

Ministry of Health

# **Outbreak Considerations for Emergency Evacuation Planning**

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This guidance provides basic information only. It is not intended to take the place of other public health guidance, medical advice, diagnosis, treatment, or legal advice.

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## Purpose

This guidance is intended to provide high-level considerations and best practices for outbreak management during the evacuation of a community. An outbreak may be present in the community prior to the start of an evacuation, or an outbreak may occur at a host site during an evacuation. Although the principles within this guidance are applicable to the evacuation of any type of community, the evacuation of First Nation communities are most common during flooding and forest fire season, and this document is written in that context.

## Emergency Evacuations and Outbreaks

Evacuation of a First Nation community is the decision of the Chief and Council in consultation with other partners including Indigenous Services Canada and others with expertise on the hazard causing the consideration of evacuation.

When there is an outbreak in a First Nation community prior to an evacuation and a community risk assessment deems an evacuation is necessary, it is important that outbreak management practices are incorporated into evacuation planning throughout the evacuee journey. This includes practices for transportation to the host site, accommodation and activities in the host site, and transportation to return home.

Outbreaks can be infectious disease outbreaks (e.g., acute respiratory infection outbreaks, norovirus outbreaks, sexually transmitted blood borne infection outbreaks) or non-infectious disease outbreaks (e.g., lice, scabies). Outbreak declaration and response actions should be a collaborative approach between community leadership, the public health unit and/or Indigenous health service providers and other health care providers involved to establish common understanding and expectations of the definition of an outbreak and the actions to be implemented by all parties involved in the response. When appropriate, outbreaks are declared by the [local public health unit](#) and/or Chief and Council of the affected First Nation community. The public health unit and/or Indigenous health service providers can help provide outbreak management supports, as required. Indigenous service providers may also help provide other social and cultural supports to communities affected by outbreaks. Outbreak management supports and recommendations will be based on the specific type of outbreak and in accordance with the [Ontario Public Health Standards](#)' protocols and guidance.

## General Considerations

### Advanced Planning

Where there is an ongoing outbreak prior to the start of an evacuation, evacuation planning in the community should include an assessment of the estimated number of active cases in the community and the specifics on how cases or outbreaks of infectious disease in the community are being managed (e.g., isolation, treatment schedules). When possible, this should be done in consultation with community health care providers, Indigenous health service providers, the public health unit, and Indigenous Services Canada. This information is necessary to support continuity of care throughout the evacuation, support an assessment of the host site accommodations and inform plans to accommodate the care of ill patients at evacuation host sites, and reduce the risk of further spread.

During the evacuation host site selection process, consideration should be given to host sites best equipped to support and manage an outbreak. Where circumstances permit, individuals may undergo culturally safe screening for infectious diseases prior to travel to a host site. Planners and service providers should make efforts to ensure evacuees who are feeling unwell or have a confirmed communicable disease have safe arrangements for travel to the host site, maintaining principles of isolation where possible and in consideration of cultural practices and norms. These arrangements may include (depending on the infectious disease) having suspected and/or confirmed cases wear medical masks (surgical/procedure), cohorting cases or groups (e.g., families) in a physically distanced area of the transportation vehicle (e.g., separated by 2 seating rows from others which represents approximately 2 metres), or placing cases in separate transportation where possible. These activities should be undertaken in consideration of cultural practices and norms. Depending on the immediacy of the safety risk posed by the hazard (e.g., fire, flood), rapid evacuation out of community may take precedence over certain practices, such as screening.

During evacuations, individuals should be encouraged to self-monitor for symptoms of any illness. Planning should consider how individuals will be informed on how to access health care and steps they can take if they become unwell during any stage of the evacuation. These steps can include limiting contact with other evacuees to minimize transmission and seeking prompt medical advice.

## Continuity of Care

Throughout an evacuation, it is imperative that individuals continue to access the health care they need and know how to access medical care if they begin to feel unwell.

The Ministry of Health's [guidance on health needs during an evacuation for both health care providers and host providers](#) details specific health care planning and service considerations during evacuations.

In the event of an outbreak, health care planning partners should also explore the options of virtual and telehealth care, such as Health 811, as an extension of pre-existing arrangements for continuity of care during an evacuation. However, virtual and telehealth care should be provided as a supplement, and not in place of, access to in-person primary care. Arrangements for healthcare for individuals with infectious diseases should consider infection prevention and control practices to reduce spread of disease.

