

Public Health Considerations for Major Evacuation Centres

Summary This Guideline is intended for health staff who are providing public health guidance for the planning, set up and management of major evacuation centres where a public health assessment is indicated.

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Guideline Summary

NSW Health aims to support health staff providing public health guidance in the identification, planning, set up and management of major evacuation centres with a set of public health considerations that reduce the risk of disease and optimise the health and welfare of disaster affected persons (evacuees) and staff. These considerations may be applied to all evacuation centres as relevant.

Key Principles

NSW Health staff providing public health guidance at evacuation centres are to promote conditions that reduce the risk of disease and optimise the health and welfare of evacuees and staff.

This includes planning for the health, social and cultural needs of populations that may be disproportionately impacted by evacuation and require emergency accommodation, such as people who have limited support networks financial resources or housing insecurity.

Public health advice is to inform the selection of suitable evacuation centre locations, considering access to supplies and services, environmental and infectious disease risks, and accessibility requirements of the evacuated population.

Adequate provision of physical amenities and space is required to support the health and wellbeing of evacuees. This includes access to clean water, hygiene, sanitation facilities and proper waste management.

Public health advice aims to minimise the risk of food-borne illness, animal and vector borne diseases and environmental exposures for evacuees.

Measures to minimise the risk of infectious disease outbreaks within the evacuation centre are to be implemented, including establishing protocols for disease surveillance, early detection, and timely response.

Infection prevention and control measures are to be implemented to minimise the spread of infectious diseases.

Access to prescription medication and primary healthcare is to be provided if required, with a person-centred approach. This includes consideration of evacuees with chronic health concerns, mental health concerns and persons who use alcohol and other drugs.

Public health advice is to be provided to evacuees returning home to minimise the health risk associated with the aftermath of an emergency.

Health staff providing public health advice in the planning, set up and management of a major evacuation centre may develop local procedures to implement this Guideline and monitor the practice of this document.

Health staff providing public health advice in the planning, set up and management of a non-major evacuation centre may apply the Guideline and Appendix 1 using expert judgement and managerial discretion, in coordination with the local emergency management committee or evacuation centre management.

Revision History

Version	Approved By	Amendment Notes
GL2024_024 May-2024	Deputy Secretary, Populations and Public Health & Chief Health Officer	Updated infectious diseases guidance, including public health learnings from pandemic responses and considerations for other communicable disease risks. Focuses on population considerations, including links to relevant resources such as Aboriginal health emergency preparedness frameworks, access to mental health support, translated resources, and considerations of contemporary health issues including e-cigarette use (vaping). Aligns Appendix 1: Checklist for environmental and public health assessment to the advice in the guideline. Acknowledges public health considerations are relevant in all evacuation centres, but especially important in a major evacuation centre.
GL2018_002 January-2018	Deputy Secretary, Population and Public Health	Updated Guideline, incorporates contemporary international recommendations and resources, clarifies LHD roles and responsibilities, simplifies document structure and provides updated considerations for environmental health assessment form for centres.
GL2011_011 August-2011	Deputy Director General Population Health and Chief Health Officer	New guideline.

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1. Background

An evacuation centre is a safe site that provides people affected by emergencies with basic needs including accommodation, food, and water.

Depending on the type and location of the emergency, and the needs of the evacuated community, an evacuation centre may be used to provide a range of services from both government and non-government organisations.

When required, NSW Health will coordinate the provision of health care within the evacuation centre including first aid and primary care services, mental health, and public health support. The length of time the centre is used by disaster affected persons (evacuees) may vary from a few hours up to weeks and may include overnight accommodation.

In cases where the impact of the emergency is significant or exceeds the capability of existing centres, a major evacuation centre (MEC) may be established. Public health principles are relevant to all evacuation centres, however most evacuation centres established are short term (< 24 h), with low numbers attending. Public health considerations are especially important in MEC planning and management, due to the increased risk of infection posed from the number of evacuees and length of time spent at a MEC.

1.1. About this document

This Guideline provides public health advice for use during the identification, planning, set-up and management of a major evacuation centre to promote conditions that optimise the health and welfare of evacuees and staff, including the provision of water and food, health care and accommodation. There may be circumstances where a public health assessment of evacuation centres is also warranted, and this document may provide useful guidance to support those assessments.

This Guideline identifies key considerations for priority populations that may be disproportionately impacted by evacuation or at greater risk of infection. An environmental health assessment checklist is provided to support Environmental Health Officers or health staff when considering public health risks of pre-operational and operational major evacuation centres.

This Guideline is intended for health staff who are providing public health guidance for the planning, set up and management of major evacuation centres where a public health assessment is required. It does not replace the need for the application of expert judgement and managerial discretion to each individual situation.

Key NSW documents related to evacuations and evacuation facilities include:

- [Major Evacuation Centre Guideline](#) (NSW Government NSW, 2014)
- [Evacuation Management Guideline](#) (NSW Government, 2021)
- [Welfare Services Functional Area Supporting Plan](#) (State Welfare Services Functional Area, 2023)

- [Evacuation Decision Guidelines for Private Health and Residential Care Facilities](#) (NSW Government, 2016).

