Ministry of Health

COVID-19 Guidance: Community Emergency Evacuations

Version 2.0 – July 6, 2021

Highlights of changes:

- Expanded guidance on transportation and accommodation of evacuees (Page 7)
- Expanded guidance on healthcare at evacuation facilities (Page 11)
- Expanded guidance on passive and active screening of staff and volunteers (Page 13)
- New sections: Testing for COVID-19 (Page 14) and Outbreak Management (Page 15)
- Expanded Occupational Health & Safety guidance (Page 16)
- New Checklist: COVID-19 Considerations for Evacuation and Additional Resources sections (Page 19)

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice. In the event of a conflict between this Guidance and a Directive of the Chief Medical Officer of Health or requirements of any emergency order under the *Reopening Ontario Act* or the *Emergency Management and Civil Protection Act*, the Directive or emergency order prevails.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, the latest COVID-19 Reference Document for Symptoms, mental health resources, other guidance documents and COVID-19 related information.
- Please check the Directives, Memorandums and Other Resources page regularly for the most up to date directives.

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General

This guidance can be used by federal, provincial, municipal, First Nations leadership, and other Indigenous organizations 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 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 (MOH), and local health system and public health officials, as appropriate. 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. All other options should be exhausted or deemed unsuitable before considering an evacuation.

When a community emergency evacuation during the COVID-19 pandemic is deemed necessary planning should include an assessment of the number of active cases in the community, how individuals are being isolated, and other specifics on how cases or outbreaks of COVID-19 in the community are being managed. Furthermore, COVID-19 measures in the evacuating and host communities must be considered including, for example, implementation of baseline COVID-19 symptom assessment, exposure history, travel history, and screening of evacuees prior to evacuation. Community members should be made aware that screening positive will not impede evacuation, but will enable cohorting during transport where possible to reduce the risk of transmission during the evacuation process. Where available, rapid point of care testing of evacuees prior to evacuation may assist in evacuation planning and screening. Planning should consider how to support home isolation for individuals who screen positive, probable or confirmed COVID-19 cases and their close contacts, as well as an assessment of local health care system capacity in the host communities to accommodate self-isolation and care of COVID-19 patients in addition to evacuees.

Key Measures of COVID-19 Mitigation

Traditionally, a hierarchy of controls has been used as a means of determining how to implement feasible and effective control solutions for exposures to hazards like COVID-19. There are many things that host sites can do to prevent and limit the spread of COVID-19 in an evacuation context including screening, supporting proper hand hygiene, physical distancing, cleaning and disinfecting, and universal masking. These approaches will be reviewed here briefly, with specific application to different settings discussed below in the Guidance for Emergency Sheltering and Service Delivery.

Hand Hygiene

Proper hand hygiene refers to hand washing, or hand sanitizing to minimize contamination of bare hands. Hand hygiene should be performed frequently with liquid soap and water or alcohol-based hand rub (ABHR) for a minimum of 15 seconds. When hands are visibly soiled, hand washing with soap and water is preferred.

Evacuees, staff and volunteers should be reminded to perform hand hygiene frequently throughout the evacuation process and regularly throughout the day at the host facility. Where required, assistance should be provided to those who may not be able to perform it on their own.

Physical Distancing

Physical distancing refers to keeping a distance (a minimum of 2 metres or 6 feet) from other individuals. Physical distancing may help reduce the transmission of COVID-19 by limiting the number of people that individuals come into close enough contact with to transmit the illness. Physical distancing should be practiced to help protect all evacuees, including those with increased risk of severe outcomes from COVID-19.

Evacuees should be provided with the necessary means to physically distance from those not in their immediate household without creating undue social isolation. Activities provided in the evacuation centre should optimize and maintain physical distancing (additional guidance can be found in the Activities section below). Consider creating visual cues such as tape on the floor to delineate 2 metre distances in higher traffic areas.

Cleaning and Disinfecting

Frequently touched surfaces are most likely to be contaminated. Commonly used cleaners and disinfectants are effective against COVID-19. The Cleaning and Disinfection for Public Settings guidance provides more detail on selecting and applying cleaning and disinfecting agents.

