



Evacuation Management Guidelines

COVID 19 Supplement

V2.0 (August 2020)

Contents

| | | |
|-------|---|----|
| 1 | Context | 3 |
| 1.1 | Definitions..... | 3 |
| 2 | Scope | 4 |
| 3 | Planning principles | 4 |
| 3.1 | Planning assumptions | 5 |
| 3.2 | Relevance to other plans | 6 |
| 3.3 | Hierarchy of controls | 6 |
| 4 | Operational expenditure | 6 |
| 5 | Decision-making checklist..... | 6 |
| 5.1 | Initial actions..... | 6 |
| 5.2 | Transport..... | 7 |
| 5.2.1 | Additional transport-related processes..... | 7 |
| 5.3 | Opening evacuation centre(s)..... | 7 |
| 5.3.1 | Evacuation assistance hotline..... | 7 |
| 5.3.2 | Physical evacuation centre | 8 |
| 5.4 | Animals..... | 9 |
| 5.4.1 | Physical evacuation centre | 9 |
| 6 | Responsibilities for decision-making..... | 10 |
| 6.1 | Responsible agencies | 10 |
| 6.2 | WelFACs detailed responsibilities..... | 10 |
| | Annex 1—risk controls | 12 |
| | Decision..... | 12 |
| | Warning | 12 |
| | Withdrawal..... | 13 |
| | Shelter | 13 |
| | Return..... | 14 |
| | Attachment 1—public information message | 15 |
| | Attachment 2—screening..... | 16 |
| | Screening area | 16 |
| | Isolation Area | 17 |
| | References | 18 |

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1 Context

Emergencies mean that people and their pets may have to temporarily relocate or evacuate to a safer place. The period of evacuation may be for hours, days or weeks. The *NSW Evacuation Management Guidelines* outline the principles, processes and responsibilities for managing evacuation. The *NSW Major Evacuation Centre Guideline* outlines the management of a major evacuation centre.

There are also provisions relevant to evacuation management in the *State Emergency and Rescue Management Act 1989* and the EMPLAN.

Evacuation is a risk-managed decision that balances the risks of staying put against the risks created by moving. The COVID-19 pandemic introduces new risks to evacuation management. These include:

- the risk of transmitting the virus as people relocate,
- the risk that staff and volunteers will not be prepared/allowed to work in traditional evacuation centres, and
- risks associated with collecting, distributing and maintaining supplies to evacuees.

This supplement outlines controls that may reduce the risk to as low as reasonably practicable.

Local Emergency Management Committees and combat agency decision-makers should consider four evacuation scenarios in the context of the pandemic:

1. **short-term evacuation** is a temporary relocation where no accommodation is needed, such as to avoid a hazmat release, nearby fire or similar incident.
2. **pre-warned/managed evacuation** requires people to be away from their homes for at least one night, such as to avoid flooding.
3. **self-managed evacuation/relocation** where individuals, families or community groups move away from a danger area, generally for more than one night.
4. **temporary housing**, such as where a home has been destroyed.

The recommended approach to evacuation is to rely on people moving to stay with family and friends.

Looking after companion, assistance and support animals will remain an important requirement during any evacuation.

1.1 Definitions

An **assembly area** is a place that provides a temporary safer area for a short-term evacuation, a temporary stopping point before moving evacuees to evacuation centres for alternative accommodation, and a source of information about the evacuation process, the hazard, sheltering, return options, evacuation centre location/s and how to get to them (AGD EMA Handbook 4, *Evacuation Planning*).

Evacuation is a risk management strategy that may be used to mitigate the effects of an emergency on a community. It involves the movement of people to a safer location and their return. For an evacuation to be effective, it must be appropriately planned and implemented (AGD EMA Handbook 4, *Evacuation Planning*).

Evacuation centre is a centre which provides affected people with basic human needs including accommodation, food and water (*Australian Emergency Management Glossary*). In

NSW it provides information, advice and connection to government services. It need not be a physical location but can be a call-centre.

