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Suggested Infection Prevention and Control (IPAC) Measures for Evacuation Facilities - Flood and Forest Fire Season 2020

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Note on This Document

The infection prevention and control (IPAC) measures outlined in this document were developed based upon guidance materials from Ontario's Ministry of Health and Public Health Ontario. The following documents were heavily relied upon to create these measures:

1. Ontario Ministry of Health. (2020, April 20). *COVID-19 Guidance: Community Emergency Evacuations.* COVID-19 Guidance for the Health Sector. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_community_emergency_evacuations_guidance.pdf
2. Ontario Ministry of Health. (2020, May 28). *COVID-19 Guidance: Congregate Living for Vulnerable Populations.* COVID-19 Guidance for the Health Sector. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_congregate_living_guidance.pdf
3. Public Health Ontario. (2020, May 27). *Checklist: COVID-19 Preparedness and Prevention in Congregate Living Settings.* https://www.publichealthontario.ca/-/media/documents/nCoV/cong/2020/05/covid-19-preparedness-prevention-congregate-living-settings.pdf?la=en
4. Public Health Ontario. (2020, June 1). *Checklist: Managing COVID-19 Outbreaks in Congregate Living Settings.* https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/05/managing-covid-19-outbreaks-congregate-living-settings.pdf?la=en

These guidance materials and facility IPAC measures are subject to change.

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1. Getting Prepared for Evacuation

1	Getting prepared for evacuation	Responsible Party or Parties
1.1	**Contact information** A site contact list is created and shared so that appropriate staff know how to contact key partners such as: • Branch director (i.e., overall site lead) • Key individuals from the Provincial Emergency Operations Centre (PEOC) • Key individuals from the facility • Key individuals from the municipality • Key individuals from the Canadian Red Cross (CRC), if applicable • Key individuals from provincial ministries as applicable (e.g., Ministry of Health, Ministry of Children, Community and Social Services, etc.) • Local public health unit • Local health care providers • Local COVID-19 assessment centre	
1.2	**Resources and guidance documents** Appropriate resources and guidance have been reviewed by relevant partners: • Ministry of Health • Public Health Ontario • Local public health unit	
1.3	**Overall service provision model is developed for the site**, including identifying hours of operation for all partners and making arrangements with service providers as required (e.g., health, social supports, security personnel, etc.).	
1.4	**Accessing key health services and supports** A plan is in place to ensure evacuees have access to key health services and supports to minimize the need to leave the facility. Services/supports include: • Medical care • Routine medications (e.g., prescription medications, acetaminophen, ibuprofen) • Mental health supports, addiction services and supports including for alcohol or drug use, as required • Other health services/supports, as outlined in JEMS	

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1	Getting prepared for evacuation	Responsible Party or Parties
1.5	**Plans to manage evacuees with suspected or confirmed COVID-19** take evacuees' individual risk level and any unique needs into account. This includes ensuring that key contacts have access to (or know how to access) information about evacuees' risk level and unique needs, so that this information can be incorporated into COVID-19 case management plans as necessary. It may be necessary to determine if data sharing processes for health check information is required. Plans are able to incorporate, as necessary: • Up-to-date contact information for family/legal guardians of evacuees; • Next-of-kin protocol for COVID-19 and non-COVID-19 emergency notifications; • Necessary medical care should evacuee develop suspected/confirmed COVID-19 or other illness or if self-isolation is needed; • Advanced care planning for severe illness; and • Needs for services noted in Section 1.4 above, if applicable. Evacuee unique needs and risk level can be determined through pre-identified health needs assessment done by community. Medical records can be accessed through appropriate healthcare authorities if necessary. See Section 4 and 5 for suggested protocols related to suspected/confirmed COVID-19 cases.	
1.6	**Site map is developed** • Site map is made available to relevant parties so that planning for IPAC measures and service provision can take place • Map should identify 'green' and 'red' zones clearly throughout site. • Space is identified in the facility for all partners (e.g., health clinic, local public health unit, emergency social services, etc.) as required	