In addition to daily routine cleaning, all high-touch surfaces that are touched and used frequently by evacuees, staff, and volunteers should be cleaned and disinfected at least twice a day and when visibly soiled (e.g., door handles, kitchen surfaces and small appliances, light switches, elevator buttons, televisions, remotes, phones, computers, tablets, medicine cabinets, sinks and toilets).

For more information and guidance on environmental cleaning, please refer to Cleaning and Disinfection for Public Settings.

Routine Masking to Protect Others (for Source Control)

Evacuation planners must consult local/municipal bylaws and provincial laws when developing policies regarding mask use to ensure compliance with applicable bylaws orlaws and consult with local medical officer of health.

Masks are recommended as an additional measure for source control to help protect other individuals from exposure to the respiratory droplets of the person wearing the mask.

- Masks help keep the wearer's droplets contained to protect others around them.

Evacuees should wear masks during evacuation as well as in indoor communal areas of the evacuation facility or in outdoor areas where they may not be able to consistently maintain a 2-metre distance from those outside of their household units. More details on masking for evacuees can be found in the Guidance for Evacuees section below.

- Education must be provided to evacuees, staff and volunteers about the safe use, limitations and proper care (e.g., cleaning) of masks.
- For evacuees, ideally this training should be provided in their home communities prior to evacuation.

It is required that all staff, health care workers and volunteers working in an evacuation facility wear masks for the duration of their shifts as a form of source control. The rationale for full-shift masking is to reduce the risk of transmitting COVID-19 infection from staff/volunteers to evacuees and to fellow team members.

When staff, health care workers or volunteers will be providing services or care within 2 metres of others, appropriate Personal Protective Equipment is required. Please see the section on **Occupational Health and Safety** below for guidance on personal protective equipment for staff/volunteers and health care workers.

Education on COVID-19 and ways to prevent its spread is a key component of preparing for emergency shelter. Education needs to extend beyond staff and volunteers. Coordinators should work together with host community leaders to prepare education and awareness activities for evacuees to ensure all can take actions to support community health during temporary displacement.

Guidance for Emergency Sheltering and Service Delivery

Transportation

All methods of conveyance should be thoroughly cleaned before and after they are occupied following Public Health Ontario's Cleaning and Disinfection for Public Settings guidance.

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.

If land vehicles such as buses, vans, or cars are used to transport evacuees, windows should be opened (where feasible) to increase fresh air ventilation.

Evacuees should be screened for COVID-19 prior to travel to a host community using MOH's COVID-19 Patient Screening Guidance Document or an equivalent screening protocol (e.g. Transport Canada screening questions). Planners and service providers should make efforts to ensure evacuees who screen positive have safe arrangements for travel to the host community, maintaining principles of isolation where possible. These arrangements include having suspected and/or confirmed cases wear surgical/procedure masks, cohorting cases in a physically distanced area of the aircraft (e.g., separated by 2 seating rows from others), or placing cases on a separate flight where possible.

Given the risks of moving an entire community, the use of masks should be applied as much as possible throughout the transportation process and especially where evacuees are congregated together (buses, aircraft, airports, lines, etc.). Further information relating to air and motor carrier transport precautions can be found on Transport Canada's website.

- Masks should not be placed on or used by children under the age of two, anyone who has trouble breathing, or anyone who is unable to remove a mask without assistance.
- Masks for evacuees are covered in greater detail in the Guidance for Evacuees section below.

Accommodation

As a priority, evacuees should be housed separately from housing facilities for non-evacuated individuals (e.g., travellers, students, staff, volunteers, guests).

- To reduce potential transmission of COVID-19, all evacuees should be accommodated in facilities that allow for physical distancing.
- Additionally, efforts should be made to provide adequate space for each evacuee within the facility to ensure physical distancing between households; however, asymptomatic immediate family members should be kept together.
- In developing accommodation plans, additional capacity for the isolation of cases and contacts should also be considered.
- The total number of evacuees allowed to simultaneously occupy common spaces should be limited to allow for adequate physical distancing. Where bathrooms and kitchens are to be shared, the total number of evacuees allowed to occupy a bathroom or kitchen at the same time should be limited (see Cohorting section below).
- Where private washrooms within evacuation suites are available, asymptomatic family members can share the bathroom space as needed.