Higher-risk individuals includes:

- Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions
- people [65 years and older](#) with chronic medical conditions
- people 70 years and older
- people with [compromised immune systems](#) (see [Australian Government](#) Department of Health)

Physical distancing means keeping a 1.5m distance when interacting with other people and avoiding having multiple people in a confined space.

Registration is the process that enables people to be identified, supports their safety and welfare, reconnects them with family and friends, and facilitates access to community workers, welfare and support services (AGD EMA Handbook 4, *Evacuation Planning*). The preferred system for registration is [Register.Find.Reunite](#) (RFR), complemented with referral to appropriate services.

Shelter refers to a location that provides for the temporary respite of evacuees (AGD EMA Handbook 4, *Evacuation Planning*). Shelter can be *congregate* (e.g. an RSL Club or evacuation centre) or *non-congregate* (e.g. a motel room).

2 Scope

This supplement provides guidelines and considerations to complement the NSW Evacuation Management Guidelines during the coronavirus pandemic. It is relevant for any incident or emergency where people must leave their home.

It is not intended for use in planning site-specific evacuations such as commercial facilities covered by AS3745:2010 *Planning for emergencies in facilities*, or for vulnerable facilities that are required to develop their own evacuation plans under AS4083:2010 *Planning for emergencies—Health care facilities*.

Due to the changing nature of the situation and associated risks, this supplement will be reviewed on a two monthly basis or as required to incorporate relevant changes as the situation evolves.

3 Planning principles

1. Planning should aim to meet NSW Health guidelines wherever possible.
2. Risks at evacuation centres can be minimised through early planning with communities to seek alternatives.
3. Evacuation is an option of last resort; however, evacuation to a safer place may be necessary.
4. Any evacuation should be recommended or ordered with as much notice as possible.
5. NSW Health must be involved in any evacuation decision where there may be a need for temporary shelter of people or their animals.

6. Evacuees should make their own arrangements for alternative accommodation wherever possible.
7. Travel should be minimised wherever possible.
8. The preferred safer place is with family or friends where the host family and the evacuees are well, free from respiratory illness and not in a higher-risk category.
9. Commercial accommodation may be more suitable than staying with family or friends to promote physical distancing and minimise travel; or for higher-risk individuals.
10. Special arrangements may be needed for individuals who have been told by NSW Health that they must self-isolate at home.
11. Vulnerable and at-risk people are more likely to need help evacuating, including transport and accommodation.
12. Evacuation centres may need to be set up, with or without onsite accommodation for people and animals.
13. Animal holding areas may need to be set up.
14. Evacuation centres and animal holding areas should operate for the minimum time necessary.

3.1 Planning assumptions

1. [Physical distancing](#) and good [personal hygiene](#) should be maintained regardless of where an evacuation takes place.
2. Pre-symptomatic and asymptomatic individuals can transmit SARS-COV-2.
3. Individuals who have been told by NSW Health that they must [self-isolate](#) at home will likely need to be placed into alternative accommodation arrangements made by NSW Health, through the local Public Health Unit.
4. Individuals who have been told by NSW Health that they must self-isolate at home should not attend an evacuation centre or animal holding area. If attendance is unavoidable, they should wear a mask. Where possible, specific evacuation arrangements should be considered to transport these individuals separately to the general population.
5. Where practicable and if required, everyone entering an evacuation centre or animal holding area should be screened. If an individual refuses to be screened, that individual will be treated as ill and will be placed in isolation. The requirement for screening should be discussed with the local Public Health Unit.
6. Evacuees who show signs of illness, should be provided with a mask, and must be effectively separated from any shelter population and NSW Health will likely need to arrange alternative accommodation.
7. Not all evacuees will act, or be able to act, optimally during an evacuation.
8. Not all evacuees will have access to a smart-phone or mobile phone.
9. Animals will accompany many evacuees.
10. Evacuees requiring emergency accommodation will have limited support, fewer resources and may present with significant health issues.
11. Commercial venues (RSL Clubs etc.) may not be operating, but may open on request.
12. There may not be any commercial accommodation centres nearby which will mean that evacuees who need this will have to be transported if they have no transport.
13. Evacuees need access to information promoting hand hygiene, respiratory etiquette, masks, physical distancing and regular cleaning.