1.2. Key definitions

Centre management	Lead agency in coordination of evacuation centre operations.
Disaster Affected Persons (evacuees)	A person who is in need or distress, or whose property is lost or damaged because of a disaster. For the purposes of this Guideline, disaster affected people are people sheltering within an official evacuation centre.
Evacuation centre	<p>A centre set up at the request of a Combat Agency or the Emergency Operations Controller (EOCON) to meet the immediate needs of disaster affected people following evacuation from an emergency. An evacuation centre provides people affected by emergencies with basic needs including accommodation, food, and water.</p> <p>The term is used to refer to facilities approved by the Local Emergency Management Committee (LEMC) and part of the local Emergency Management Plan.</p>
Local emergency management committee (LEMC)	A group of people responsible for emergency management prevention and preparedness in the Local Government Authority. The committee is typically comprised of the general manager of the Local Government, senior representatives of emergency services, representatives of the Functional Areas and representatives of any other agency or organisation as determined by the LEMC.
Major evacuation centre (MEC)	A large-scale evacuation centre that is established when the Combat Agency, in consultation with the EOCON, Functional Areas, and State Emergency Recovery Operations Controller (SERCON) determine the size of the evacuated community, or scale of disaster warrants the establishment of a larger facility. Triggers for activation are outlined in the <i>Major Evacuation Centre Guideline</i> .

1.3. Legal and legislative framework and governance

Under the [State Emergency Management Plan \(EMPLAN\)](#), a Combat Agency has a legislated or designated role to plan the response for a particular hazard. This includes planning for the evacuation of persons and domestic animals from an area of danger or potential danger to mitigate the impact of any hazard. One of the strategies to support evacuation as outlined in the *Evacuation Management Guidelines* is the establishment of an evacuation centre.

Local and regional EMPLANS and consequence management guidelines identify facilities which can be used as evacuation centres during emergencies. LEMCs are responsible for identifying, evaluating, and auditing premises which may be used as evacuation centres. Possible sites should be identified in close consultation with combat agencies. Evacuation sites will need to meet the requirements referenced in the *Evacuation Management Guidelines*.

An evacuation centre may be identified and activated by the Combat Agency and/or the Emergency Operations Centre. The establishment and management of evacuation centres is the responsibility of the Welfare Services Functional Area (WSFA).

If a MEC is established, it will be under the coordination of the EOCON. The EOCON, in consultation with the Combat Agency, the MEC Manager, and the SERCON, has the authority to close the centre. The decision to close must be reached with and communicated to all stakeholders, including the hosting and evacuated community, and be conveyed in reasonable timeframes.

The *Welfare Services Functional Supporting Plan* and the *NSW Evacuation Management Guidelines* identify the roles and responsibilities of the NSW Health Services Functional Area (Health services) in relation to providing services to disaster affected people in NSW.

2. Population Considerations

The LEMC is responsible for actively engaging community members, or their advocates, in the evacuation planning process to promote the cultural wellbeing and safety of the evacuated community. When indicated, public health staff collaborate with the LEMC to assess the community's social and health needs.

Cultural and religious practices and preferences, gender, languages other than English, age and disability specific needs are important in the planning and operational stages of an evacuation centre and should be central to public health considerations.

Disaster affected persons (evacuees) who have limited support networks, limited financial resources or housing insecurity are more likely to require an evacuation centre for emergency accommodation. They are also more likely to have chronic health problems such as diabetes, cardiac disease, or mental health needs. Considerations of the health, social and cultural needs of the community in the evacuation planning phase will optimise person-centred health care within the evacuation centre. Access to primary health care and other health considerations within an evacuation centre are covered in further detail in [Section 7: Other Health Considerations](#).

Ensure public health information and resources are accessible to the evacuated community, including translated resources and resources customised for disability. Translated health resources are available from [Multicultural Health Communication Service – Browse by topic](#) webpage.

The [Aboriginal Health and Medical Research Council of NSW's - Emergency Activation Response Framework for the NSW ACCHO sector](#) includes considerations for planning and responding to emergencies impacting Aboriginal communities in NSW, including evacuation

management. Health staff should enact the guiding principles in this framework when working with Aboriginal people and communities.

3. Planning Considerations for Optimising Health and Preventing Illness

3.1. Location

When identifying a site and planning for a major evacuation centre (MEC), it is important to consider the following:

- Access for provision of supplies and services.
- Environmental and infectious disease risks posed by the location.
- Accessibility requirements of the evacuated population (such as wheelchairs, prams).