Evacuation planning can assess the availability of phones and computers for evacuees to ensure access to devices as needed, and network capacity for increased demand. Shared phones and computers must be cleaned between uses, as per the Cleaning and Disinfection for Public Settings guidance.

Cohorting

- The aim of cohorting in a COVID-19 evacuation accommodation context is to create groups of evacuees that stay separate from other groups (e.g., in shared spaces)
- Where cohorting is possible/reasonable, it can be used to reduce transmission risk within accommodation settings when there are shared accommodation spaces such as kitchens, bathrooms, or common rooms.
- For example, Cohort A only uses Kitchen 1 and Bathroom 1, Cohort B uses only Kitchen 2 and Bathroom 2, etc.

Hygiene

All accommodations must be cleaned prior to evacuee arrival and following departure in accordance with the Cleaning and Disinfection for Public Settings guidance. Additional recommendations include that:

- Common areas including bathrooms should also be thoroughly cleaned and disinfected at least twice per day and when visibly dirty.
- Items that are used by different residents should be thoroughly cleaned between each resident use.
- Hand towels be replaced by single use paper towels.
- Bedding/linens should be cleaned on a regular schedule.
- Tissues are provided along with lined no-touch garbage bins (such as garbage cans with a foot pedal) for proper disposal.
- Signage is posted throughout the setting reminding evacuees, staff, and essential visitors about the signs and symptoms of COVID-19, and the importance of measures such as proper hand hygiene, and respiratory etiquette.
    - Signage should be developed in collaboration with evacuation community leaders to be accessible and accommodating to residents and essential visitors (e.g., plain language, pictures, symbols, evacuee community language).

Host sites are to ensure there are enough supplies for proper hand washing, including liquid soap in a dispenser, potable running water and paper towels or air dryers.

If possible and appropriate, consider adding alcohol-based hand rub (ABHR) stations throughout the living setting. Use ABHRs with 60% - 90% alcohol. Evacuees should be provided supplies (e.g., toilet paper, liquid hand soap and paper towels) 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, dining areas).

For additional detailed guidance on co-living settings see Guidance for Congregate Living for Vulnerable Populations.

Food

For food preparation, please see Guidance for Food Premises.

Options for dining areas should strive to ensure physical distancing of two metres as much as possible. Strategies include:

- delivering meals to rooms
- staggering dining times with enhanced cleaning between seatings, for example seating times by cohort where possible
- ensuring there is adequate spacing between families/households/caregivers while eating (at least 2 metres apart)
- not sharing utensils
- regularly cleaning high touch surfaces

To further limit the spread of COVID-19, evacuation facilities should not be providing buffet and family-style dining and, in general, sharing of food between evacuees that are not in the same family/household should be discouraged.

Activities

Trips off the evacuation facility property should be limited to essential needs only with the minimum number of people required and generally discouraged by facility coordinators. If evacuees do leave the facility, they will be subject to COVID-19 screening upon return and are advised to wear masks for the duration of their time offsite.

All evacuees should strive to maintain a two metre physical distance while in common areas of the evacuation facility, unless interacting with members of their family/household or essential caregiver.

In the interests of public health, the evacuation facility and planning partners should determine whether any activities are to be discouraged or prohibited at the evacuation facility in consultation with:

- Community leadership,
- Ontario's Chief Medical Officer of Health recommendations and directives,
- Local/municipal bylaws (e.g., indoor masking requirements),
- Regional stage of reopening (e.g., allowing for the reopening of swimming pools or outdoor play structures)

All activities should be conducted on evacuation facility property and incorporate the principles of physical distancing.

- Clean and disinfect any shared equipment after use with a product that is compatible with the equipment.
- Plan enhanced in-house/on the property recreation and structured activities that maintain physical distancing.