32 Relevance to other plans

This supplement may be relevant to managing community outreach centres following an emergency.

33 Hierarchy of controls

The hierarchy of risk controls, from most to least reliable, is:

1. **eliminate** (not currently applicable)
2. **substitute** (such as sending washing to commercial laundry rather than doing it in an evacuation centre)
3. **isolate** (dedicate specific areas with appropriate controls, such as evacuate to commercial accommodation, separating activity zones in an evacuation centre, eat in-room)
4. **engineering controls** (such as partitioning, or barriers plus enhanced [cleaning](#))
5. **administrative controls** (such as rostering meal times, maintaining physical distance)
6. **PPE** (masks)

4 Operational expenditure

The coronavirus pandemic has not changed existing funding arrangements.

5 Decision-making checklist

Decisions to evacuate and subsequent actions for most evacuees are largely unchanged by the pandemic; however, public information must reflect the need to maintain physical distancing and good hygiene practices.

5.1 Initial actions

1. Discuss the population COVID-19 risk profile with the local Public Health Unit where possible.
2. Confirm the need to evacuate, for how many people and for how long.
3. Align combat agency strategy with public health strategy:
 - a. identify confirmed COVID-19 cases and close contacts in the evacuation area
 - b. confirm if staying with family and friends is an appropriate strategy
 - c. develop clear risk communication messages
4. Confirm if accommodation is available in a non-congregate setting and the number of rooms available.
5. Consider activating an evacuation assistance hotline.
6. Confirm site(s) if an evacuation centre and/or animal holding area is needed.
7. Confirm if an intermediate assembly area is needed. If so:
 - a. Set up a site with enough parking to allow evacuees to remain in their car
 - b. Provide an information site or distribution point
 - c. Ensure staff are available to oversee physical distancing for essential activities, such as bathroom facilities. Arrange to provide water and catering if necessary
8. Develop a coherent and comprehensive warning and messaging strategy (see example message at Attachment 1)

52 Transport

Consistent with normal practice, encourage evacuees to use their own transport to move to alternative accommodation or attend an evacuation centre. The combat agency or EOCON will arrange transport for those unable to do so for themselves. Physical distancing requirements will constrain transport capacity.

Ensure people stay in their cars or other transport wherever possible e.g. at an assembly area.

The Transport Services Functional Area (TSFA) will apply COVID-19 loading and cleaning protocols consistent with the airport repatriation operation where possible. This will reduce vehicle capacity to 30%, which will, in turn, affect the rate of people movement.

When TSFA has organised transport for passengers, the driver's primary focus is the driving of the vehicle, not providing support services to the passengers. The driver's role will not include enforcement of physical distancing. Physical distancing will be supported where operationally possible.

5.2.1 Additional transport-related processes

If time permits and does not cause a threat to life, the following actions may be undertaken:

1. diversion of known positive cases to NSW Health transport process (e.g. ambulance, patient transport)
2. manifest creation (name, mobile, bus ID/number, destination, expected duration of trip).

53 Opening evacuation centre(s)

Consistent with existing processes, encourage evacuees to be self-reliant and stay with family or friends or organise their own commercial accommodation.

The local Public Health Unit will coordinate alternative accommodation for individuals who have been told by NSW Health that they must self-isolate at home and for people who have symptoms and might be infected with COVID-19.