## Culturally Appropriate Care

While supporting health care needs during an evacuation, it is important to consider culturally safe and appropriate supports that may be required. Experiences of racism and other traumatic past experiences with health systems may deter Indigenous individuals from seeking the health care they need in unfamiliar settings. The Host Provider Health Liaison, in consultation with the First Nation community, Host Provider and Indigenous health service providers, should develop culturally appropriate care strategies to support the health needs of evacuees through each stage of the evacuation.

It is important to engage Indigenous service providers, including Indigenous health service providers, in the planning and delivery of health services as they may be able to provide services at the evacuation host site and/or have valuable suggestions on the provision of culturally appropriate health care. Providing Indigenous cultural safety training to non-Indigenous health care providers involved in supporting the evacuation is equally important for creating a culturally safe environment for evacuees and helping Indigenous individuals feel comfortable accessing services.

Where possible, care should be provided in the evacuee's first language. Options for translation services can include formal translation services or identifying individuals from the community who could support translation in consultation with the Chief and Council. Where possible, health information should also be provided to evacuees in their

preferred format. For example, in addition to written materials (e.g., pamphlets), verbal communications or in-person appointments with evacuees can also be considered.

## Reduce Stigmatization

It is essential to address the risk of stigmatization for any individual affected by an outbreak, whether contagious or not. Stigmatization can have detrimental effects on both mental and physical health, as well as hinder outbreak management efforts. It is important that impacted individuals know that the outbreak will not impede their evacuation.

To reduce stigmatization while supporting outbreak management, community leaders and health officials should:

- **Promote Empathy and Understanding:** Encourage empathy and understanding towards individuals affected by outbreaks by providing education about the conditions and dispelling myths and misconceptions.
- **Foster Supportive Spaces:** Create supportive environments where individuals feel comfortable seeking help and support without fear of judgment or discrimination.
- **Emphasize Confidentiality and Privacy:** Respect the confidentiality and privacy of individuals affected by outbreaks to protect their dignity.
- **Combat Discrimination:** Take proactive measures to combat discrimination and stigma through public awareness campaigns, policies, and interventions that promote inclusivity and acceptance, and are developed in partnership with Indigenous peoples.
- **Provide Mental Health and Substance Use Support:** Offer mental health resources and substance use support services to individuals in communities affected by evacuations and outbreaks to help them cope with stress, anxiety, and other psychological effects, and to support continuity of care and treatment.
- **Empower Affected Individuals:** Empower individuals affected by outbreaks to participate in decision-making processes and advocate for their needs and rights.
- **Engage with Community Leaders:** Collaborate with community leaders, Elders, and influencers to promote a culture of acceptance and support for individuals affected by outbreaks.

## Return Home

Once an evacuation order is lifted and/or community leadership determines that it is safe to return home, plans to return home may be initiated. For evacuees under

isolation with a suspected or confirmed case of an infectious disease, return home plans should be made in consultation with the individual, the relevant health care provider(s), community leadership and other relevant service providers that may be involved in supporting the individual. Options may include remaining isolated until the illness is considered resolved or returning to the community for continuation of health care by community health care providers. Health service providers in the host site should connect with health service providers in the community to support continuity of care during the transition back home. Continuity of care during the return home can include ensuring evacuees have the required supplies to finish any previously started treatment (e.g., medications), and evacuees have access to health services should they require additional support related to the outbreak.

## **General Activities to Support Outbreak Prevention and Management**

The following activities are important to support the prevention and control of outbreaks. If an outbreak is identified, and depending on the type of outbreak, the local public health unit and/or Indigenous health service providers may recommend or require specific control measures based on the type of outbreak. The public health unit and/or Indigenous health service provider should work with the community leadership on the implementation of control practices to consider cultural practices and norms. It is important to remember that not all outbreaks during an evacuation involve infectious diseases. For example, scabies and lice are common outbreaks that may occur during evacuations. In situations of non-infectious disease outbreaks, the goal is to support actions and activities that can prevent spread and address the cause of the outbreak. The Host Provider should work in consultation with the First Nation community, Host Provider Health Lead, and Indigenous health service providers to implement these activities.

### **Screening**

Screening evacuees (sometimes referred to as wellness checks) for signs and symptoms of infectious or non-infectious outbreaks is advisable. Screening may include asking questions about symptoms like stomach pain, cough, itching and visible skin rashes and/or conducting visual inspections. Where screening is not possible or practicable, it is important to ensure evacuees are informed about whom to contact if they have health concerns.

