

Emergency Support Services (ESS) Program Health Evacuation Guidelines for COVID-19

Effective Date: 04 August 2020 until Updated or Rescinded

Overview

First Nations Governments and Local Authorities (FN/LA) are seeking guidance in supporting evacuations within the context of the COVID-19 pandemic. This guideline has been developed for First Nations Governments and Local Authorities and in partnership with the Ministry of Health (MoH) to ensure the safety of responders and evacuees and to support the health system's efforts to combat the spread of COVID-19. This guideline has been reviewed with a cultural safety and humility lens and we recognize the opportunity for on-going learning and improvement. This guidance builds upon the information found on the [EMBC ESS Responder Guides & Manuals page](#).

During COVID-19, and as always, FN/LA retain responsibility for managing emergencies and evacuations within their jurisdiction. Close coordination with Emergency Management BC (EMBC), Health authorities and Host Communities is critically important to carry out these operations. A summary of key actions is located at the end of this document to assist FN/LA Governments in understanding the different elements of evacuation coordination.

Procedures and contact information for Health authorities and additional operational details are located in Annex A: EMBC/Health System Evacuation Alert/Order Notification Process.

Health Supports

In response to COVID-19, Health authorities in BC have activated Regional Emergency Operation Centres (EOCs). If a health EOC is not activated, Health authorities may provide similar health supports. Health authorities and Health EOCs:

- Provide health planning and operational supports to Internal Health Systems and Provincial Regional Emergency Operation Centres (PREOCs) and FN/LA EOCs;
- Provides required additional human and material resources for the health response within the community;
- Work with the Provincial Health Emergency Coordination Centre (HECC) to coordinate health response across the Province;
- Contact COVID-19 positive-tested individuals and all their identified contacts to provide supports and ensure adherence to health orders and isolation measures;
- Assist FN/LA governments in planning for and conducting evacuations, including advice on health precautions and messaging, supports for screening at Reception Centres and follow up with evacuees in accommodation;
- Coordinate with FN/LA Governments to maintain patient confidentiality while providing population level information that is necessary for a coordinated response;
- Coordinate clinical supports for identification of COVID-19 cases;
- Provide access to alternative health supports to ensure needs are met (such as the Community Cohort System). With particular focus towards those in rural/remote communities who need access to acute health supports; and

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- Provide required supports to ensure people can succeed in isolation or quarantine at home. For example - mental health and wellness, substance use (MHSU) supports, food and medications.

It is important that FN/LA governments work directly with their respective Health Liaison and PREOC through all phases of an evacuation. This includes:

- Maintaining communications with PREOCs and Health EOCs. PREOCs can provide Health contact information upon request. If a health authority cannot be contacted, the Provincial Health Duty Officer can provide this linkage;
 - o Hlth.dutyofficer@gov.bc.ca
 - o 250-686-6061
- Advising the Health EOC and PREOC when an evacuation is imminent (i.e. an Evacuation Alert (Alert) has been issued or is strongly being considered), ordered or rescinded;
- Advising the Health EOC and PREOC of Reception Centre (if being established) and Accommodation site preparations; and
- Developing joint ESS and Health plans for evacuee care.

The following health guidelines apply to all responders and evacuees:

- Call 8-1-1 any time to talk to a nurse at HealthLinkBC and get advice about how you are feeling and what to do next. 8-1-1 has translation services in 130 languages;
- Updates and information on COVID-19 are posted on www.bccdc.ca/covid19. Non-medical information about COVID-19 can be found by calling 1-888-COVID19 (1-888-268-4319) or via text message at 604-630-0300 from 7:30am – 8pm, seven days a week;
- Responders working with symptomatic evacuees should avoid working with evacuees who are asymptomatic;
- Responders should limit interactions with people with respiratory symptoms and maintain a physical distance of at least 2 metres / 6 feet wherever possible and practice general infection prevention and control measures (e.g., hand washing, avoiding touching your face, install physical barriers at reception desks). Responders do not have to wear PPE if these measures are followed;
- Responders who may be [vulnerable to COVID-19](#) do not provide in person support; and
- Wash hands with plain soap and warm water or hand sanitizer with at least 60% alcohol content:
 - o When arriving on site and before leaving site;
 - o Before and after preparing, handling, serving or eating food;
 - o After sneezing or coughing;
 - o Before and after using a mask;
 - o After disposing of garbage or dirty laundry;
 - o Whenever hands look dirty; and
 - o Before and after working with an evacuee.