An evacuation centre will help individuals or families to access support where needed. It is important to minimise the number of people attending any physical evacuation centre by one or more of the following strategies:

1. encourage self-reliance in public messaging
2. consider diverting attendance at a physical centre by activating and publicising a "evacuation assistance hotline" and encouraging people to use RFR
3. stage evacuations over time
4. establish intermediate assembly areas to hold evacuees in their car

5.3.1 Evacuation assistance hotline

A telephone-based registration and assistance capability (evacuation assistance hotline) can be established to divert people from attending a physical evacuation centre. It will:

- register evacuees
- provide initial triage and referral to other government services, such as:
 - Public Health Unit for persons with COVID-19

- Ag and Animal Services for persons unable to arrange somewhere for their companion animals
- Housing Contact Centre for persons unable to make their own accommodation arrangements
- Provide options for other immediate welfare requirements

Agencies will be encouraged to publicise the evacuation assistance hotline contact number widely. In addition, people may be encouraged to self-register on the RFR system.

5.3.2 Physical evacuation centre

A physical evacuation centre may or may not include an animal holding area (either attached to the physical evacuation centre or in close proximity). Where a physical evacuation centre and/or animal holding area is needed:

1. Contact the facility(ies) to confirm availability, capacity and lead time to re-open if required
2. Confirm purchasing and payment arrangements following existing procedures
3. Arrange centre staffing to ensure any higher-risk individuals avoid face-to-face contact with evacuees
4. Open and operate the centre following existing arrangements *plus* the additional requirements to meet physical distancing and good hygiene practices below.

Set up

1. Obtain guidance from the local Public Health Unit, including risk-based advice about the immediate or staged requirement for screening.
2. Establish agreement on COVID-19 [cleaning and sanitation requirements](#) with facility or contract arrangement, in consultation with the local Public Health Unit.
3. Establish a Screening Area and an Isolation Area (see Attachment 2).
4. Confirm the protocol for managing symptomatic evacuees (suspect cases).
5. Space out furniture to encourage flow and maintain physical distancing in queues.
6. Apply tape to floors to define areas of significance and encourage physical distancing.
7. Where absolutely required, set up any sleeping area in consultation with the local Public Health Unit.
 - a. Ensure the Screening Area and Isolation Area are physically separate from any sleeping area.
 - b. Ensure proper sleeping area space allocation per evacuee; ideally 10sqm per person (but no less than 4sqm) with 2m separation between edges of each cot and arrange cots “head-to-toe”.
 - c. Allow families to move their cots closer together.
8. If required, begin screening for all evacuees, workers, and visitors before entering the facility, where required in accordance with advice provided by the Public Health Unit.
9. If required, begin daily screening logs for evacuees, staff, partners, and visitors. Consider issuing a different coloured sticker each day to indicate a person has been screened.

Registration

1. Develop and distribute an information pack describing physical distancing and hygiene requirements.
2. Distribute sanitiser (if available).

Operation

1. If required, screen everyone (evacuees and staff) daily and whenever they arrive at or re-enter inside the shelter, in accordance with advice provided by the Public Health Unit.
2. Encourage anyone who develops symptoms or becomes unwell to advise staff.
3. Continually promote and enforce physical distancing and hygiene requirements.
4. Maintain enhanced sanitation protocols and other related instructions from NSW Health.
5. Limit visitors.

54 Animals

The Agriculture and Animal Services Functional Area (AASFA) will coordinate animal services resources at any physical evacuation centre or animal holding area. The requirements for the opening of a physical evacuation centre (5.4) will equally apply to an animal holding area.

Consistent with existing processes, evacuees with animals/pets are encouraged to be self-reliant and stay with family or friends or organise their own commercial accommodation. Alternate accommodation could include animal holding establishments such as pet care and pet stay hotels, RSPCA, vet clinics, and council pounds.

An evacuation centre will assist owners to access support where needed. It is important to minimise the number of people attending any physical evacuation centre with animals by one or more of the following:

1. Encourage self-reliance in public messaging
2. Stage evacuations over time taking into consideration animal type/animal welfare (stress/feeding etc)
3. Establish intermediate assembly areas to hold evacuees in their vehicle/trailers where able (factoring animal welfare i.e. temperature/stress).