Healthcare

To limit exposure of evacuees to COVID-19 within a host community and to mitigate increased demand in the host community's local health system (over and above the current pandemic), primary care clinics should be organized for the exclusive use of the evacuee population. Ideally, these clinics will be onsite at evacuation facilities or within close proximity. Strategies to provide health services in host communities may include:

- Identifying health needs of evacuees
    - Preferably in advance of evacuations whenever possible, or upon registration in host community
- Ensuring access to evacuee – only primary health care services (on-site if possible)
    - Precautions for primary care providers are outlined in the Guidance for Primary Care Providers in a Community Setting document
- Providing access to a community-based pharmacy to renew and fill prescriptions.

  - Arrangements should be considered for pharmacy delivery of medications to evacuees to limit non-essential trips to outside facilities. Suggestions can be found in the Guidance for Community Pharmacies document.
- Ensuring access to home care services
- Providing access to specialized care as needed (leveraging virtual services as needed)
- Collaborating with host sites for specialized care including harm reduction services and naloxone access as required
- Ensuring access to urgent care (paramedic services and hospital emergency department)
- Providing support for registering for Ontario Health Insurance Plan cards (where applicable)
- Providing culturally appropriate resources for Indigenous Peoples where possible (e.g., leveraging virtual services to connect with Aboriginal Health Access Centers, Friendship Centers and access to medical translation services where appropriate)

Access to routine mental health services may be limited in host communities; virtual/telehealth mental health services should be accessed where needed. Where this care is being provided, precautions outlined in Guidance for Mental Health and Addictions Service Providers in Community Settings should be followed, including a trauma-informed approach.

Evacuation and planning partners should also explore the options of virtual and telehealth care as an extension of pre-existing home community arrangements for continuity of care during an evacuation. However, virtual and telehealth care should be provided as a supplement, and not in place of, access to in-person primary care within a host community.

Should an evacuee require emergency medical care, they should call 911 and identify to the dispatcher that they are being sheltered in the community. Where possible, the evacuation facility coordinator should also be notified in order to assist emergency responders upon arrival.

Screening

Passive Screening

As part of routine measures, host sites in collaboration with local public health units should ensure accessible signage is posted at every entry door and throughout the facility reminding all persons in an evacuation facility about the signs and symptoms of COVID-19 and the importance of public health measures and infection prevention and control practices, core among which are proper hand hygiene, respiratory etiquette and physical distancing.

Active Screening

All staff and volunteers should be screened upon entry to the evacuation facility using MOH's COVID-19 Worker and Employee Screening Tool. Evacuees who have left the evacuation facility grounds and essential visitors (if any) should be screened upon entry to the evacuation facility using MOH's COVID-19 Patient Screening Guidance Document. A visitor log is maintained of all persons entering and exiting for the purpose of contact tracing if needed.

- Staff, volunteers and essential visitors who screen positive should not be allowed into the facility.
    - They should go home immediately to self-isolate and be encouraged to get tested
- Returning evacuees who have screened positive for COVID-19 symptoms or exposure should be allowed to re-enter the facility but must be isolated from other evacuees and provided with a surgical/procedure mask. Any staff or volunteer providing direct care and/or interaction within 2 meters should be appropriately protected using Droplet and Contact Precautions (i.e., surgical/procedure mask, eye protection, gown, and gloves)
- Screening is not required for emergency services or other first responders entering the host site for emergency purposes.

Staff conducting screening on-site should ideally be behind a barrier to protect from droplet and contact spread. Impermeable, complete plexiglass barriers created and installed to protect the screener can act as a barrier from sneezing/coughing patients. Personal protective equipment, including a surgical/procedure mask and eye protection (e.g. goggles or face shield) is recommended for screeners. If a 2

meter distance cannot be maintained between the screener and an individual being screened that is not wearing a mask, PPE is required, including a surgical/procedure mask and eye protection (e.g. goggles or face shield).

Alcohol-based hand rub, tissues, and a lined no-touch waste basket or bin should also be available at screening points.

Self-monitoring

All staff and volunteers working in the evacuation facility and service delivery should be instructed to self-monitor for COVID-19 and be aware of early signs and symptoms of COVID-19 as described by the latest COVID-19 Reference Document for Symptoms. Staff and volunteers who have symptoms that align with COVID-19 should complete the self-assessment tool and seek medical advice, which may include going to a testing location (e.g., emergency department and/or an assessment centre) for testing as required (refer to PHO Fact sheet on How to Self-Isolate) .