Evacuee Needs and Complexities

Evacuees may have vulnerabilities beyond COVID-19 that need to be addressed. Considerations for addressing these vulnerabilities can be found in the [Evacuation Operational Guide](#) and the [ESS Field \(Program\) Guide](#). The following are considered wise practices:

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- Move at risk, COVID-19 positive and symptomatic individuals and families (if required for support) during the Evacuation Alert phase. The sending jurisdiction is to complete Extraordinary Evacuee Form – See [Evacuation Operational Guidelines](#) (Appendix H).
- Engage with other support organizations operating within your jurisdiction such as the Canadian Red Cross, The Salvation Army or Aboriginal Friendship Centres to address vulnerabilities;
- Identify gaps in addressing needs to the PREOC and Health EOC;
- Conduct additional check ins with evacuees in isolated accommodation as evacuee vulnerabilities may be exacerbated during COVID-19, especially for those who are isolated. Depending on the need or complexity, check ins may be conducted by various support organizations or the health system;
 - o Additional attention will be required in situations where smoke from wildfires is present, which may exacerbate medical conditions
- Consider the additional time and resources that will be required when Evacuation Orders (Order) are rescinded to facilitate the smooth transition to recovery; and
- The Health EOC must be notified prior to an Evacuation Order rescind to enable time for inspection, facility preparation and staff repatriation so emergency care is available in the community for returning residents.

Note: The term *cohort* is used throughout this document. *Cohorting* refers to the grouping together of individuals suspected or confirmed to have an infection with the same pathogen within a specific area to limit the direct or indirect contact between infected individuals and non-infected individuals, in order to decrease opportunities for transmission of infectious agents.

The *COVID-19 Community Cohort Centres* were established to ensure equal and timely access to urgent acute services for suspected or confirmed individuals from rural and remote communities by providing designated accommodation spaces to self-isolate in close proximity to an acute care site.

Evacuee Priority and Guidance

The following table offers evacuee categories and suggests priorities and considerations for FN/LA governments carrying out an evacuation. The table can be used to guide FN/LA Government decision making. While some wording is directed to the evacuee level, the entire table is not intended to be public facing. The following recommendations are common to all types of evacuees:

- Responders and evacuees self-report changes in health conditions to 811 and self report to the Incident Command;
- Take care not to stigmatize evacuees (e.g. avoid any judgemental statements that cause people to feel shame or guilt for contracting COVID-19);
- Any evacuee may have COVID-19, seek to safely distance evacuees as much as possible; and
- Minimize physical contact between evacuees and responders. Use physical barriers where necessary.

Detailed considerations for each stage of the evacuation are provided in this guidance.

Category and Definition	Alert	Order	Transport and Host Community	Reception Centre (RC)	Accommodations	Rescind/Return Home	Health Considerations for all Phases
COVID-19 Positive; evacuee has laboratory-confirmed COVID-19 diagnosis.	<ul style="list-style-type: none"> Consider moving to where they can be supported (work with public health to determine location and need) If moving before order complete Evacuation Operational Guidelines (Appendix H). 	<ul style="list-style-type: none"> Self-Identify to incident command. Personal identifiers are not to be released. Maintain isolation throughout evacuation 	<ul style="list-style-type: none"> Use evacuee’s own transport if available Arrange dedicated transport separate from symptomatic, asymptomatic or vulnerable evacuees (e.g. bus for COVID-19 positive evacuees only) 	<ul style="list-style-type: none"> Avoid physical contact with RC if possible First priority to move into isolated accommodation Request to remain in vehicles while ESS conducts rapid needs assessments and health conducts clinical assessments or outreach 	<ul style="list-style-type: none"> Remain in room and arrange to deliver supports (such as delivered meals or groceries) Cohort with other COVID-19 positive in a wing/floor of the hotel/motel 	<ul style="list-style-type: none"> Decision to return home made in consultation with PH to ensure proper PPE, transportation, sanitation and isolation supports are available. If supports not available, stay until supports can be arranged Engage with health system 	<ul style="list-style-type: none"> The health system will contact the evacuee to determine further supports required. Evacuees to self identify as COVID positive Wear masks, including home-made masks and follow hygiene and physical distance recommendations Separate from symptomatic, asymptomatic