3.2. Centre layout

To minimise infectious disease risk, consider:

- Essential living spaces: food preparation and eating area/s, designated sleeping area with privacy/space considerations, bathroom facilities.
- Personal hygiene: decontamination area at the entrance to maintain facility cleanliness and minimise introduction of disease, shower facilities, hand hygiene including hand washing areas, waste disposal, menstrual product and sharps disposal, nappy changing areas.
- Medical provisions: a space for provision of first aid or medical care, a secure storage area for medical supplies, isolation area/s for potentially infectious people.
- Special purpose areas (where indicated): pet area, prayer room, creche, recreational area, breastfeeding space, quiet and safe area for disaster affected persons (evacuees) with intellectual disability or social safety requirements.

3.3. Physical space and air circulation

Living spaces must be well ventilated to reduce circulating infectious particles.

Where a MEC is providing accommodation, it must meet Section 73 of the [Public Health Regulation 2022](#) (NSW) which outlines a minimum of 2 m² be provided for short term sleeping accommodation and 5.5 m² for long term sleeping accommodation (> 28 days). Noting under Section 73(2) of the Regulation the Minister may make an exemption from this requirement.

The floor-to-ceiling height must be 2 metres minimum. In hot and humid climates, taller ceilings are preferable for improved air circulation, while in cold climates, lower ceilings are

better to minimise the internal volume that requires heating. This is to provide evacuees with thermal comfort, fresh air, and protection from the climate.

The preferred indoor temperature range for the building is 20-25°C for thermal comfort. Higher temperatures may cause heat stress, whereas lower temperatures may increase susceptibility to hypothermia. Where available, indoor areas can use heating, ventilation and air conditioning systems (HVAC) to maintain a comfortable temperature.

Large standing fans are useful additional cooling aids in hot weather and can reduce the cooling required by an air conditioning system. If natural ventilation is being used, windows that can be opened should have screens to prevent mosquitoes and other flying vectors from entering.

4. Water Supply, Sanitation and Hygiene Promotion

4.1. Water accessibility and requirements

Water requirements for drinking, hygiene and domestic use may vary within the population. For example, evacuees with medical conditions, disabilities or mobility restrictions, and groups with distinct religious practices may have different needs. The climate can impact water consumption, for example, in hot weather, it may be necessary to increase the allocated amount. It is important to note that vulnerable people such as the very young and elderly are at risk of dehydration. See Table 1 for more information.

Table 1. Basic water needs

Needs	Quantity (Litres/person/day)	Adapt to context based on
Drinking water intake (meeting Australian Drinking Water Guidelines)	4	Climate and individual physiology.
Other purposes (showering, food preparation)	11	Social and cultural norms; if there are showering facilities on site; if food preparation is done offsite.
Total	15	

If the usual safe water supply is unavailable (such as under a boiled water alert or not connected to mains) bottled water should be provided. The water supplier (for example, Sydney Water in Greater Sydney, local council in regional NSW) can provide up to date information during an incident.

4.2. Waste management

Waste disposal, including disposal of regulated clinical waste such as needles and syringes, must comply with NSW legislation and local requirements. A waste management plan must

be developed and further information is available on the NSW Environment Protection Authority [Sharps Waste](#) website. Consideration is to be given to AS/NZS compliant sharps containers to properly dispose of needles and syringes used for medications. They are to be placed where needles and syringes are used. Many people who use needles and syringes may be reluctant to disclose their need publicly; for this reason, facilities must have some capacity for private disposal.

Other waste management considerations to minimise health risk include; lining bins with plastic bags that can be tied shut, not overfilling bins or compressing to expel air, placing garbage away from living spaces, using bins with tight fitting lids to discourage vermin, scheduling daily waste collection where possible, and providing bulk bins for wet garbage near eating areas.

Onsite sewerage systems should be used as a last resort. If the sewerage system is onsite, steps are to be taken to ensure it can cope with the disaster affected population and is pumped daily or regularly, as required. Portable toilets are only suitable for short term use and require regular cleaning. If portable toilets are used, a system must be in place to ensure wastewater is safely stored, collected, and transported.

4.3. Toilet and nappy changing facilities

There is to be a minimum of one toilet per 50 people in the initial phases of centre establishment and a minimum of one toilet per 20 people ongoing. Toilet facilities are to be no more than 50 metres from sleeping and eating areas. The allocation of toilets may depend on the demographics of the evacuees. Toilets are to be adequately lit to promote safety and hygiene.

There is to be adequate supply of menstrual product disposal bins for the evacuation centre population.

There should be at least one handwashing basin per 100 people, including water, soap and disposable hand towels. Handwash basins should be located after exiting the toilets to promote hygiene. Posters promoting hand washing should be visible.

Facilities for changing infants, and for the safe disposal of used nappies are to be provided, including hand washing facilities next to the changing station/s.

Toilets must be cleaned at least daily and nappy changing facilities cleaned regularly when in use.

4.4. Decontamination area

Evacuees may arrive with dirty clothes and footwear, which may also be contaminated by sewage or animal faeces. A designated area external to the facility with its own water supply and hose to clean mud from shoes and clothes is to be set up, if required, to minimise the risk of introducing diseases, and to maintain facility cleanliness. There should be drainage to collect dirt before wastewater flows to the sewerage system.