All staff and volunteers who feel unwell, screen positive, and/or are required to self-isolate must not come to work and notify their supervisor. Staff who feel unwell while at work should advise site management as soon as possible.

Testing for COVID-19

- Testing should be conducted on every symptomatic evacuee, staff member and volunteer as outlined in the COVID-19 Provincial Testing Guidance Update. Testing of asymptomatic evacuees should only be performed as per COVID-19 Provincial Testing Guidance Update or at the direction of the local public health unit. A list of symptoms, including atypical signs and symptoms, can be found in the COVID-19 Reference Document for Symptoms as well as in the Coronavirus (COVID-19) self-assessment Tool.
- Planning and service delivery partners (e.g., evacuation facility coordinator) should collaborate with host community health system partners and local public health units to determine the most appropriate way to have symptomatic and asymptomatic individuals tested when indicated.
- Refer to the PHO Congregate Setting Outbreak guidance for assistance on cohorting and housing for cases testing positive or awaiting test results as well as their close contacts. Onsite health care providers and the local public health unit should work collaboratively on a plan of care for these individuals.

Outbreak Management

- An outbreak within an evacuation facility is defined as one laboratory confirmed COVID-19 case in an evacuee, staff or volunteer that has been in the facility during their period of communicability and while not on Droplet and Contact precautions (surgical/procedure mask, gown, gloves, eye protection). Outbreaks are declared by the local medical officer of health or their designate, in consultation with the coordinator of the evacuation facility.
- Once an outbreak has been declared, the local public health unit will direct testing and associated public health management of all those impacted (staff, evacuees, volunteers and essential visitors).
- The local public health unit will provide guidance with respect to any additional measures that should be implemented to reduce the risk of COVID-19 transmission at the evacuation facility.

Control Measures

- Control measures are any action or activity that can be used to help prevent, eliminate or reduce a hazard. Once an outbreak is declared or possible/suspected, the local public health unit will provide direction to help manage the outbreak, and the control measures that should be implemented. These may include:
    - Defining the outbreak area (i.e., affected wings or entire evacuation facility).
    - Undertaking enhanced cleaning practices.
    - Limiting or restricting essential visitors, depending on the nature of the outbreak.
    - Providing support services or programming virtually if possible.

Declaring the Outbreak Over

- The local medical officer of health or their designate will declare when the outbreak is over.
- Generally, an outbreak is declared over when there are no new cases of COVID-19 in evacuees, staff or volunteers after 14 days.

Occupational Health and Safety

Employers involved in evacuation planning, coordination and service delivery are reminded that they have obligations under the Occupational Health and Safety Act (OHSA) to protect the health and safety of their workers, including from transmission of infectious disease in the workplace. The OHSA requires employers to take every precaution reasonable in the circumstances for the protection of a worker. This requirement applies to all Ontario workplaces at all times and includes the need to put controls in place to protect workers from infectious disease hazards such as COVID-19.

Employers should implement a variety of measures to control potential exposure to COVID-19 using the hierarchy of controls to help guide the selection of specific measures to be used in their workplace. The effective use of engineering controls, administrative controls, personal hygiene (including masking for source control) and personal protective equipment requires workers and other people to implement them properly and consistently every time. In situations where one or more controls cannot be consistently maintained, it is especially important that other controls are in place. Consult the Develop your COVID-19 workplace safety plan | Ontario.ca for assistance in implementing the hierarchy of controls.

Masks can be used in the workplace both as a form of source control and as part of Personal Protective Equipment. For further details on source control, please see the Routine Masking to Protect Others (for Source Control) section above.

Personal Protective Equipment (PPE)

Correct use of PPE can help prevent some exposures, but it should not take the place of other control measures. PPE must be used alongside other control measures already in place, such as *Routine Masking to Protect Others (for Source Control)*. Review Masking in the Workplace for additional information.

If PPE is currently being used in the evacuation facility to support existing policies and procedures, this should continue. Workers who are required to wear PPE for protection against workplace hazards other than COVID-19 must continue to do so, as required (i.e., if a worker needs an N95 respirator for a non-COVID hazard/exposure, they should be wearing an N95 respirator)

Staff & Volunteers

To determine when PPE is needed, evacuation sites will have to assess all the relevant factors in the evacuation site. This includes the effectiveness of other controls already in use in the evacuation site.

Even with other controls in place, including physical distancing and masking, there may be situations where PPE will be needed to comply with employer duties under the Occupational Health and Safety Act to take every precaution reasonable in the circumstances for the protection of workers.

To protect against COVID-19 in non-healthcare workplaces, PPE for workers likely includes a surgical/procedure mask in addition to eye protection (for example, face shield or goggles). Cloth masks are not suitable for use as PPE.

- Where evacuees that have screened negative require interaction within 2 metres, staff/volunteers should wear appropriate personal protective equipment, including a surgical/procedure mask and eye protection (e.g., face shield or eye goggles).
- If the evacuee is not wearing a mask in a manner that covers the evacuee's mouth, nose and chin, appropriate personal protective equipment for staff/volunteers includes a surgical/procedure mask and eye protection (e.g., face shield or eye goggles).

Where evacuees that have screened negative require direct care such as assistance with dressing, bathing, toileting, etc. that require the staff/volunteer to be within 2 metres of the evacuee, appropriate PPE is required according to the activity performed with at a minimum a surgical/procedure mask and eye protection (e.g., face shield or eye goggles).

Contact and Droplet precautions should be used when any staff/volunteer is providing direct care to evacuees who have screened and/or tested positive for COVID-19. Contact and Droplet precautions include a surgical/procedure mask, eye protection, gown, and gloves. See Droplet and Contact Precautions for Non-Acute Care Facilities (PHO) for more details.

Staff/volunteers must be trained on safe use, limitations, and proper care (e.g., cleaning) of personal protective equipment (PPE) as appropriate including Contact and Droplet Precautions. Some resources to assist with this include: Recommended Steps for Putting on and Taking Off Personal Protective Equipment (PHO) and Public Health Ontario's videos on how to put on and take off PPE.

Staff may remove their mask while eating and drinking in an area that is not accessible to members of the public provided they remain at least two metres away from others to prevent any potential transmission of COVID-19. Staggering use of break rooms, removing furniture to promote distancing, posting signage, and optimizing ventilation (e.g., open window if possible) are strongly encouraged to reduce risk.

For further information on the different ways masks can be utilized in the workplace to protect staff and volunteers, consult Using Masks in the Workplace.

Health Care Workers

See the MOH's COVID-19 Guidance for Primary Care Providers in a Community Setting for information on occupational health and safety considerations, including personal protective equipment.

Requests for provincial supply of personal protective equipment by health care workers or health care organizations involved in providing care to evacuees should be made through the applicable Ontario Health regional contact.

HCWs may remove their mask while eating and drinking in an area that is not accessible to members of the public provided they remain at least two metres away from others to prevent any potential transmission of COVID-19. Staggering use of break rooms, removing furniture to promote distancing, posting signage, and optimizing ventilation (e.g. open window if possible) are strongly encouraged to reduce risk.

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 (outside of their family unit) while being sheltered, including during meal-times and any transportation. Evacuees can reference PHO's fact sheet on how to wash one's hands and should undertake proper hand hygiene over the course of the day while at an evacuation facility.

Evacuees should wear masks during evacuation as well as in indoor communal areas of the evacuation facility or in outdoor areas where they may not be able to consistently maintain a 2-metre distance from those outside of their household units.

- Masks should not be placed on or used by children under the age of two, anyone who has trouble breathing, or anyone who is unable to remove a mask without assistance.
- Masks may not be tolerated by everyone based on underlying health and/or behavioural issues. Consideration should be given to mitigating any possible physical and psychological injuries that may inadvertently be caused by wearing a mask (e.g., interfering with the ability to see or speak clearly, or becoming accidentally lodged in equipment the wearer is operating). Hand hygiene should be performed before putting on and after taking off a mask.
- Masks should be replaced if they become visibly soiled, damp, or damaged. Where possible, certain types of masks may be laundered and reused. For more information see When and How to Wear a Mask (PHO) and Do's and Don'ts of masks and face coverings (Public Health Agency of Canada).

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 the latest COVID-19 Reference Document for Symptoms), the evacuee should immediately self-isolate from others (including from those in their household unit), use the self assessment tool if possible, and seek medical advice which may include COVID-19 testing. The symptomatic evacuee's close contacts must also separately self-isolate, use the self-assessment tool if possible, and seek medical advice which may include COVID-19 testing. They should also immediately inform the evacuation facility coordinator or community liaison (if applicable). If an evacuee tests positive for COVID-19 the evacuation facility coordinator or community liaison should contact the local public health unit for guidance on next steps and to initiate case and contact management.

For more information please see PHO's When and How to Wear a Mask factsheet and Ontario's face coverings and face masks guidance.

Checklist: COVID-19 Considerations for Evacuation

The following list is not exhaustive but rather a set of important considerations that can be taken into account in the event of an evacuation in the context of the COVID-19 pandemic.

Preparing for an evacuation

- ☐ Baseline level of COVID-19 activity in evacuating and potential host communities has been assessed
- ☐ Evacuees who are vulnerable and may require additional assistance during evacuation procedures are identified
  - This includes persons with disabilities, medical conditions, immunocompromised individuals, elders, children, pregnant women and vulnerable populations
- ☐ Evacuees are educated on the importance, proper use, and limitation of masks and hand hygiene
- ☐ Evacuees are offered a mask if required

When an Evacuation order is issued

- ☐ Assistance is offered to community members who may not be able to evacuate on their own. Community members are engaged to help each other out where possible.
- ☐ Evacuees are advised to pack:
  - Appropriate clothing and personal supplies
    - Communicate limit of one carry-on bag up to 13 pounds and one stowed bag of up to 40 pounds per evacuee
  - Mask
  - Important documents (e.g., status card, OHIP card, medical and vaccination records)
  - At least 7 days worth of medications and any medical supplies they may need while at the evacuation facility (e.g. insulin). This would include suboxone for those in an opioid agonist treatment program.
  - Any personal assistive devices they may need (e.g., canes, walkers, wheelchairs.). These devices may not be easily or quickly available in the host community or site.
- ☐ Ensure guidance is available in the evacuated community from local Chief and Council, a First Nations Community Liaison or municipal and provincial representatives responsible for coordination of evacuation procedures.

Transportation to host community

- ☐ Principles of physical distancing are incorporated in all aspects of evacuee transportation where possible.
- ☐ Transportation partners have established a protocol incorporating principles of isolation (where possible) to safely transport suspected or confirmed COVID-19 cases.
- ☐ Evacuees are screened for COVID-19 prior to boarding flight to host community.
- ☐ Masks are provided to evacuees for use throughout the evacuation process including during all air and ground transport.
    - Masks should **not** be used by children under the age of two, anyone who has trouble breathing or anyone who is unable to remove their mask without assistance.
- ☐ Evacuees are instructed to self-identify to flight crew if they develop symptoms of COVID-19 as described in the COVID-19 Reference Document for Symptoms during flight.

Accommodations at Host Facility

- ☐ Facility is cleaned prior to evacuee arrival upon departure, and an enhanced cleaning schedule for all common areas (e.g., communal washrooms) and high-touch surfaces is established for the duration of evacuee accommodation in accordance with PHO's Cleaning and Disinfection for Public Settings guidance.
- ☐ Principles of physical distancing are incorporated in all common areas, and private sheltering spaces are spread out as much as possible throughout host facility.
- ☐ All staff, volunteers, and essential visitors are recommended to wear a mask for source control for the duration of their shift or visit.
- ☐ Staff, volunteers and essential visitors are reminded to wear appropriate PPE, including a surgical/procedure mask and eye protection if they will be providing services within 2 metres of evacuees.
- ☐ If evacuees are not wearing a mask in a manner that covers the evacuee's mouth, nose and chin, appropriate PPE includes a surgical/procedure **mask** and eye protection (face shield or goggles).