Category and Definition	Alert	Order	Transport and Host Community	Reception Centre (RC)	Accommodations	Rescind/Return Home	Health Considerations for all Phases
						to seek additional supports as required	and vulnerable evacuees <ul style="list-style-type: none"> • Ensure access to appropriate mental health supports
Symptomatic; evacuee is displaying/self-reporting symptoms that may be COVID-19 caused.	<ul style="list-style-type: none"> • Take the self assessment and call 811 if required • Move to where they can be supported (work with Health to determine location and need) • If moving before order complete Evacuation Operational Guidelines (Appendix H). 	<ul style="list-style-type: none"> • Self-Identify to incident command. Personal identifiers are not to be released. • Maintain isolation throughout evacuation 	<ul style="list-style-type: none"> • Use evacuee’s own transport if available • Arrange dedicated transport separate from COVID-19 positive/asymptomatic/vulnerable evacuees (bus for symptomatic evacuees only) 	<ul style="list-style-type: none"> • Self identify to ESS responders • Avoid physical contact with RC if possible • Second priority to move into accommodation • Request to remain in vehicles while ESS conducts rapid needs assessments and health conducts clinical assessments or outreach 	<ul style="list-style-type: none"> • Remain in room and arrange to deliver supports (such as delivered meals or groceries) • Monitor symptoms and call 811 if changes occur • Work with health to arrange additional supports as required • Cohort with other symptomatic 	<ul style="list-style-type: none"> • Decision to return home made in consultation with PH to ensure proper PPE, transportation, sanitation and isolation supports are available • If supports not available, stay until supports can be arranged • Engage with health system to seek additional 	<ul style="list-style-type: none"> • Evacuees to self identify as symptomatic. • Seek contact with health to determine if testing is recommended • The health system may contact the evacuee as part of a contact trace. • Wear masks, including home-made masks and follow hygiene and physical distance recommendations • Separate from COVID-19 positive,

Category and Definition	Alert	Order	Transport and Host Community	Reception Centre (RC)	Accommodations	Rescind/Return Home	Health Considerations for all Phases
					evacuees in a wing/floor of the hotel/motel	supports as required	asymptomatic, and vulnerable evacuees <ul style="list-style-type: none"> • Symptoms may not be caused by COVID-19 • Ensure access to appropriate mental health supports
Vulnerable; evacuee has a complexity that requires additional supports. To define vulnerable – see the Evacuation Operational Guidelines And the COVID-19 Priority Populations List	<ul style="list-style-type: none"> • Consider moving to where they can be supported • Sending jurisdiction to complete Extraordinary Evacuee Form – See Evacuation Operational Guidelines (Appendix H) • Take the self assessment and call 811 if required 	<ul style="list-style-type: none"> • Community leadership identify or self-identify needs to incident command 	<ul style="list-style-type: none"> • Use evacuee’s own transport if available • Arrange dedicated transport separate from COVID positive and symptomatic evacuees • Arrange transport that supports specific vulnerability (mobility needs, etc....) • Plan with host community on supports to specific vulnerability 	<ul style="list-style-type: none"> • Priority of accommodation placement is case by case based on complexity • Engage agencies to support complexities as required 	<ul style="list-style-type: none"> • Needs may be worsened by isolation. • Mitigate through engagement with support agencies for wrap around services. • Follow all PHO guidance on physical distancing and interaction 	<ul style="list-style-type: none"> • Return to community per FN/LA Rescindment of Order • Follow PHO directions 	<ul style="list-style-type: none"> • Separate from COVID-19 positive or symptomatic evacuees • Ensure access to appropriate mental health supports