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2. Staff and Volunteers

2	Staff and volunteers	Responsible Party or Parties
2.1	**Masking** Facility staff and volunteers (if any) should wear a non-medical mask at all times during their shift. The exception to this is when eating (when they should stay 2 metres from others) or when alone in a private space. See Section 6 for additional information on personal protective equipment (PPE) for staff and any volunteers.	
2.2	**Self-monitor and stay home if ill** • Staff and volunteers (if any) should be aware of early signs and symptoms of COVID-19 such as fever, cough or difficulty breathing. • Staff and volunteers should be instructed to self-monitor for COVID-19 symptoms when off-shift and/or at home (if they will be leaving facility). • Staff and volunteers know that they should stay home if ill, even if they only have mild symptoms. • Staff/volunteers who have symptoms that align with COVID-19 should complete MOH's 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 the facility. • Staff and volunteers should advise their manager of any symptoms that could be COVID-19.	
2.3	**Work/volunteer at only one evacuation facility** To prevent the spread of COVID-19 from another workplace, whenever possible staff and volunteers should work at only one evacuation facility site, if possible.	
2.4	**Tell a manager if there has been contact with COVID-19.** Staff/volunteers are told to inform their manager/supervisor, if they have been exposed to a suspected/confirmed case of COVID-19. The local public health unit can assist with recommendations for staff or volunteers with possible exposures to COVID-19.	
2.5	**Alternative sources of staffing and volunteers** should be determined in case they are needed during an outbreak.	

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2	Staff and volunteers	Responsible Party or Parties
2.6	**Up-to-date contact information** for staff and volunteers is available.	
2.7	**Physical distancing is maintained (remaining 2 metres apart)** • Staff/volunteer break times are staggered. • Move furniture and use tape to mark the floor to help keep seating as far apart as possible (at least 2 metres apart). • Discussions between two people take place only while at least 2 metres apart. • Group meetings should not take place if physical distancing cannot be maintained.	
2.8	**Essential Visitors** • Only essential visitors are allowed into the facility and in consultation with community leadership. If essential visitors allowed, they should wear a non-medical face mask. • Visitors should not visit if they are ill, even if they have only mild symptoms. • The decision to allow visitors should be made in consultation with community leadership.	

3. Screening and Monitoring

3	Screening and monitoring of staff, volunteers, and evacuees	Responsible Party or Parties
3.1	**Determine requirements for access to facilities (e.g. photo ID, list of approved personnel)** so that people screening visitors and recording who is entering the building can enforce the requirements.	
3.2	**Active screening of staff, volunteers, and essential visitors (if any) upon entering the facility** • Staff, volunteers, and essential visitors (if any) are screened upon entering the facility using the Ministry of Health COVID-19 Patient Screening Guidance Document or a relatively equivalent screening protocol. ○ The branch director and facilities can determine whether a temperature check should also be done. A temperature higher than 37.5° means the person does not pass the screening. • Staff or volunteers who do not pass the screening will not be allowed into the facility. Their supervisor should have a	