5.4.1 Physical evacuation centre

Animal holding areas should be attached to, or located nearby physical evacuation centres. Where an animal holding area is separate from an evacuation centre, the animal holding area should ideally be situated close enough to a physical evacuation centre to allow owners to have reasonable, easy access to provide care for their animals.

6 Responsibilities for decision-making

6.1 Responsible agencies

In relation to Section 5, the following agencies are responsible for decision-making in relation to the establishment of an evacuation centre in a pandemic scenario.

- **Welfare Service Functional Area Coordinators (WelFACs)** - must participate in the decision making and planning discussions to establish evacuation centres that require sheltering evacuees as an absolute last resort (refer to *Section 6.2* for detailed responsibilities). Welfare will be responsible for deciding the best strategy for sheltering of evacuees.
- **NSW Health** – decide the arrangements to check for COVID-19 from door knocking through to shelter. Provide support to the WelFACS in the early stages of establishing an evacuation centre to establish and communicate Physical distancing and infection control protocols, and providing risk-based advice on the requirements for screening at evacuation centres and animal holding areas.
- **NSW Police Force** – decide on the evacuation of Locked-Down areas, how public order issues arising from COVID-19 will occur during evacuations, and how registration will be conducted. Private security may be engaged in lieu of or to augment NSWPF resources where required.
- **NSW Public Works** – in consultation with the Facility Owner, decide to implement additional cleaning and disinfection routines where required.
- **Agriculture and Animal Services Functional Area** – decide the best strategy for sheltering and handling of animals and the human interaction and interface in the process.
- **Transport Services Functional Area** – decide on the best method, mode and utilisation of transport. Decision on traffic management in conjunction with NSWPF and road owners.
- **Facility/Land Owner** – confirm availability and provide authority to use the facility to SEOC and/or MEC Manager; and decide in conjunction with NSW Public Works to implement additional cleaning and sanitation routines.
- **Community Partners (e.g. Red Cross)** – in conjunction with the WelFACs, provide additional resources in managing the evacuation centre and associated works such as food runs, counselling, and registration services.

6.2 WelFACs detailed responsibilities

If evacuation centres are required, WelFACs will need to:

- Participate in the decision making and planning to establish Evacuation Centre via Welfare Services Functional Area Liaison Officer placed in the EOC.
- Plan and implement in partnership with NSW Health the establishment and function of the evacuation centre considering physical isolation and infection control measures.
- Support the development of clear and concise messaging to community partners and DCJ staff about physical distancing and infection control protocols that must be in place to manage the evacuation centre.

- Support the development of clear and concise messaging to members of the public accessing an evacuation centre on the physical distancing and infection control practices of the evacuation centre during the COVID-19 pandemic.
- Ensure PPE (if available) and COVID-19 resources are available in Evacuation Centre Kits.
- Provide support to staff and community partners to manage the function of an evacuation centre ensuring physical distancing and infection control protocols are in place.

Annex 1—risk controls

The following risk controls are specific to COVID-19 and are in addition to the considerations already included in the SEMC *Evacuation Management Guidelines* (Annexures A and F) and NSW Health GL2018_002 *Major Evacuation Centres: Public Health Considerations* (Part 5 and Appendices 2 and 5).

Risks are considered in each evacuation phase; decision, warning, withdrawal, shelter and return (which includes the transport risks of withdrawal).

Agencies, Functional Areas, REMOs and LEMCs should review their current plans and guidance against the controls described below and consider how they can be met.

