilet facility should be identified and reserved for use of the ill individuals only and hand hygiene stations must be accessible.

Ill individuals with respiratory symptoms should wear a surgical mask if in close proximity to others while awaiting evaluation or transfer. If several people with similar symptoms are identified, they may be housed together in one area. A waiting area should be designated that is separate from the main centre living areas, but which can be closely monitored by centre staff. A system for identifying and notifying the staff at the receiving “sick bay” must be in place.

More than one separate area may be needed if more than one illness is identified in the population. For example, an area for people with an enteric illness and another area for people with respiratory illness. Each separate area will have to have health staff cohorted to monitor and care for the people housed there. (Ontario Ministry of Health and Long Term Care, 2009). Ensure that this area is kept clean and appropriately supplied.

Centre staff working with people who have symptoms of illness should use Routine Practices for any interactions that require potential contact with body fluids and should place particular emphasis on hand hygiene. The use of Standard Precautions aims to protect residents and staff from exposure to recognized and unrecognized sources of infection. Refer to PIDAC’s Routine Practices and Additional Precautions in All Health Care Settings document.

6.3 “Sick Bays”/Special Temporary Accommodation Centres

There will be circumstances where a person becomes unwell and does not require hospital-level care, but does require a separate room due to the nature of the disease or the potential to infect others. Public health services should be prepared to make recommendations for the appropriate placement of affected people, noting that people in this situation only need the level of care that family or friends would usually provide. Educational material should be provided to family members by medical personal to ensure proper care measures are taken.

It is strongly recommended that such facilities are planned for, and that centre staff, some with health care experience (e.g. registered nurses), who are willing to care for sick people are identified, and provided with the appropriate instruction and supplies (i.e. PPE).

A clear referral pathway to hospital care (if required) and for reporting disease outbreaks should be made available during the accommodation planning.

Provision should be made to accommodate at least up to 2% (The Sphere Project) of people in this fashion. This is an estimate based on the prevalence of infectious diseases during the winter period in the population. However, in a closed environment the prevalence is likely to be higher and greater space may be required should an outbreak occur.

6.4 Surveillance and Detection

When a communicable disease outbreak is suspected among the residents, the Health Unit should be immediately informed. They will investigate and determine a source if possible.

If a source is suspected, that source must be controlled in consultation with the Health Unit. (e.g. food, water, environment). Additional protection measures may need to be instituted as determined by the infectious agent and risk associated with the agent and source.

6.5 Vaccinations

The organization of a vaccination campaign requires good management ability and technical knowledge. Responsibilities for each component of the vaccination program rest with the Health Unit. The Health Unit's Vaccine Preventable Diseases Program is experienced in setting up vaccination clinics and managing immunization needs if required.

7 Control of Non-Communicable Diseases/Chronic Illness Management

7.1 Injury

Injury prevention programs should be implemented to minimize the risk of injury for evacuees and any injuries related to the evacuation centre should be documented.

7.2 Chronic Disease

Many people with chronic diseases may have acute exacerbations or significantly worsen if regular care is not provided. Consideration should be given to the continuous needs of those with health conditions that require intensive treatment in the home (e.g. peritoneal dialysis, access to continuous positive airway pressure devices).

The displaced population should be encouraged to continue their routine chronic disease management through appropriate education campaigns. Arrangements for accessing essential medication should be considered in advance and arrangements made with health care providers and pharmacies. Also health planning should consider strategies for providing access to contraception, including methods requiring a prescription (Callaghan, et al., 2007).

Exacerbations of chronic diseases should be monitored and steps taken to manage any increase in presentations over what is expected.

7.3 *Reproductive Health*

Pregnant women may require continuing antenatal care. Evacuation centre organizers should become aware of health care providers in the area who may be willing to accept evacuees as temporary patients. Prenatal education and information for expectant women and their families can be made available.

The Health Unit's Sexual and Reproductive Health Program can assist to facilitate prescription transfer from their home pharmacy to a local pharmacy.

If infants are born or birth is imminent during their stay at the centre then connecting to health services for the mother and baby should be prioritized.

Steps should be taken to prevent and manage the consequences of gender-based and non-gender based violence with assistance from partner agencies as appropriate. Any incidents of violence should be carefully monitored.

8 Hygiene Promotion

A hygiene promotion campaign may be required within the centre.

8.1 *Hand Hygiene*

Staff and residents should wash their hands with soap and running water for at least 10 seconds after using the toilet and before handling food. Alcohol-based hand cleanser is an effective alternative to hand washing and a reasonable temporary substitute when soap and clean water are not readily available.

Evacuation centres are likely to have limited availability of and/or accessibility to sinks for hand washing. Therefore, additional attention should be paid to positioning alcohol-based hand cleanser dispensers in convenient locations, such as:

- the entrance to the facility,
- throughout the living areas (depending on the size of the venue),
- at the beginning of food service lines and

- in toilet facilities.

Ensure all arriving residents are instructed on their use and availability.

Hand hygiene messages are provided in Appendix 4. Sample posters are also provided for information. Posters are available from the Health Unit.

9 Returning Home Information

The criteria for evacuees returning home may include:

- the incident is under control and not expected to escalate
- residential premises are considered safe by the relevant authorities or, if considered unsafe, evacuees are transferred to longer-term accommodation
- provide information to evacuees on the current situation and actions to take regarding recovery from the incident (e.g. clean up information, safety precautions, utilities supply)
- information and advice about whom to contact if any ill health effects develop (e.g. General Practitioner, local hospital)

Specific assistance and advice may be required for people with existing illness or injuries prior to returning home, such as:

- adequate prescription medication supply and storage facility (e.g. insulin and refrigeration)
- specific medical equipment (e.g. blood glucose monitor, oxygen cylinders, bandages)
- facilitation of health information if individuals have received treatments and or medication from local providers

10 Appendices

Appendix 1 – Example of Evacuation Centre Health Screening Tool

Date: _____ Time: _____

Evacuation Center Health Screening

Evacuation Center Location: _____

Name:		DOB:	
		Phone #:	
Home Address/Community:			
Illness			
1.	Do you have a new/worsening cough or shortness of breath?	Yes	No
2.	Do you have a fever? Have you had shakes or chills in the last 24 hours?	Yes	No
	If yes to 1 or 2, take temperature. Individual should see MD/NP if fever >38 Deg. C.	Temperature:	
3.	Have you ever been diagnosed with TB (tuberculosis)?	Yes	No
4.	Have you vomited on one or more occasions in the past 24 hours?	Yes	No
5.	Have you had diarrhea in the past 24 hours that is not normal for you?	Yes	No
6.	Do you have a rash?	Yes	No
Pregnant			
7.	Are you pregnant or think you might be?	Yes	No
8.	Are you having any problems or concerns with the pregnancy?	Yes	No
If Yes to any of the above, individual should be referred to a healthcare provider.			
Medications			
9.	Are you on any medications?	Yes	No
10.	If yes, did you bring your medications with you?	Yes	No
11.	If no to #9, can you list the names of your medications?		
12.	Do you need to see a Healthcare Professional for any other reason?	Yes	No
Reviewed by (print/signature/designation):			

Appendix 2 – Evacuation Centre Site Inspection Form



Environmental Health

DAILY EMERGENCY SHELTER INSPECTION SUMMARY

Food Safety

- In compliance with Food Premises Regulation. Yes No
- Food handler education provided. Yes No
- Single service eating articles and containers used. Yes No
- Guest food labeled and stored safely. Yes No

Comments/Action Required: _____

Safe Water

- Any recreational water is sanitary. Yes No NA
- Recreational water is properly supervised. Yes No NA

Comments/Action Required: _____

- Water serving the facility is potable: Yes No
- Water samples taken: Yes No Location: _____
- FAC reading where system is chlorinated: Result: _____ Location: _____
- Result: _____ Location: _____
- Result: _____ Location: _____

Comments/Action Required: _____

Sanitation

- All useable common areas of the shelter are clean. Yes No
- Sanitary facilities are clean, in good working order and stocked with supplies. Yes No
- Adequate handling and disposal of waste. Yes No

Comments/Action Required: _____

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Page 1 of 2

Timiskaming Health Unit Evacuation Centre Plan 2016

Child and Infant Care

Child care areas operating with good infection control practices in place. Yes No
Diaper changing areas are sanitary and stocked with supplies. Yes No
Milk/formula for infants stored and handled safely: Yes No Temperature of Fridge: _____

Comments/Action Required: _____

Infection Control

Consult with health care providers to monitor for outbreaks. Yes No
Suitable hand washing/sanitizing facilities available and stocked. Yes No
Sharps containers available. Yes No
Tissues provided in living areas. Yes No
No sharing of towels and personal items. Yes No
Donated clothing is laundered prior to use. Yes No

Comments/Action Required: _____

Health Hazard

Air Quality/Temperature Monitored: Location _____ Temp _____
Location _____ Temp _____
Location _____ Temp _____

Other readings: _____

Shelter exceeds the approved capacity for beds. Yes No
Adequate pest control. Yes No
No health hazards identified. Yes No
Risk Management in place. (male + female security) Yes No

Comments/Action Required: _____

Additional Comments or Areas of Concern: _____

Inspector's Signature _____ Date: _____

Appendix 3 – Wash Your Hands Poster



Appendix 4 – Cover Your Cough Poster

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze



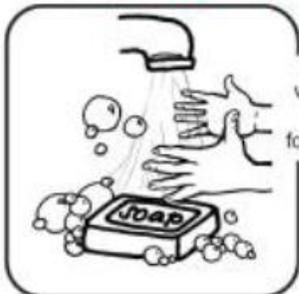
or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.