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Category and Definition	Alert	Order	Transport and Host Community	Reception Centre (RC)	Accommodations	Rescind/Return Home	Health Considerations for all Phases
Asymptomatic; evacuee is not displaying any symptoms of COVID-19.	<ul style="list-style-type: none"> Stay in place until Ordered Take the self assessment and call 811 if required 	<ul style="list-style-type: none"> Follow Order instructions 	<ul style="list-style-type: none"> Use evacuee’s own transport if available Arrange dedicated transport separate from COVID positive and symptomatic evacuees 	<ul style="list-style-type: none"> Last priority to move into accommodation 	<ul style="list-style-type: none"> Follow all PHO guidance on physical distancing and interaction 	<ul style="list-style-type: none"> Return to community per FN/LA Rescindment of Order Follow PHO directions on Self-Isolation. 	<ul style="list-style-type: none"> Separate from symptomatic and COVID-19 positive evacuees. Ensure access to appropriate mental health supports

Messaging for Evacuation Alerts and Orders

Below is information for FN/LA governments to add to evacuation notices. Templates for both can be found in the [Evacuation Operational Guide](#).

Evacuation Alert

- Individuals must follow the guidance of Public Health Officer and the BC CDC, including physical distancing and hygiene measures. To prepare for a potential evacuation, read the recommendations provided by the BC CDC for evacuees during COVID-19 (attached);
- Additional health authority specific guidance as provided;
- If you are COVID-19 positive, it is recommended to self-identify yourself to your FN/LA government to ensure you are supported if an evacuation occurs;
- People with [symptoms of COVID-19](#) call 8-1-1;
- Pre-register all members of your family on the BC Government's [Evacuee Registration Assistance \(ERA\) Tool](#) (Only include this if your FN/LA is active and able to use the ERA Tool);
- Regularly check First Nations Governments and Local Authorities and First Nations' information sources and [Emergency Info BC](#); and
- People can further prepare themselves for an evacuation by:
 - o Packing at least a week's worth of supplies – including food, water, medication, toiletries and weather appropriate clothing;
 - o Fueling their vehicles;
 - o Preparing their pets – packing food, medications, toys, comfort items and a carrier; and
 - o Gathering critical documents such as IDs, passports and all credit/debit cards.

Evacuation Order

- The same as the information contained on an Alert, and
- In order to be eligible to receive ESS, evacuees must travel to the location specified in the Order or listed at [Emergency Info BC](#). Evacuees travelling to other jurisdictions will not be eligible to receive emergency supports.

Transportation

Shared travel with more than one person is minimized, unless those individuals already share a living space. Individuals and families being evacuated will use their own personal vehicle if that is an option. FN/LA governments can use buses as a secondary option. Transportation companies will often have established protocols for COVID-19. When buses are required, FN/LA governments can work with Health EOCs and PREOCs to:

- Minimize number of evacuees per bus;
- Install an impervious barrier (“Physical barrier”). The barrier must be something that prevents one person’s cough or sneeze from contacting another person. The barrier must be made of a non-porous material that can be effectively disinfected or disposed of after single use (e.g. Plexiglass, plastic sheeting, etc.).
 - o Physical barrier between the driver and passengers.
 - o Physical barrier between bus rows, and between sides/aisles.
- All passengers should wear a face covering