Decision

| Risk | Control(s) | Agency |
|---|---|------------------------|
| Person to person transmission (PPT) during evacuation and in alternate accommodation | Consult with local Public Health Unit as part of the decision-making process | Combat Agency or EOCON |
| | Validate requirement to evacuate as a risk management strategy | |
| | Consult with EOCON and supporting agencies prior to decision | HSFA |
| | Consult with community as early as possible | |
| | Confirm numbers of individuals who are confirmed cases or close contacts and any other available information about those have been told by NSW Health that they must self-isolate at home or are awaiting results | |

Warning

| Risk | Control(s) | Agency |
|---|---|------------------------|
| Misunderstanding evacuation strategy and COVID-19 specific requirements | Develop clear, consistent, actionable messages, including options to register and seek help via the 'evacuation assistance hotline', if established | Combat Agency or EOCON |
| | Encourage self-reliance in all messaging | |
| | Provide specific advice for individuals with respiratory symptoms and higher risk individuals | HSFA |
| Person to person transmission (PPT) during face-to-face warning (doorknocking) | Do not use higher risk individuals for doorknocking | Combat Agency or EOCON |
| | Minimise face-to-face doorknocking | |
| | Use alternative warning methods, including vehicle loudspeakers, SMS messaging, Emergency Alert, SEWS, radio, TV and social media | |
| | Ensure doorknock teams stay >1.5m from a door | HSFA |
| | Leave documents in the mailbox or at the door | |
| | Local Public Health Unit to contact individuals who have been told by NSW Health that they must self-isolate at home and give doorknock teams the address(es) | |
| Confidentiality on the residents' COVID-19 status must be upheld | | |

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Withdrawal

| Risk | Control(s) | Agency |
|---|---|---------------------------------|
| PPT during travel (withdrawal or return) | Encourage travel in personal transport wherever possible Load communal transport to no more than 30% capacity (one person per row, every second row) | Combat Agency or EOCON TSFA |
| PPT during assembly | Establish assembly areas in large carparks or similar venue Encourage evacuees to remain in their vehicle Complete immediate assessment while evacuees remain in the car (consider “drive-through” registration and assessment process) Monitor physical distancing (e.g. movement to and from toilets or to attend the evacuation centre) | Combat Agency or EOCON WELFA |
| Transport vehicle contamination with coronavirus | Decontaminate communal transport vehicles after passengers disembark | TSFA |
| Breach Public Health Orders | Confirm any gathering is “for the purposes of emergency services” Confirm travel is “essential” Confirm people in self-isolation can leave their home | NSWPF |

Shelter

| Risk | Control(s) | Agency |
|---|--|---------------------------------|
| PPT during registration and processing through the evacuation centre (including animal holding area) | Consider Evacuation Assistance Hotline and promote registration by phone or using RFR Do not allow higher risk individuals to work in a physical evacuation centre or animal holding area Use staged evacuations to reduce numbers moving through facilities Consider “drive-through” registration process or similar where evacuees remain in their vehicle Establish NSW Health screening process if required Ensure access to hand-washing facilities and/or sanitiser Minimise the number of people in the facility (reduce capacity to ensure ≥4sqm/person) Set up desks and queues to maintain physical distancing (>1.5m between chairs or across desks) Require one person to register on behalf of family groups Refer to Disaster Welfare Assistance Line for support rather than returning to evacuation centre for assistance Encourage physical distancing and personal hygiene practices Provide additional supervision/control to manage distancing Avoid sharing writing implements and minimise document handling | WELFA HSFA NSWPF AASFA |

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| Risk | Control(s) | Agency |
|--|--|---|
| PPT in evacuation centre – sleeping | Use physical barriers between family groups where possible Separate sleeping areas >4m apart (e.g. wide corridors) Ensure capacity allows ≥4sqm/person Monitor physical distancing and hygiene | WELFA |
| PPT in evacuation centre – general | Establish separate recreation and exercise area(s) Establish usage/access rosters for meals, recreation, laundry or similar communal facilities Ensure seating allows for physical distancing Ensure access to handwashing facilities and/or sanitiser Encourage good hygiene practices Consider commercial laundry options | WELFA |
| PPT while at friends/family accommodation | Avoid staying with family and friends if there are higher risk individuals in the evacuee party or at the intended home Promote physical distancing when staying with family or friends in evacuation messaging Promote good hygiene practices Provide information about symptoms to look out for | Combat Agency or EOCON HSFA |
| Added evacuee stress and anxiety due to COVID | Proactive communication and support Provide access to emotional support staff and/or mental health support (face-to-face or by phone outreach) Provide education and/or outreach resources, including contact numbers for support services | WELFA HSFA |
| Facility contamination with coronavirus | Implement additional cleaning and disinfection routines | FACILITY/LAND OWNER NSW PUBLIC WORKS |
| Breach procurement requirements | Use existing contracts or panels Use existing procurement processes and staff | All agencies |