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3	Screening and monitoring of staff, volunteers, and evacuees	Responsible Party or Parties
	protocol in place to determine when to allow them to re-enter and work in the facility. • Essential visitors who do not pass the screening will not be allowed into the facility. • Emergency first responders should be permitted entry without screening.	
3.3	**Administering the screening** • Staff/volunteers conducting screening should be behind a barrier (i.e., Plexiglass). If a barrier is not available, the screener should wear a medical mask and eye protection (e.g., a face shield, goggles) and stay 2 metres from those entering the facility. • The area where screening occurs must have all necessary materials and space to effectively don and doff appropriate PPE (e.g., area to perform hand hygiene, space to store PPE to distribute, space for people being screened to be informed about donning and doffing, etc.). • Alcohol-based hand rub is available at entrance, and anyone entering the facility is advised to perform hand hygiene using the alcohol-based hand rub. • A non-medical mask is provided for any staff, volunteer, and essential visitor who does not have one. • Medical masks are available for anyone with symptoms.	
3.4	**A record of who is entering the facility is kept** • For staff/volunteers, record the shifts they work and if they work/come into contact with someone who is symptomatic throughout their shift. • For essential visitors (if any), record the date of their visit, the time they enter and exit the building, who they are visiting, and their contact information. • Evacuees should be encouraged by community leadership not to leave the facility/site grounds. However, if they leave the site, a record should be made. • For anyone entering/re-entering the facility, ensure they still have access to a non-medical face mask and that they practice hand hygiene. • Ensure that evacuees, staff/volunteers and essential visitors are notified of the reasons for collecting this information and that this information and information on illness that develops may be shared with public health if needed.	

3	Screening and monitoring of staff, volunteers, and evacuees	Responsible Party or Parties
3.5	**Passive screening (signage)** • Signs are posted (including at the entrance) providing information about screening and advising everyone to tell a staff member if they have symptoms of COVID-19. ○ See Section 7.1 for a complete list of signage that should be posted throughout facility. • Ensure signage is translated into languages appropriate for evacuees.	
3.6	**Ongoing self-monitoring** • Evacuees, staff and volunteers are told and reminded to self-monitor for symptoms throughout their stay. • Evacuees are advised to inform the community liaison if they feel unwell and/or display any COVID-19 signs or symptoms. • Staff/volunteers are advised to inform their supervisor if they feel unwell and/or display any COVID-19 signs or symptoms. • Communications reinforcement from community leadership will be important to ensure the effectiveness of this protocol.	
3.7	**A log is kept of ill** evacuees, staff/volunteers, or essential visitors and any test results that are available. Test results should be handled in a way that adheres to proper health privacy protocols.	
3.8	**Keep people informed** Keep staff, visitors and evacuees and their families informed of steps being taken to prevent the spread of COVID-19 in the facility, including how they will remain aware of relevant procedures. Communications reinforcement from community leadership will be important.	

4. Healthcare and Testing

4	Healthcare and testing	Responsible Party or Parties
4.1	**Healthcare** • Where feasible, explore the options of virtual and telehealth care as an extension of home community arrangements (i.e., nursing stations).	

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4	Healthcare and testing	Responsible Party or Parties
	• If care is being provided in-person, consider following precautions outlined in Guidance for Primary Care Providers in a Community Setting. • Should an evacuee require emergency medical care, they or someone else should call 911 and identify to the dispatcher that they are being sheltered in the facility.	
4.2	**Pharmacy access** • Deliver medications to evacuees where possible to limit nonessential trips to outside facilities. Suggestions can be found in the Guidance for Community Pharmacies document. • Establish process for the provision of special items (dentures, glasses) and prescription renewals, and over the counter medication/medical device requests.	
4.3	**Plan for testing and care coordination** • A plan is developed to test individuals that become ill with symptoms of COVID-19. • Efforts should be made to do on-site testing by healthcare providers, emergency medical services (EMS), outreach services or COVID-19 assessment centre staff to avoid the need for evacuees to leave the facility. • If required to take evacuees to a local assessment centre or hospital for testing, private transportation (e.g., taxi or, if necessary, ambulance) should be used. • Determine how the evacuation facility will obtain test results.	
4.4	**The local public health unit** is notified if • Anyone in the facility tests positive for COVID-19 (if testing not coordinated by local public health unit), or • There are more than the expected number of ill evacuees or staff/volunteers. Be prepared to give the local public health unit: • The total numbers of evacuees and staff/volunteers in the facility. • A list (line list) of ill evacuees, staff/volunteers and any essential visitors, including when they became ill, if they were tested and the results, when they were in the facility, and if they remain at the facility or if they were transferred to hospital. (See Appendix at the end of this document for a sample Outbreak Line List.)	