4.5. Cleaning of communal areas

Routine and regular cleaning must take place, with enhanced frequency and level of cleaning implemented where required. Keeping surfaces and items clean helps to reduce the spread of infection. Public health advice may be sought for cleaning, especially in the event of a suspected or confirmed infectious disease outbreak. Disinfection following cleaning may be recommended for specific infectious conditions.

Keeping surfaces and items clean helps to reduce the spread of infection. Cleaning of high-risk surfaces is particularly important. These include:

- Food preparation surfaces
- Surfaces used for nappy changing
- Surfaces soiled with body fluid (such as vomitus, blood, faeces).

In the event of an outbreak of diarrhoeal illness, enhanced cleaning should occur, including cleaning of touch points such as door handles, railings, and other surfaces.

Cleaning materials, including bleach and detergents, are to be safely stored in a designated, secure cupboard.

Any toys provided within a child safe space must be safe, hygienic, and cleaned regularly, ideally daily. Toys are to be washed in warm water and detergent, rinsed, and dried before next use. Further information on cleaning practises within childcare services is available from the [National Health and Medical Research Council - Staying healthy: Preventing infectious diseases in early childhood education and care services 5th edition](#).

A designated eating area should be established to improve ease of cleaning, keep other areas clean, and minimise pests.

4.6. Personal hygiene

Promote good personal hygiene throughout the centre. Use education materials promoting hand hygiene, cough etiquette and respiratory hygiene, such as covering coughs and sneezes, and distribute necessary equipment, for example soap, alcohol-based hand sanitiser, tissues, and garbage bins. Posters for promoting personal hygiene can be found at [NSW Health - Evacuation Centres and posters](#) webpage.

Separate hand washing stations are to be set up near toilet and meal areas. Hand sanitiser is to be distributed to evacuees and made accessible at key points such as entry to the centre, food areas and amenities.

If staying overnight, a ratio of one shower facility per 50 evacuees is recommended in temperate weather, and one shower facility per 30 evacuees in hot weather.

Caretakers of infants and children not yet toilet trained are to have access to an adequate number of nappies per day.

If indicated, a separate area for bottle sterilisation should be designated, ideally away from toilets and food preparation areas.

4.7. Access to clean clothes and bedding

Having clean clothes, linen and towels is important for hygiene and reducing disease risk. If possible, laundry should be processed off-site or undertaken in an area separate to the toilet and shower facilities with adequate lighting. If an onsite laundry is available, it should provide access to washing machines, detergent and dryers or hanging racks.

5. Food Safety

5.1. Food hygiene and eating areas

Where possible, food is to be prepared off-site in a dedicated food preparation facility. If food is prepared onsite, a designated food preparation area can be used. In both circumstances, food preparation standards must be observed. More information about food standards for food businesses and food handlers can be found in [Food Standards Australia New Zealand - Safe Food Australia - A guide to the Food Safety Standards Standard 3.2.2](#). Ideally, food preparation areas are inspected by local government area (LGA) Environmental Health Officers prior to operation, and when operational if prepared on-site.

Food is to be consumed in designated eating areas which will assist in keeping the centre clean. The eating areas are to be cleaned and sanitised daily, or as often as needed. More information is available in the [NSW Food Authority - Cleaning and sanitising in retail food businesses](#) factsheet.

Foods need to be kept within temperature controls to prevent the growth of harmful bacteria:

- Refrigerated food must be kept at 5°C or below
- Hot food must be kept at 60°C or above.

It is not recommended that evacuees bring hot food into the centre as this poses an increased risk of disease outbreak. More information is available in the [NSW Food Authority - Temperature danger zone](#) factsheet.

Further information regarding the serving and storage of food, as well as cleaning and sanitising surfaces, is available in [Safe Food Australia – A guide to the Food Safety Standards](#). The NSW Food Authority has further resources available on their [website](#).

5.2. People with special dietary needs and allergies

Consideration to be given to special dietary and cultural requirements when catering for people, and alternatives provided where possible. It is also important to identify any food allergies within the disaster affected population, ideally on admission to the MEC.

Steps must be taken to avoid serving food containing those allergens and minimise the risk of cross contamination during food preparation and serving. The booklet [Be Prepared. Be Allergy Aware](#) and other resources are available on the [NSW Food Authority - Allergy and intolerance](#) webpage.

6. Control of Infectious Diseases

6.1. Reducing infectious disease risk

A major evacuation centre (MEC) is a high-risk environment for the spread of infectious diseases, due to the potential for overcrowding, and limited infrastructure and supplies. This is particularly true of respiratory infections and diarrhoeal diseases.

As a result, the recommended safer space for evacuees at higher risk of infection or severe disease, such as the elderly, pregnant, newborn babies, or those with medical risk factors, is not at the MEC. Commercial accommodation or staying with family or friends is to be considered and assessed against the level of risk if that person were to remain at the centre. Relevant [NSW Health - infectious disease fact sheets](#) can assist in identifying higher risk evacuees.