Return

| Risk | Control(s) | Agency |
|---------------------------------|--|---------------|
| PPT after returning home | Reinforce physical distancing rules (e.g. for tradespeople fixing damage or during clean-up activities) Outreach information about symptoms to look out for | HSFA WELFA |

Attachment 1—public information message

Extracted from SES Evacuation Order as an example only. This will be refined in consultation with PIFAC.

Where to go: Stay with family or friends outside of [location], unless you (or someone at your intended destination) are more vulnerable.

If you are unable to stay with family or friends contact TBC on NUMBER for advice; alternatively, an evacuation centre has been set up at [enter location details].

If you are in self-isolation, contact the local Public Health Unit on 1300 066 055 before leaving your home, where possible.

Attachment 2—screening

Screening area

- Responsibility: NSW Health is responsible for the function of health screening for COVID-19 symptoms in an evacuation centre
- Location: Dedicate a specific location for screening
- Staffing: The screening area is ideally staffed with two persons – ideally registered health professionals – but can be reduced to one if necessary. Screening should not be carried out by staff who are higher-risk individuals.
- Equipment: approved temperature monitoring device
Hand sanitiser
Gloves
PPE [surgical mask]¹

Work instruction:

1. If required, ask each person attending the evacuation the following screening questions:
 - a. Are you currently in mandatory isolation (i.e. returned traveller or COVID -19 positive)?
 - b. Have you had any close contact with a COVID-19 positive case?
 - c. Do you have *any* flu-like symptoms (even mild) including fever, cough, sore/scratchy throat, runny nose, shortness of breath, loss of taste or loss of smell?
 - d. Do you have muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite?

If the answer to any of these questions is “yes”, provide a face mask, and:

- a. move the individual to the isolation area
- b. if they are in mandatory self-isolation, have them contact the Public Health Information line 1300 066 055 for advice
- c. otherwise, arrange for them to attend the nearest COVID-19 clinic or health facility for clinical advice.

NSW Health recommends that **anyone with respiratory symptoms or unexplained fever or loss of sense of smell of taste should be tested** for COVID-19.

2. Take the person’s temperature:
 - a. If $<37.5^{\circ}\text{C}$ no action required
 - b. If $\geq 37.5^{\circ}\text{C}$ sit the person down for five minutes. Ask them to remove excess jackets
 - c. Repeat temperature after five minutes, if it stays $\geq 37.5^{\circ}\text{C}$ provide a face mask and arrange for the person to attend the nearest COVID-19 clinic or health facility for clinical advice
3. Wearing of masks

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In the event that physical distancing cannot be guaranteed, NSW Health will recommend the wearing of face masks in an evacuation centre. NSW Health will provide masks for members of the public in an evacuation centre in the event NSW Health recommends the requirement for masks to be worn.

¹ PPE requirements may change. Always check with the local Public Health Unit when setting up a screening area.

Isolation Area

An isolation area is a waiting area for symptomatic people awaiting further testing or transport to alternative accommodation. It should be physically separate from the rest of the evacuation centre. Anyone waiting in the isolation area should wear a surgical mask.

People should be in the isolation area for the shortest time possible.

The Isolation Area is higher risk and should be monitored by the screening staff.

References

American Red Cross 2020, *COVID-19 Operational Decision-Making / Shelter Facility Opening Checklist*, [accessed](#) 15 April 2020

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