4	Healthcare and testing	Responsible Party or Parties
	• A list of people who had high risk close contact (e.g., roommates, dining table mates, others who spend time within 2 metres) with those with COVID-19.	
4.5	**Confirm location and install AED, and confirm covers for fire alarm pull boxes**	Facility manager

5. Self-Isolation

5	Self-isolation	Responsible Party or Parties

5.1	**Designated space for self-isolation**
	• Establish a designated area in the facility for the isolation of evacuees who develop signs/symptoms, so that they can stay in private rooms with a door that can close and a private bathroom, if possible.
	  ○ This area should be in a separate part of the facility. Evacuees moved to this part of the facility ideally should not interact with evacuees outside this area.
	• There should be an area before entering the self-isolation zone where people can effectively don and doff appropriate PPE (e.g., area to perform hand hygiene, space to store PPE to distribute, space for people to be informed about donning and doffing, etc.).
	• If not enough private rooms for cases and contacts, evacuees may need to be grouped together according to whether they are COVID-19 positive or by their risk of exposure to someone who is COVID-19 positive (cohorting).
	  ○ Ensure physical distancing/partitions within the room, if shared.
	  ○ Provide people with surgical masks.
	• The evacuee should be supported through the ability to receive meals in their room and, if possible, not sharing a bathroom with others.
	• If someone in self-isolation does need to use common facilities (e.g., bathroom, etc.), physical distance should be maintained, access should be staggered, and the common area should be thoroughly cleaned and disinfected following use.
	• Possible cohorts, if necessary, include:
	  ○ COVID-19 positive
	  ○ Ill but not known to have COVID-19	

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5	Self-isolation	Responsible Party or Parties
	○ Well and exposed (if tested, COVID-19 negative). This group could be subdivided into evacuees who: ▪ had close contact with someone with COVID-19; and ▪ did not have close contact with a COVID-19 case. • Support evacuees from different cohorts to stay apart.	
5.2	**Moving into self-isolation** • If an evacuee develops signs and symptoms of COVID-19, they should inform the FN Community Liaison Officer, who should work with partners to arrange for them to move to the designated self-isolation area of the facility. ○ Determine with the evacuee the items they need to take with them. Ensure safe storage for any remaining items. ○ Clean and disinfect the evacuee's initial room after they leave. • Staff/volunteers should try to maintain physical distance between themselves and the evacuee while monitoring and providing assistance to them. Appropriate precautions should be taken with PPE. • If family members wish to see/monitor/provide medical care to individual in self-isolation, they should be provided with the appropriate PPE. • The branch director or health service provider should contact the local public health unit for guidance on next steps and to initiate case and contact management if necessary. It's important to tell the local public health unit the nature of the facility setting. (See Section 4.4 for more information.)	
5.3	**Monitoring/caring for people in self-isolation** • Staff/volunteers may be assigned to work with only one cohort during a shift and ideally throughout the whole evacuation, if possible. ○ A plan should be developed for the way staff/volunteers will be assigned to each group of evacuees. • Provide medical masks, eye protection, and gowns to staff/volunteers for all evacuee interactions in the self-isolation area. For staff/volunteers providing direct care or service within 2 metres of an ill person, they should also use gloves. • If an evacuee develops severe symptoms, 911 should be called.	

5	Self-isolation	Responsible Party or Parties

	• Determine plans and protocols for:
	  ○ Who will monitor the evacuee's symptoms and how often this will be done, how it will be logged, and how to determine when additional medical care and intervention is required; and
	  ○ How and where the evacuee can be clinically assessed.
	• If family members wish to see/monitor/provide medical care to individual in self-isolation, they should be provided with the appropriate PPE.
	• The evacuee's close contacts should be reminded to self-monitor for signs and symptoms as well and self-isolate as necessary.	