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- Ensure adequate air flow. This can be supported through increased ventilation (e.g. open windows), however needs to be balanced with comfortable conditions for passengers (e.g. vehicle temperature, noise, etc.) and air quality conditions (e.g. smoke, etc.);
- Cohort or compartmentalize evacuees based on known evacuee categories.
 - o Dedicate a vehicle for all people who are COVID-19 positive in a community and another for individuals with respiratory symptoms;
 - o The principle is to keep COVID-19 positive, symptomatic, vulnerable and asymptomatic evacuees physically distanced from one another; and
 - o If an asymptomatic family member or support person requests to remain with a person who is COVID-19 positive or symptomatic to provide care, they may do so.
- Allow enough time for passengers to disembark from vehicles to allow for adequate distancing and prevent crowding;
- Create spacing between riders such as staggering where people sit (e.g. aisle to window, alternating per row), unless sitting with family (e.g. children and parents); and
- Ensure adequate cleaning of vehicles before, during and after the evacuation. For more information, see [Cleaning and Disinfectants for Public Settings](#).

Evacuee and FN/LA government provided vehicles may be used to support temporary self-isolation while awaiting needs assessments.

- Evacuees can wait in or near their vehicle while awaiting assessment by ESS;
- Evacuees should be given access to washroom facilities; and
- Risks related to sun exposure should be considered if utilizing a holding area for vehicles.

Host Community Planning

The FN/LA government who is evacuating must ensure early and consistent communication with potential Host Communities. Planning considerations include:

- Ensuring the host community has the capacity to support the number and type of evacuees
 - o Work with Health to understand local health system capacity for vulnerable and COVID positive evacuees;
- Develop host community messaging welcoming the evacuees to their community. Acknowledging the hardship and the call for compassion to all evacuees as they are welcomed guests.
- Developing a transportation staging area to hold evacuee vehicles or arranged transportation such as buses;
- If vulnerable populations are being moved during the alert phase, the evacuating community is to complete Extraordinary Evacuee Form – See [Evacuation Operational Guidelines](#) (Appendix H);
- Use of modified Reception Centres (RCs) in host community;
- Accommodation options available in host community;
- Current status of host community ESS team; and
- Capacity of food, clothing, transportation, and incidental suppliers

Reception Centres (RCs)

The use of Reception Centres should be considered as a last resort. The use of the Evacuee Registration Assistance (ERA) Tool and/or remote means of registration and referral should be used where possible.

It is recognized that large numbers of evacuees may necessitate the opening of an RC. Additional considerations for RC operations during COVID-19 are located on the [EMBC ESS Responder Guides & Manuals page](#).

- Move COVID-19 positive and symptomatic evacuees straight to isolated accommodation without attending the RC;
- Engage Health to ensure proper care for COVID-19 positive or symptomatic evacuees, provide health supports and surveillance as required;
- ESS responders may modify standard procedures to prioritize placing evacuees into isolated accommodation:
 1. Conduct rapid needs assessment and gather basic family information
 2. Place evacuees in appropriate accommodation
 3. Carry out full registration, needs assessment and referral process once evacuee is isolated in their accommodation
 4. Deliver supports to isolated evacuees as required

If a temporary staging/holding area is required, the following are considered best practice:

- Separate entrances and RC areas to serve different categories of evacuees (symptomatic, asymptomatic, etc....), if known;
- Avoid moving equipment or supplies between RC areas;
- Prioritize placing evacuees into accommodation as quickly as possible and carry out detailed needs assessment after;
- Evacuees should be encouraged to stay in their vehicles to maintain isolation while waiting for supports;
- Ensure those in their vehicles are not exposed to heat and have access to appropriate washroom/sanitation facilities;
- Provide additional handwashing and hygiene stations for both evacuees and responders;
- Follow the recommendations for delivery of ESS supports in the COVID-19 environment located on the [EMBC ESS Responder Guides & Manuals page](#);
- Consider a virtual gathering space to provide a central place for updates for evacuees; and
- Include a space to practice traditional activities – including preparation of traditional foods and extra comfort to Elders; and
- Accommodation for expectant mothers.