## Communication and Notification

Establish open channels of communication between the evacuees, Host Provider, Host Provider Health Lead, and local health service providers to notify of any suspected instances of infectious (e.g., influenza, group A streptococcus) or non-infectious disease outbreaks (e.g., scabies, lice). Encourage prompt notification to the local public health unit and/or Indigenous health service providers and seek guidance from the local public health unit and/or Indigenous health service providers if an outbreak is suspected. Encourage timely communication and appropriate follow-up with all parties to ensure proper support and care.

Where applicable, consideration should be given to developing signage to remind evacuees, staff, and visitors of the actions they can take to support these activities. Signage should be developed in collaboration with community leaders to be accessible and accommodating to residents and visitors (e.g., plain language, pictures, symbols, community language).

To maintain situational awareness and support the delivery of health services during an outbreak, key events and/or changes to timelines should be communicated to all involved partners throughout the evacuation, including the First Nation community Chief and Council.

## Support and Care

When an individual is affected by an outbreak, prompt access to services and/or health services should be offered for proper diagnosis and treatment (e.g., access to primary care appointments, lice checks if lice is suspected). Consideration should be given to actions that will help minimize spread, some examples include assigning affected individuals to designated areas with support and providing culturally appropriate access to vaccinations for the community (as appropriate).

## Cleaning and Disinfecting

Ensure communal areas and facilities utilized by evacuees are frequently cleaned and disinfected. Many host accommodation sites (e.g., hotels) will have established cleaning and disinfection processes. In the event of an outbreak, the Host Provider should work with local health service providers and staff at the host site to identify additional activities that may be required to support outbreak management (e.g., enhanced cleaning of high-touch surfaces like light switches, elevator buttons and doorknobs). Cleaning and disinfecting products and methods should be selected based on their



suitability for the type of outbreak. Public health units can provide this support, as required.

## **Hand Hygiene**

Hand hygiene is considered the single, most important infection prevention and control practice for preventing the spread of infections and preventing illness. Hand hygiene refers to any action of hand cleaning used to remove visible soil and remove or kill microorganisms from the hands. There are two methods of hand hygiene: hand washing using liquid soap and running water or using alcohol-based hand rub (ABHR). Hand hygiene should be performed frequently for a minimum of 15 seconds with liquid soap and running water, or with ABHR that contains at least 70-90% alcohol.

Evacuees, staff, and volunteers should have access to hand hygiene stations with liquid soap and running water and/or ABHR, including at building entrances, common areas (e.g., laundry facilities, dining areas), private sheltering spaces and transportation.

## **Respiratory Etiquette**

Respiratory etiquette includes personal practices that help prevent the spread of respiratory viruses (e.g., covering your cough and sneezes with a tissue or upper sleeve or elbow, safely discarding of soiled tissues, hand hygiene after coughing and sneezing, masking). Education on respiratory etiquette is a key component of outbreak prevention and management. The Host Provider should work with local health partners to prepare education and awareness activities for evacuees, staff, and volunteers to ensure they can take actions to prevent the spread of respiratory pathogens and are culturally safe to support community health during the evacuation. Evacuees, staff, and volunteers should have the means to practice respiratory etiquette including access to hand hygiene stations, tissues, and lined no-touch garbage bins (such as garbage cans with a foot pedal) for proper disposal.

## **Provision of Clean Personal Items**

Where personal items (e.g., clothing, bedding) have been contaminated, the Host Provider can work with service delivery partners to provide clean clothing and bedding to replace any contaminated items and support the evacuees continued comfort during the length of the outbreak.

## Appendix A: Outbreak Management Planning Checklist

The following list is not exhaustive but rather a set of considerations that can be taken into account in the event of an evacuation in the context of minimizing transmission of diseases throughout the evacuation journey.

### Preparing for an Evacuation

- ☐ As part of the identification of overall health needs prior to any evacuation, identify and assess:
  - ☐ Baseline level of illness activity (such as influenza, tuberculosis, group A streptococcal, norovirus, and other infectious diseases) in evacuating and potential host communities.
  - ☐ Identify any non-infectious disease outbreaks that may need to be addressed in the host site (such as lice, scabies).
- ☐ A clear evacuation plan is developed by community leaders taking into account outbreak management practices (e.g., cohorting) where deemed necessary, and resources available in host sites to determine where ill or medically vulnerable individuals would be best supported.
- ☐ Evacuees are educated on personal preventive practices such as staying up to date on local public health alerts, proper hand hygiene, respiratory etiquette and keeping up to date on vaccinations.
- ☐ Non-Indigenous staff and volunteers supporting the evacuation should complete Indigenous cultural and safety training.