5.4	**Transfer to another facility** • If an evacuee is self-isolating and needs to move to another location or go to a healthcare facility, do not use public transportation to get there. • If the designated space for suspected/confirmed cases and contacts reaches full capacity, call local public health unit for guidance.	

6. Personal Protective Equipment (PPE) and Source Control

6	Personal protective equipment (PPE) and masking to protect others (source control)	Responsible Party or Parties
6.1	**Masking for staff and volunteers** All staff, volunteers and essential visitors should wear a non-medical mask at all times to protect others except when eating (when they should stay 2 metres from others) or when alone a private space. Staff and volunteers should be given new masks if theirs are soiled, damp, damaged, or if past its useful life.	
6.2	**Masking for evacuees** • Evacuees are offered a non-medical mask for use when they cannot maintain a 2-metre distance from others. • Evacuees who come and go from the facility are encouraged to wear the non-medical mask when they may be near other evacuees or staff/volunteers.	

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6	Personal protective equipment (PPE) and masking to protect others (source control)	Responsible Party or Parties

	• Exceptions to the need to wear a non-medical mask include:
	  ○ Children younger than 2 years of age should not wear a mask;
	  ○ Anyone unable to remove them without assistance; and
	  ○ Anyone with underlying medical conditions (e.g., respiratory issues).
	• Evacuees should be given new masks if theirs are soiled, damp, damaged, or if past its useful life.
	
	Note: The First Nations and Inuit Health Branch has a limited supply of non-medical facemasks which may be available at the time of an evacuation	

6.3	**Personal protective equipment for direct care or service (within 2 metres of a suspected/confirmed case of COVID-19)**
	
	• Surgical/procedure masks, eye protection and a gown should be used by staff/volunteers for all interaction with a suspected/confirmed case of COVID-19. For staff/volunteers providing direct care or service within 2 metres of an ill person, they should also use gloves.
	  ○ Direct care or service may include assistance with dressing, bathing, toileting, managing wounds, or other close contact within 2 metres
	• See PHO's Risk Algorithm to Guide PPE Use for more information.
	• An N95 respirator is only required if an aerosol-generating medical procedure is being performed.
	• If family wants to provide direct care to symptomatic individual, the risks should be clearly communicated to the family. Determination should be made on case-by-case basis, but should be discouraged if possible.
	  ○ This messaging should be reinforced by community leadership if possible.	

6.4	**Personal protective equipment supplies** A plan is in place to ensure an adequate supply of surgical/procedure masks and non-medical masks, eye protection (e.g., face shield), gowns and gloves.	
6.5	**Cleaning PPE and/or disposing of PPE** • As per PHAC guidance, cloth masks or face coverings should be changed and cleaned if they become damp or soiled. The cloth mask can be washed by:	

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6	Personal protective equipment (PPE) and masking to protect others (source control)	Responsible Party or Parties
	○ putting it directly into the washing machine, using a hot cycle, and then drying thoroughly ○ washing it thoroughly by hand if a washing machine is not available, using soap and warm/hot water ▪ allow it to dry completely before wearing it again • Non-medical masks that cannot be washed should be disposed of properly in a lined garbage bin, and replaced as soon as they get damp, soiled or crumpled. Do not leave discarded masks where other people may come into contact with them. • Reusable eye protection should be cleaned once removed (wash with mild detergent, dry, and wipe with alcohol). • Evacuees, staff and volunteers should be made aware of mask cleaning/disposal protocol.	
6.6	**Education and Communications** Staff, volunteers, essential visitors and evacuees are aware of how to properly use non-medical masks and personal protective equipment as appropriate. Key resources include: • How to put on and take off PPE videos • Putting on and taking off PPE poster • Mask use for non-health care workers (non-medical masks) • When and how to wear a mask • Droplet and Contact Precautions in non-acute care facilities • Do's and don'ts of non-medical masks or face coverings Staff, volunteers and evacuees should also be reminded about the use and limitations of non-medical face masks. Reinforcement of protocols/messaging from community leadership will be important. (Note: Links to signage above are just examples; local public health units may have preferred signage that could replace these.)	