- ☐ See the MOH's PPE guidelines for HCWs here: Primary Care COVID-19 Guidance V7 (gov.on.ca)
- ☐ Facility is equipped with hand washing stations with liquid soap and water and/or alcohol based hand rub (ABHR) including at building entrances and in common spaces (e.g. dining areas and laundry facilities) to promote regular hand hygiene by evacuees, staff, volunteers, and essential visitors.
- ☐ Evacuees are accommodated in the same facility (where possible) and housing of non-evacuee individuals (e.g., travellers, students or other individuals) within the same facility is limited.
- ☐ A screening process for all staff, volunteers, and essential visitors is established to ensure the safety of the evacuated community as well as the safety of the individual(s) conducting screening and a visitor log is kept for contact tracing purposes.
- ☐ Evacuation personnel have **strongly recommended** for evacuees to remain on the grounds of the facility and not travel throughout the host community to reduce potential exposure to COVID-19. If evacuees do leave the facility, they will be subject to COVID-19 screening upon return and are advised to wear masks for the duration of their time outside the facility.
- ☐ Staff, volunteers and evacuees are trained on public health measures including: self-monitoring, signs and symptoms of COVID-19, what to do to if they develop symptoms, and safe use, proper care and limitations of PPE as required.
- ☐ Evacuees are provided with supplies (e.g., toilet paper, liquid hand soap, paper towels, alcohol based hand rub) to allow daily upkeep of their private sheltering space to facilitate continued physical distancing.
- ☐ Primary care, including access to COVID-19 testing (as required) is established either at host facility or within close proximity for exclusive use by evacuated population
- ☐ A plan for isolating individuals with suspected or confirmed COVID-19 is established.
- ☐ A plan for the facility to connect with and collaborate with local public health in the event of a confirmed COVID-19 case is established.
- ☐ Signage is posted where available and evacuees are educated on the following principles which should be maintained for the duration of their accommodation within the host facility:

- How to self-monitor
- What to do if they develop symptoms
- Proper hand washing technique
- Respiratory etiquette
- Physical distancing
- The importance of wearing a mask in indoor communal areas of the evacuation center. See PHO's Masks and Face Coverings, When and How to Wear a Mask documents and Ontario's Face coverings and face masks guidance for more information.
- Family members, caregivers and close contacts are educated on the precautions they need to take when caring or living with someone who is suspected or confirmed COVID-19 positive as per PHO's Self-isolation: Guide for caregivers, household members and close contacts guidance

Once evacuation order is lifted

- ☐ Evacuees are screened prior to departure to their home community.
- ☐ Return plans for evacuees who screen positive or are currently under isolation for either a suspected or confirmed case will be made after consultations including local public health, the individual, the attending health care provider, and home community leadership. Options may include remaining isolated until case is resolved, returning to home community once no longer symptomatic, or returning to the community for continuation of health care by home health care providers.
- ☐ Principles of physical distancing are incorporated in all aspects of evacuee transportation where possible.
- ☐ Masks are provided to evacuees for use during air and ground transport.

Additional Resources

- COVID-19: Guidance: Congregate Living for Vulnerable Populations (MOH)
- Checklist: COVID-19 Preparedness and Prevention in Congregate Living Settings (PHO)
- Checklist: Managing COVID-19 Outbreaks in Congregate Living Settings
- About Coronavirus Disease (COVID-19) Poster in English and Cree (PHAC)
- Droplet and Contact Precautions for Non-Acute Care Facilities (PHO)
- Recommended Steps for Putting on and Taking Off Personal Protective Equipment (PHO)
- How to put on and take off PPE videos (PHO)
- COVID-19: Aerosol Generation from Coughs and Sneezes (PHO)
- How to Self-Monitor (PHO)
- How to Self-Isolate (PHO)
- How to Wash Your Hands (PHO)
- Cover your Cough Poster (PHO)
- Using masks in the workplace (Ontario.ca)
- When and How to Wear a Mask (PHO)
- Do's and Don'ts of non-medical masks and face coverings (Public Health Agency of Canada)
- Self-isolation: Guide for caregivers, household members and close contacts (PHO)
- Public Health Ontario's Coronavirus 2019 (COVID-19) website
- List of disinfectants with evidence for use against COVID-19 (Health Canada)
- Public Health Unit Locator