Clean your Hands

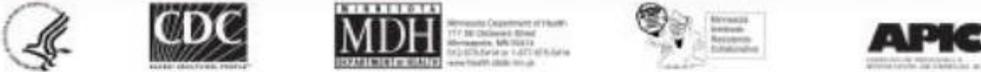
after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds



or clean with alcohol-based hand cleaner.



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www.health.state.mn.us

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R-308a-CDC (10.09)

Appendix 5 – Hand Washing and Hand Sanitizer

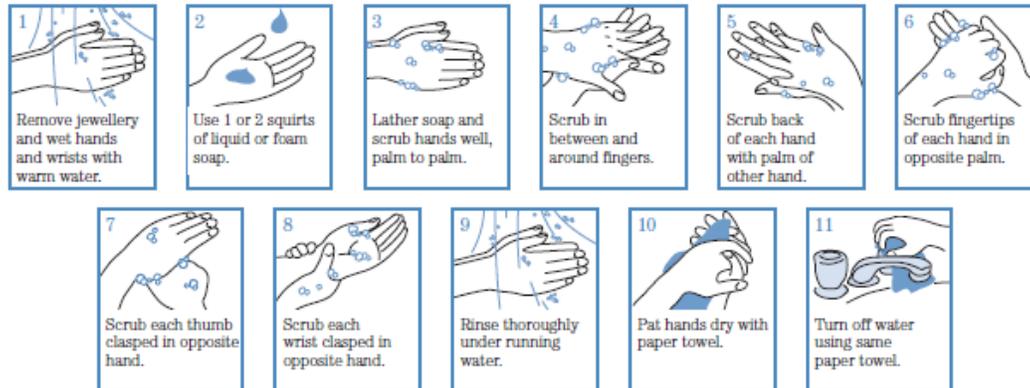
Handwashing

To wash hands properly, rub all parts of the hands and wrists with soap and water or an alcohol-based hand rub. Wash hands for at least 15 seconds or more. Pay special attention to fingertips, between fingers, backs of hands and base of the thumbs.

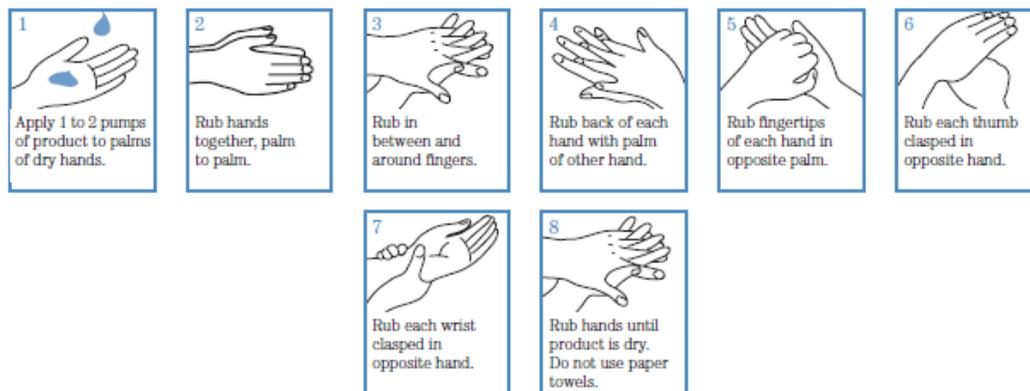
- Keep nails short
- Remove watches, rings and bracelets
- Do not use artificial nails
- Avoid chipped nail varnish
- Wash wrists and forearms if they are likely to have been contaminated
- Make sure that sleeves are rolled up and do not get wet during washing

If you have any questions regarding cuts, sores, allergies or pre-existing skin conditions, call Telehealth Ontario at 1-866-797-0000, TTY 1-866-797-0007.

Handwashing with soap and water



Cleaning with alcohol-based hand rub



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R-8a-MIN (10.05)



Appendix 7 – Breastfeeding Friendly Poster



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Timiskaming Health Unit Evacuation Centre Plan 2016

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