7. Infection Prevention and Control (IPAC) Measures

7	Infection prevention and control (IPAC) measures	Responsible Party or Parties

7.1	**Education and communications are provided and signs are posted** about:
	• Information about COVID-19 (available in Cree)
	• Signs and symptoms of COVID-19, and how to self-monitor for signs and symptoms;
	• Respiratory etiquette – coughing and sneezing into a tissue or into your elbow or sleeve, followed by cleaning your hands.
	• Frequently cleaning your hands. Hands should be cleaned:
	  ○ Upon entering the facility;
	  ○ Before and after touching surfaces or using common areas or equipment;
	  ○ Before eating;
	  ○ Before and after preparing food;
	  ○ Before putting on a mask, and after putting it on if it has been previously worn without being laundered;
	  ○ Before touching the face (including before smoking); and
	  ○ After using the bathroom.
	• Physical distancing (available in Cree)
	• PPE protocols in the building, including how to put on and take off a non-medical face mask; and
	• Building's cleaning rules (e.g., waste disposal and cleaning).
	
	Evacuees should be reminded of the best practices on these signs throughout their stay and help should be provided to comply with them, if necessary (e.g., if someone cannot wash their hands on their own).
	
	Reinforcement of protocols/messaging from community leadership will be important.
	
	(Note: Links to signage above are just examples; local public health units may have preferred signage that could replace these.)	

7.2	**Ensure adequate hand hygiene supplies in common areas** • There is access to adequate supplies of liquid hand soap, paper towels (or automatic hand dryers) and alcohol-based hand rub (60-90% alcohol). Alcohol-based foam products, wipes or locked wall-mounted units can also be used. • Ensure tissues and no touch garbage cans available.	

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7	Infection prevention and control (IPAC) measures	Responsible Party or Parties
	• Replace hand towels with paper towels, if possible.	
7.3	**Cleaning and disinfection** • Frequently touched surfaces are cleaned and disinfected twice daily and when visibly dirty. • Appropriate cleaning products are used (usual cleaning products are generally appropriate) and the products remain on surfaces for the appropriate length of time (contact time). • Ensure adequate supplies are on hand. • There is regular schedule for cleaning all surfaces that is posted on the wall. • Evacuees' mattresses and living spaces are cleaned and disinfected between evacuees. • Shared equipment is cleaned and disinfected after use by each person (for electronic equipment, ensure that cleaning products will not damage the equipment). • Shared items that are difficult to clean have been removed. • Garbage disposal should follow best practices and guidance, including medical waste disposal if necessary. • A key resource is Cleaning and Disinfection for Public Settings. • Cleaning should be extended to the exterior of the living setting if there is concern evacuees will pick up cigarette butts and other debris from areas outside the setting.	

7.4	**Laundry and bedding**
	• Gloves and a gown (and, if available, mask/goggles) are worn when handling dirty laundry.
	• Regular laundry soap and hot water (60°C-90°C) are used for laundering.
	• Evacuees have their own clean bedding and towels. Remind evacuees not to share.
	• Bedding and towels are washed on a regular schedule for evacuees who stay in the facility.
	  ○ Change bedding every one to two weeks.
	  ○ Change bath towels after used about three times.
	• A key guidance document is Workplace Safety & Prevention Services' Guidance on Health and Safety for Hotel Housekeeping and Laundry during COVID-19	

7.5	**Facility manager undertakes general facility maintenance** before, during and after hosting evacuees, including pest control.	