Accommodation

The ESS program is a short-term emergency support program. Evacuees should use their own resources, insurance and/or community supports before ESS. Accommodation support provided by the ESS program is limited in length. Planning is required to transition evacuees to more appropriate, longer term supports (if required by the event).

The following are recommendations for accommodation provider staff:

- Make it easy for evacuees to register remotely through online, telephone or app-based tools;
- Ensure hotel staff are briefed on culturally safe practices, to refrain from judgemental or discriminatory comments or actions; and
- Review the [COVID-19 Guidance for the Hotel Sector](#), which includes cleaning, housekeeping, laundry, waste management, and food and beverage services.

EMBC can provide direct contracting support for FN/LA governments with limited accommodation options. FN/LA Governments with accommodation gaps should reach out to their respective PREOCs to develop alternative accommodation plans.

FN/LA governments will need to engage with Health and accommodation providers to employ a “cohort” approach to evacuee accommodation:

- Identify symptomatic and COVID-19 positive evacuees;
- Keep households together wherever possible;
- Support evacuee by category (COVID positive, symptomatic, etc....);
- Issue appropriate PPE to staff based on category of evacuee they are supporting;
- Assign hotel/motel floors, room blocks, wings or towers to an evacuee category;
- Organize check-in procedures, support type and delivery method based on cohort;
- Symptomatic evacuees given accommodation with external door if possible (example - motel);
and
- Establish a schedule for changing and laundering bed linens and towels

Rescindment of Orders

The Rescindment of an Evacuation Order is given by FN/LA Governments when the emergency event is over, and it is safe to return to the evacuee’s home community. Re-entry planning must be conducted to ensure essential and medical services are available in the evacuee’s home community.

- FN/LA Governments should work with evacuees to ensure they have appropriate resources to support a successful transition to recovery while following the COVID-19 recommendations from health; and
- Close coordination with Health authorities is required to ensure appropriate supports are available in the home community.

Summary

No evacuation is perfectly planned or executed. They are often carried out in austere environments, under great stress and intensive time constraints. The following factors guide evacuation decision making in the COVID risk environment:

- Time available,
- Resources available,
- Response goals of the [British Columbia Emergency Management System \(BCEMs\), and](#)
- Evacuee vulnerability

The following operational principles are essential during evacuation operations:

- Communication and information sharing,
- Pre-planning,
- Cooperation and mutual aide, and
- Flexibility

Key FN/LA Government Actions

Evacuation Stage	FN/LA Government Action(s)
Preparedness	<ul style="list-style-type: none"> - Connect with health authority EOC and PREOC. If contact point is unknown, contact the Emergency Coordination Centre at 1-800-663-3456 and ask to be directed to your regional PREOC. - Prepare ESS team – train on the ERA Tool, review ESS plan, prepare grab and go kits, stock ESS forms and supplies; - Identify gaps in ESS suppliers/supports and seek to mitigate by working with PREOC; and - Identify gaps in addresses evacuee vulnerability.
Alert	<ul style="list-style-type: none"> - Contact health authority EOC and PREOC. If contact point is unknown, PREOC can provide linkage; add duty number here? - Engage with health authorities on appropriate accommodation options for COVID-19 or symptomatic evacuees; - Evacuate vulnerable populations, working with health authorities for the movement of COVID-19 positive or symptomatic individuals; - Provide Evacuation Alert messaging with COVID-19 considerations; - Begin planning process with potential Host Communities, ESS Teams and the Health EOC; and - Identify gaps in ESS suppliers/supports and seek to mitigate by working with PREOC (example - accommodation).
Order	<ul style="list-style-type: none"> - Communicate with PREOC, Health EOC and Host Community throughout evacuation and support period; - Establish a connection with health authority for management of evacuee medical information medical information; - Prioritize evacuee supports based on evacuee type, if known; - Conduct rapid needs assessment isolate evacuees into accommodation, then provide remainder of supports; and - Ensure adherence to health recommendations by evacuees and responders.

Annexes

Annex A: EMBC/Health System Evacuation Alert/Order Notification Process.