

Ministry of Health

COVID-19 Guidance: Community Emergency Evacuations

Version 1 – April 20, 2020

Please check the [Ministry of Health \(MOH\) COVID-19](#) website regularly for updates to this document, FAQs, and other information.

General

This guidance can be used by federal, provincial, local, and non-governmental partners to inform planning in the event of an emergency evacuation of all or part of a community during the COVID-19 pandemic (i.e., an evacuation for non-COVID reasons, such as pending flooding or approaching forest fire).

The decision to evacuate a community during this time should only be made in exceptional circumstances (i.e., potential threat to life and limb) and in consultation with all appropriate partners including community leadership, the Office of the Fire Marshal and Emergency Management (OFMEM), the Ministry of Health and the local health system and public health officials as appropriate for the jurisdiction. All other options should be exhausted or unsuitable before considering an evacuation.

Due to the risk of illness and spread of COVID-19 in the community, alternatives to evacuations should be considered including sheltering in place if feasible.

If a community emergency evacuation during the COVID-19 pandemic is deemed necessary, COVID-19 activity in the evacuating and host communities must be considered. This includes, for example, implementing baseline COVID-19 symptom, travel, or contact screening of evacuees prior to evacuation through appropriate means (i.e. by transportation companies, community leadership, public health, etc.). Planning should consider how to support home isolation for presumed or confirmed COVID-19 cases and their close contacts, as well as an assessment of local health care system capacity in communities to accommodate COVID-19 patients in addition to evacuees.

Guidance for Emergency Sheltering and Service Delivery

Active Screening of Staff and Volunteers

All staff and volunteers working in emergency sheltering and service delivery should be instructed to [self-monitor](#) for COVID-19 at home and be aware of early signs and symptoms of COVID-19 such as fever, cough or difficulty breathing (see [Ministry of Health \(MOH\) COVID-19](#) website for latest case definition). Staff and volunteers who have symptoms that align with COVID-19 should complete the [self assessment tool](#) and go to an assessment centre for testing if required. All staff and volunteers who are required to self-isolate must not come to work.

Accommodations

To reduce potential transmission of COVID-19, all evacuees should be accommodated within the same facility wherever possible while limiting housing people from other areas (i.e., other travellers or individuals) in the same location. Additionally, an effort should be made to spread out evacuees to ensure [physical distancing](#). Asymptomatic immediate family members should be kept together. In developing accommodation plans, additional capacity for the isolation of cases and contacts should be considered.

All accommodations must be cleaned prior to evacuee arrival and following departure according to the [Cleaning and Disinfection for Public Settings](#) guidance. To ensure continued physical distancing, evacuees should be provided supplies to allow daily upkeep of private sheltering space. Evacuees must have access to hand-washing stations with soap and water and/or hand sanitizer, including at building entrances and common areas (e.g., laundry facilities).

For additional detailed guidance on co-living settings see [Guidance for Group Homes and Co-Living Settings](#).

Food

Options for dining areas should strive to ensure physical distancing as much as possible (i.e., delivering meals to rooms, staggering dining times for evacuees to

allow physical distance in dining spaces with enhanced cleaning scheduled between seating, not sharing utensils, and regularly cleaning high touch surfaces).

Transportation

If private vehicle transportation is not possible (i.e., remote fly-in evacuations), planners and service providers should ensure that all means of transportation incorporate the principles of physical distancing, such as seating evacuees in every other seat where possible. Additionally, all methods of conveyance should be thoroughly cleaned before and after they are occupied following the [Cleaning and Disinfection for Public Settings](#) guidance.

Activities

All evacuees should maintain isolation within evacuation centres/accommodation, and only essential activities should be allowed per Chief Medical Officer of Health [recommendations and directives](#) as well as provincial orders (e.g. closed parks, play structures) in effect at the time of evacuation. All essential activities should incorporate principles of physical distancing.

Evacuation planning should assess the availability of phones and computers for evacuees to ensure access to devices as needed, and network capacity for increased demand. Phones and computers must be cleaned between uses.

Healthcare

To mitigate increased demand in the host community's local health system (over and above the current pandemic) and to allow for the reorientation of health resources toward the pandemic, emergency sheltering and services planning should explore the options of virtual and telehealth care as an extension of home community arrangements (i.e., nursing stations). The provision of routine medical and mental health needs may be limited in host communities. If this care is being provided, precautions outlined in [Guidance for Primary Care Providers in a Community Setting](#) should be followed by healthcare workers. Should an evacuee require emergency medical care, they should call 911 and identify to the dispatcher that they are being sheltered in the community.

Options should be considered for delivering medications to evacuees to limit non-essential trips to outside facilities. Suggestions can be found in the [Guidance for Community Pharmacies](#) document.

Guidance for Evacuees

Given the increased risk of illness due to the COVID-19 pandemic, all evacuees should keep in mind the importance of physical distancing and limit their close contact with others while being sheltered (outside of their family unit), including during meal-times and any transportation. Evacuees should undertake proper hand hygiene throughout the duration of the evacuation and can reference the fact sheet on [How to Wash Your Hands](#).

Evacuees should actively [self-monitor](#) for the duration of the evacuation period with regular temperature checks. In the event that an evacuee or close contact of an evacuee develops symptoms of COVID-19 such as fever, cough, and difficulty breathing (see [Ministry of Health \(MOH\) COVID-19](#) website for latest case definition), the suspected case and their close contacts should immediately [self-isolate](#) and use the [self assessment tool](#), if possible. They should also immediately inform the evacuation centre coordinator or community liaison (if applicable). The evacuation centre coordinator or community liaison should then contact the [local public health unit](#) for guidance on next steps and to initiate case and contact management.