The risk of a large-scale infectious disease outbreak can be reduced by having in place appropriate environmental set-up; standard infection prevention and control precautions; transmission-based precautions where required; sanitation plans; safe food handling and storage; provision of health and hygiene messages to evacuees; surveillance systems and prompt management of infectious diseases.

The current local epidemiology of infectious diseases can also help inform any additional infection prevention and control measures at the centre, such as at periods of increased respiratory virus activity in the community. Public health services must monitor infectious disease risk and provide advice to centre management. Face masks and hand sanitiser can be provided. Public health may be asked to advise on mask recommendations relative to infectious disease risks.

All arriving residents are to be provided with culturally appropriate advice on infectious disease control practices, including hand hygiene, cough etiquette and respiratory hygiene, safe food handling, and what to do if they become ill. Posters should be placed in prominent positions in the centre. Relevant resources can be found at [NSW Health - Evacuation centres and posters](#) webpage.

6.2. Management of infectious diseases

Evacuees may arrive with asymptomatic infections or could be incubating and become infectious while at the centre. Evacuees may also present at the centre displaying symptoms of, or have been recently diagnosed with an infectious disease, and should not be turned away if they have no safe alternative accommodation.

When indicated, public health staff should work with centre management to develop protocols for the management of potentially infectious evacuees and staff, including screening, sick bays and isolation areas. These protocols must include a clear referral pathway to hospital care and disease outbreak reporting to the local public health unit. Public health services are to ensure centre management has access to just-in-time training for health, or other staff, involved in the screening, escalation, and management of infectious diseases in the centre.

Public health services can advise on the need for evidence of vaccination prior to working at the centre, depending on the individual's role and the risk or presence of infectious disease within the centre and local environment. Examples may include influenza, COVID-19 or tetanus vaccination. NSW Health employees must be compliant with the NSW Health Policy Directive *Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases* ([PD2022_030](#)) as a requirement of their usual role.

As part of routine management of infectious diseases, all evacuees are to report the following to centre management upon entry or onset:

- Fever
- Cough (new or changed)
- Cold like symptoms (sore throat/runny nose)
- Vomiting
- Diarrhoea
- Rash.

This information must be recorded, and health staff, if on site, should be promptly consulted to conduct a medical assessment.

Health services, in consultation with centre management, may consider establishing a screening system to assess evacuees and staff as they arrive at the centre. Ideally, evacuees with any of the above conditions are to be admitted to the centre only after appropriate assessment and care. If symptoms are mild, and if in normal circumstances they would be self-managed at home. Staff with any of the above symptoms must be advised to stay home. If a staff member presents with any of the above conditions during their shift, they are to stop their duties and seek medical assessment and clearance prior to returning to work.

Health services are to provide centre staff working with evacuees who have symptoms of illness with guidance on standard precautions and any appropriate transmission-based precautions. Information on precautions is available from the [Clinical Excellence Commission – Infection Prevention and Control Precautions](#) webpage. Standard precautions aim to protect evacuees and staff from exposure to recognised and unrecognised sources of infection. Transmission based precautions are applied where standard precautions alone may be insufficient to prevent spread of infection.

6.3. Designated isolation area for evacuees with an infectious disease

Isolation of evacuees with symptoms of infectious disease may be required due to the nature of the disease or potential to infect others. Public health services are to advise centre management whether someone must be cared for in an isolation area if they present with symptoms of infectious disease but do not need hospital-level care.

The isolation area/s are to be identified in advance. An isolation area should be a separate room if available. If a separate room is not available, the isolation area must be away from the first aid and screening and assessment areas, other busy areas, and use screens and signs to ensure other centre users do not visit. The area must be monitored by a health staff member or representative. A dedicated toilet and hand hygiene facility is to be identified and reserved.

A plan to transfer someone with a suspected infectious disease to an allocated sick bay or isolation area must be established. People with respiratory symptoms are to wear a surgical mask when near others while waiting for evaluation or transfer.

If several evacuees with similar symptoms are identified, they may be situated together (preferably if confirmed as having the same pathogen). If more than one illness is identified in the population, 2 isolation areas may be required, for example, an area for people with diarrhoea and another area for people with a cough and fever.

If symptomatic evacuees are sleeping overnight, they should be separated by at least 2 metres and have privacy screens. Meals must be delivered and dedicated amenities are to be identified. While alcohol-based hand rubs are available, they can be less effective than soap and water against some diseases like viral gastroenteritis. Soap and water are the preferred handwashing option.

People in isolation areas or sick bays must be monitored for symptoms and clinical status. It is important to maintain cleanliness of the area and ensure sufficient supplies are provided. Appropriate personal protective equipment (PPE) and direction on its use is to be made available for staff working in sick bays or isolation areas. Staff are to have some experience in managing minor health concerns such as teachers, childcare or health workers, or have past training in first aid. Requests for staff to implement these measures should be made via existing emergency management channels.

7. Other Health Considerations

The following health considerations have been included within this Guideline as they are important for priority populations who may be disproportionately impacted in a major evacuation centre setting. These Guidelines do not provide a comprehensive list of health considerations.

7.1. Primary and community health

7.1.1. Access to medication and primary health care

Evacuees that require ongoing access to prescription medication are to be identified on admission to the evacuation centre. Health services may facilitate a continuous supply of medication via local general practice, pharmacy services, local Primary Health Network (PHN) or Aboriginal Community Controlled Health Services. Health services should

consider assessment and access to contraception, including methods requiring a prescription.

7.1.2. Chronic health concerns

People with chronic diseases may have acute exacerbations or significantly worsen if regular care, including medication, is not provided. These people may also be at risk of severe complications from some infectious diseases.

Health services should consider processes for monitoring any exacerbations of chronic disease and the provision of supporting services and resources, if possible, in liaison with the primary care provider.

Evacuees that require regular or intensive treatment (such as peritoneal dialysis, access to continuous positive airway pressure devices or high personal care needs) must be identified early and, where possible, moved to an established health facility or provided alternative accommodation where regular care needs can be provided.

7.1.3. Mental health concerns

People with pre-existing mental illness may be at increased risk of experiencing symptoms of mental illness or acute distress in the aftermath of a major adverse event, particularly during a prolonged time at an evacuation centre.

If there are concerns a person may be becoming acutely unwell due to mental illness, lines of communication with specialist mental health clinicians are to be established to seek advice and access specialist services. These lines of communication may be via Specialist Disaster Recovery Mental Health clinicians, or via the NSW Mental Health Line 1800 011 511.

Further mental health support services can be found at [NSW Health - Accessing mental health services in NSW](#) webpage.

7.1.4. Alcohol and other drugs

Consideration of screening during the registration process for persons who use alcohol and other drugs (AOD) may be appropriate for the purposes of providing additional health and/or welfare support. Needs are to be assessed and action must be taken to adapt or target assistance accordingly.

Health services, in consultation with centre management, must contact the local health district (LHD) addiction medicine specialists and prescribers as a matter of priority if a person is experiencing AOD withdrawal or requires medication. The LHD, regardless of a person's usual service provider or residence, is responsible for ensuring people are supported in AOD withdrawal and do not go without necessary medication such as opioid treatment, which may require daily dosing.

AOD information, support and treatment can be found at [NSW Health - Contact information, support and treatment services](#) webpage.

Using language that focuses on the person not their substance use is important. [Network of alcohol and other drug agencies - Language matters](#) can support staff when working with people who use alcohol and other drugs. In times of crisis, alternative accommodation such as commercial accommodation or staying with family or friends is to be considered and assessed against the level of risk if that person were to remain at the centre.

7.1.5. Smoking and e-cigarettes

Under the *Smoke-free Environment Act 2000* (NSW) and the *Smoke-free Environment Regulation 2016* (NSW), smoking and use of e-cigarettes (vaping) are banned in all enclosed public spaces, certain outdoor public areas and within 4 metres of a pedestrian entrance to or exit from a public building. Public health services may be asked for advice on establishing a separate smoking and e-cigarette area.

Smoking and e-cigarette areas are to:

- be located outdoors, clearly designated and well-ventilated to prevent any smoke going into indoor areas.
- be located well away from entry points, food preparation areas, and areas where people may be congregated.
- contain ash bins for cigarette butts.

If a designated smoking area is established, consideration should be given to general duty of care of employee health.

If quit support such as nicotine replacement therapy is required, refer to [NSW Health - Managing Nicotine Dependence: A Guide for NSW Health Staff](#).

It may also be appropriate to install 'No Smoking' signage in accordance with the *Smoke-free Environment Regulation 2016* (NSW), available for download on the [NSW Health - Smoke-free environment resources](#) webpage.

7.2. Environmental hazards

7.2.1. Vector and pest management

Mosquito numbers can increase significantly following floods in warmer months. Control measures are to ensure that water holes or containers capable of holding water are emptied where possible and regularly checked for evidence of mosquito breeding.

Natural disasters also disrupt vector populations. Monitoring and early intervention for vector and pest control issues, such as rodent infestation, is important.

Where mosquitoes are present, public health may be asked to provide advice on the current risk, bite prevention and provision of repellent to evacuees. Posters and further public health resources are available at the [NSW Health - Vector borne resources](#) webpage.

7.2.2. Environmental exposure

Evacuees with direct exposure to natural hazards, such as flood waters or prolonged bushfire smoke inhalation must be identified and assessed by health services.

Flood waters are often contaminated with various pathogens, and exposure can be a source of infection. Evacuees with existing wounds that have been exposed to flood water may have an increased chance of contamination and are encouraged to clean wounds appropriately and monitor for symptoms.

This requires washing the wound well with soap and water and applying an antiseptic solution, such as povidone-iodine. Where puncture or other contaminated wounds have occurred, evacuees must have their tetanus vaccination status assessed and seek immunisation if their vaccination is not up to date or unknown.

Further information about those at risk from environmental exposures is available from [NSW Health - Natural Hazards: Public Health Considerations](#).

8. Health Information Systems

A standardised health information system (HIS) may be implemented by NSW Health to routinely collect relevant data on disaster affected person demographics including age, Aboriginal and/or Torres Strait Islander status, country of birth, current gender, sex at birth and language, as well as mortality, morbidity, and syndromic surveillance to support timely outbreak detection and appropriate healthcare management. This must be a priority for major or longer stay evacuation centres.

The collection, use, disclosure, and storage of personal and health information should comply with relevant legislation including the *Health Records and Information Privacy Act 2002* (NSW) and the *Privacy and Personal Information Protection Act 1998* (NSW). Standard confidentiality practices must be maintained.

Health services should consider developing an epidemiological report to share with relevant agencies, decision-makers and the community for prolonged operations. Report frequency can be determined by the characteristics of the response and how long an evacuation centre is expected to operate.

Access to power and internet connection for Health staff working in the centre should be considered to promote timely documentation and information sharing, or alternatively, access to tools which can be accessed in offline mode that allow for data transfer once connected to the cloud.

9. Animals and Public Health

The Agriculture and Animal Services Functional Area (AASFA), led by the NSW Department of Primary Industries, coordinates support of animal owners/carers at evacuation sites to ensure the welfare of animals.

Wherever possible, evacuated animals are to be accommodated near their owners, within reason and consideration to health. Where evacuation centres are unable to accommodate animals, Animal Safe Places (ASP) may be established. ASP shelter animals that cannot be accommodated with owners, at commercial facilities, or at an evacuation centre where animals are not permitted, or capacity is exceeded. Public health may be asked to provide advice and recommendations for prevention and risk mitigation measures for human health if animals are on site, nearby, or at an ASP.

The appropriateness of housing animals in evacuation centres should be carefully considered. While having an animal nearby may provide a source of comfort for the owner, animals can increase the risk of disease transmission, injury, and disruptions like noise and odours, as well as being a source of allergens to some people. Assistance animals however, as defined in the *Companion Animals Act 1998* (NSW) can accompany their owners.

If animals are on site, or evacuees are tending to animals at an ASP, regular hand hygiene must be promoted including after touching animals, animal food or supplies, and after cleaning up their waste.

10. Returning Home Care

Public health services are to offer evacuees returning home information and guidance to minimise health risks associated with the aftermath of a disaster. This may include advice to reduce the probability of illness, disease or injury; clean-up information; safety precautions and utilities supply; as well as advice about who to contact if any symptoms develop such as Healthdirect, a GP or hospital. Fact sheets to support evacuees returning home safely are available at [NSW Health - Planning and preparedness fact sheets](#) webpage.

11. Appendices

11.1. Environmental and public health assessment form for Major Evacuation Centres

*Adapted from CDC Environmental Assessment for Disaster Shelters form, available at: <https://emergency.cdc.gov/shelterassessment/>

I. ASSESSING AGENCY INFORMATION			
Agency/Organisation name		IMMEDIATE NEEDS IDENTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assessor name and title			
Phone		Email	
II. FACILITY NAME, TYPE AND CENSUS DATA			
Centre type: <input type="checkbox"/> Major evacuation centre <input type="checkbox"/> Other			
Date centre opened: (___/___/___)	Date centre assessed (___/___/___)	Time assessed (___/___)	
Reason for assessment <input type="checkbox"/> Pre-operational <input type="checkbox"/> Initial <input type="checkbox"/> Operational <input type="checkbox"/> Other			
Location name and description (e.g. school, arena)			
Street address			
City	State	Postcode	
Phone	Email	Fax	
Current population (number)	Allowed capacity (number)	Number of staff and volunteers	
III. FACILITY		OPERATIONAL CENTRES – Additional questions	
Structural safety	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Security available, if indicated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Power supply from electrical grid operational	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Backup power source is available? <input type="checkbox"/> Yes <input type="checkbox"/> No Generated safety located?	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Adequate ventilation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Free from occupational hazards	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Adequate space per person (min 3.5 sq meters of living space)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Access for provision of essential supplies	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Adequate ceiling height (min 2 meters)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Indoor temperature acceptable (between 20-25°C)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
HVAC system available and working	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A		
Free of pests/vector control issues	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A		
Water system operational	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A		

Public Health Considerations for Major Evacuation Centres

Accessibility (e.g. wheelchairs, prams)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A		
IV. WATER		OPERATIONAL CENTRES - Additional questions	
Water supply: <input type="checkbox"/> Mains <input type="checkbox"/> Tank <input type="checkbox"/> Alternate potable/Other <input type="checkbox"/> Hot water		Adequate water supply- (7 L per person minimum, ideally 15 L for drinking and personal hygiene requirements)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
V. SANITATION /WASTE/HYGIENE		OPERATIONAL CENTRES – Additional questions	
Adequate number of toilets (minimum 1 per 50 in initial stages, ideally 1 per 20 ongoing)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Toilets accessible and within 50 meters of sleeping and eating areas	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Sewerage system type: <input type="checkbox"/> Conventional/Standard <input type="checkbox"/> On site <input type="checkbox"/> Portable <input type="checkbox"/> Unknown/N/A		Sewerage system: a) If onsite – system is able to cope with population b) If portable – wastewater is safely stored, collected, and transported	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Adequate number of showers (30-50 per person depending on weather)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Toilet and hand-washing supplies available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Adequate number of hand-washing stations (at least 1 per 100 people)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Clean clothes and bedding available, if indicated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Adequate supply of menstrual product disposal bins	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Adequate signage of sanitation instructions including hand washing posters	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Area available for removal of mud from shoes and clothes	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	General waste management: - Bin lining available - Bin bags tied shut, not overfilled, away from living space - Tight fitting lids - Bulk bins available for wet garbage	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Sharps containers (consider discrete access for needle/syringes disposal)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Optimal waste collection (daily if feasible)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Safe chemical and cleaning product storage	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Acceptable level of cleanliness (high risk surfaces cleaned regularly)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Acceptable level of cleanliness (high risk surfaces cleaned regularly)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A

Public Health Considerations for Major Evacuation Centres

VI. FOOD	OPERATIONAL CENTRES – Additional questions		
Hand washing facilities available in food preparation space/kitchen	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	<input type="checkbox"/> Pre-prepared food – food supplier appropriately accredited	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Appropriate storage available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	<input type="checkbox"/> Preparation on site – appropriate bins available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Food consumed in designated eating areas	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Food areas cleaned regularly	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Clean kitchen/dining area	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Food allergies and dietary needs have been considered and accommodated where feasible	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
VII. HEALTH/MEDICAL	OPERATIONAL CENTRES – Additional questions		
Sick bay/First aid area available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Illness/outbreak reported to Health within 24 hours	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Medication storage available: - Lockable - Refrigerated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Health information systems or process in place for reporting of illness, outbreaks and injuries	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Clinical waste disposal available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Medical services on site if indicated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Cleaning in place for first aid, sick bay and isolation areas if in use	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		PPE available or able to be accessed if indicated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Isolation areas available and clearly marked if in use (If sleeping overnight, should have 2 m between beds, privacy screens and individual toilet)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Appropriate health signage displayed (hand washing advice, reporting of illness, respiratory hygiene) including in language, if indicated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A

Public Health Considerations for Major Evacuation Centres

		Mental health support available, if indicated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Access to medication considered via GP and pharmacy	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Screening for symptoms/injury, if indicated, is in place	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
VIII. OTHER		OPERATIONAL CENTRES – Additional questions	
Nappy change available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Nappy change area cleaned frequently	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Breastfeeding space/parent room available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Access to nappies	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Bottle sterilisation area available, if indicated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Toys are safe, clean and hygienic	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Safety and privacy- screening of personal space and subdivision	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
		Smoking and e-cigarette area if established is; - designated, outdoors, well ventilated, away from entry/exits and food preparation areas - Bins available - Duty of care for employee health is considered	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
Designated animal area available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A	Companion animals/pets present and public health risk assessment complete	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory with action <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown/N/A
IMMEDIATE NEEDS/ACTIONS REQUIRE FOR SATISFACTORY STATUS			
Item/Description:			

11.2. Public Health Major Evacuation Centre Resources

Author	Content	Link
Posters		
Aboriginal Health and Medical Research Council of NSW	Public health posters	https://www.ahmrc.org.au/resource-type/poster/
Hand Hygiene Australia	Posters	https://www.hha.org.au/local-implementation/promotional-materials/posters
NSW Government	Posters for evacuation centres	https://www.health.nsw.gov.au/emergency_preparedness/planning/Pages/evacuation-centres-and-posters.aspx
Public Health support in a Major Evacuation Centre		
NSW Government	Managing your mental health after a natural disaster	https://www.nsw.gov.au/emergency/mental-health-support
NSW Health	Vector-borne disease resources	http://www.health.nsw.gov.au/environment/pests/vector/Pages/resources.aspx
NSW Health	Natural hazards- Public Health Considerations	https://www.health.nsw.gov.au/emergency_preparedness/weather/Publications/natural-hazards.pdf
NSW Health – Clinical Excellence Commission	-Infection prevention and control -Standard and transmission-based precautions. -Environmental cleaning -Hand hygiene -Education and videos	https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control
Returning home		
NSW Health	Health advice for returning home safely	https://www.health.nsw.gov.au/environment/bushfire/Pages/bush-fire-recovery.aspx
NSW Health	Household clean-up for after a flood or storm	https://www.health.nsw.gov.au/emergency_preparedness/weather/Pages/household-cleanup.aspx

Red Cross Australia	Cleaning up after a disaster	https://www.redcross.org.au/emergencies/coping-after-a-crisis/cleaning-up-wind-water/
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