### When an Evacuation Order is Issued

- ☐ Connections are established between the First Nations community health providers and local health service providers at the host site (including Indigenous health care providers) to support continuity of care for evacuees.
- ☐ Evacuees are advised to pack items that will support their care and treatment for any illness or other medical concerns. Examples include:
  - ☐ OHIP cards and other important medical documents (e.g., status card, medical and vaccination records)
  - ☐ At least 7 days of medications and any medical supplies they may need while at the evacuation facility (e.g., antiviral treatments, scabies treatment etc.).
  - ☐ Where it may not be possible to travel with required supplies, ensure community members are aware of who to connect with to identify medical supply or mobility/accessibility device needs.

- Ensure guidance regarding the above is available in the evacuated community from the local Chief and Council, a First Nation Community Liaison, or municipal and provincial representatives responsible for coordination of evacuation procedures.

## **Transportation to Host Site**

- Transportation partners have established a protocol, in consultation with the Host Provider, Host Provider Health Lead, and Indigenous health service providers, and/or the public health unit, incorporating principles of cohorting (where possible) to safely transport unwell individuals.
- When possible, culturally safe screening processes are established to help identify any signs and symptoms of infectious or non-infectious outbreaks so appropriate travel arrangements can be made. At minimum, evacuees are instructed to self-identify to transportation crew or identified liaisons if they become unwell during transportation to the evacuation facility.
- Cleaning and disinfecting schedules and responsibilities are identified for the transportation vehicles that are used.

## **Accommodations at Host Facility**

- Host Provider and Host Provider Health Lead establish connections with local health service providers to support management of suspected or confirmed cases of infectious or non-infectious disease outbreaks if identified. In the event of suspected or confirmed cases, these individuals should work together to determine appropriate actions (e.g., isolation), and if applicable, in consultation with the local public health unit and/or Indigenous health service providers.
- Facility is cleaned prior to evacuee arrival and upon departure, and a cleaning schedule for all common areas (e.g., communal washrooms) and sleeping areas is established for the duration of evacuee accommodation.
- Facility is equipped with hand washing stations with liquid soap and water and/or alcohol-based hand rub including at building entrances and in common spaces (e.g., dining areas and laundry facilities) to promote regular hand hygiene by evacuees, staff, volunteers, and visitors.
- Staff, volunteers, and evacuees are trained on public health measures including self-monitoring, signs and symptoms of common illnesses, and what to do to if they develop symptoms. Ill staff and volunteers should not work in the host accommodation or activity sites and should seek medical attention if necessary.
- Evacuees are provided with supplies (e.g., toilet paper, liquid hand soap, paper towels, alcohol-based hand rub) to allow daily upkeep of their private accommodation space.

- ☐ Primary care and other required medical services are available and easily accessible for evacuees.
  - ☐ Host site planning considers that individuals may not have brought necessary medical supplies, prescriptions, mobility and accessibility devices and may have immediate needs upon arrival.
  - ☐ Host site planning considers that individuals may not have brought documentation, such as OHIP cards and processes to work around or where appropriate replace these items are established.
- ☐ Signage is posted and evacuees are educated on the following principles which should be maintained for the duration of their accommodation within the host facility, where appropriate:
  - ☐ What to do if they become unwell
  - ☐ Proper hand washing technique
  - ☐ Respiratory etiquette
  - ☐ Family members, caregivers and close contacts are educated on the precautions they need to take when caring or living with someone who is unwell.

## Once Evacuation Order is Lifted

- ☐ Develop return plans for evacuees who are currently under isolation as either a suspected or confirmed case of an infectious disease will be made after consultations with the individual, the attending health care provider, and home community leadership. Options may include remaining isolated until the illness is considered resolved, returning to home community once no longer symptomatic or infectious, or returning to the community for continuation of health care by home health care providers. Details of the return plans would be determined based on the individual case with applicable partners.
- ☐ When possible, evacuees are provided with the required supplies to finish any previously started treatment (e.g., medications, lice shampoo).
- ☐ Appropriate connections are made to transfer personal health information back to community health providers.
- ☐ See [transportation section](#) above for return transportation considerations.