7	Infection prevention and control (IPAC) measures	Responsible Party or Parties
7.6	**Remind evacuees and staff/volunteers of physical distancing (staying 2 metres apart)** • Evacuees and staff/volunteers are reminded of the need to maintain physical distancing at all times using verbal reminders and posters. • Floors are marked to indicate where chairs and tables should remain and evacuees should stand to maintain 2 metre spacing. • Reinforcement of protocols/messaging from community leadership will be important.	
7.7	**Transportation** • Ensure that all means of transportation incorporate the principles of physical distancing, such as seating evacuees in every other seat where possible. ○ Evacuees should limit close contact with individuals outside of their family group. • If physical distancing is not possible, non-medical cloth face masks are used. • All methods of conveyance should be thoroughly cleaned before and after they are occupied following the Cleaning and Disinfection for Public Settings guidance.	

8. Evacuee Spaces

8	Evacuee Spaces	Responsible Party or Parties
8.1	**Accommodations** • All evacuees should be accommodated within the same facility wherever possible while limiting housing people from other areas (i.e., travellers or other individuals) in the same location. • Spread out evacuees to ensure physical distancing if possible. • Asymptomatic immediate family members should be kept together. • Evacuees should be reminded not to share personal items among rooms (e.g., hairbrushes, toothbrushes, towels, pillows).	

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8	Evacuee Spaces	Responsible Party or Parties
8.2	**Cleaning evacuee spaces** • All accommodations must be cleaned prior to evacuee arrival and following departure according to the Cleaning and Disinfection for Public Settings guidance. • 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).	

9. Activities and Meals

9	Activities and Meals	Responsible Party or Parties
9.1	**Group activities** • In consultation with community leadership, determine if non-essential activities should be discontinued. ○ If continued, plan in-house/on the property recreation and structured activities to maintain physical distancing. • Chief Medical Officer of Health recommendations and directives and provincial orders in effect at the time of evacuation must be followed.	
9.2	**Common areas** • Schedules for using common areas are staggered. • Evacuees should limit their close contact with others while being sheltered (outside of their family unit). • Furniture is moved to support keeping 2 metre distance apart and tape is used on the floor to indicate where furniture should stay. • Common areas are cleaned and disinfected at least twice daily.	
9.3	**Support activities that can be done with physical distancing** • Assess the availability of phones and computers for evacuees to ensure access to devices as needed, and network capacity for increased demand. • Access to phones, computers, internet, television, video games or other activities, if available, is supported in a way that allows physical distancing.	

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9	Activities and Meals	Responsible Party or Parties
	• Evacuees are encouraged to clean their hands before and after activities and using any equipment. • Shared equipment is cleaned and disinfected after use by each person (using products that are safe for electronic equipment). • If phones are shared and cannot be appropriately disinfected between use, cover them with a disposable plastic bag for each use.	
9.4	**Bathrooms** • Schedules for using common bathrooms for hygiene (such as washing, bathing, showering, teeth brushing and shaving) are staggered. • Bathrooms are cleaned and disinfected at least twice daily and when visibly dirty.	
9.5	**Meals** • Meals are delivered to rooms preferably. • If this is not possible and meals must be taken in a common area, meal times are staggered to support physical distancing. Clean and disinfect surfaces between each meal time. ○ Evacuees should limit close contact with people outside of their family group during meal times. • Use of kitchen for meal preparation are staggered. Kitchen is cleaned and disinfected between use as appropriate and at least twice daily. Space between people standing in lines is increased by marking floors with tape every 2 metres. • Tables and chairs are as far apart as possible, at least 2 metres apart, and chairs are set up so that evacuees are not directly facing each other. Every other seat is blocked off or removed. • The floor is marked with the locations where the seats should stay. • Shared items like salt and pepper shakers, ketchup, mustard and food containers (e.g., water pitchers, coffee and cream dispensers) are removed. Single use items are provided.	

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10. Appendix – Sample Outbreak Line List

Name	Worker Resident Visitor	Floor Unit	Date of First Symptom	Symptoms	First Test Date	First Positive Test Result	Status [Recovered, Hospitalized, Died, Discharged, Transferred to Another Facility (name)]

Notes: