Interim Guidance for Group Lodging During the COVID-19 Pandemic

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**Definitions**

**Evacuee:** People who are forced to evacuate their homes in an emergency and are eligible to receive Emergency Support Services (ESS).

**Group lodging:** A location designated by a First Nation and/or local authority, which provides congregate accommodation for people displaced from their homes as a result of an emergency or disaster. Group lodging facilities are usually in a community centre, school gymnasium or arena. People forced from their homes in an emergency may be directed to group lodging facilities when commercial lodging is either not appropriate or unavailable. The opening of group lodging depends on many factors including the size of the emergency, the availability of commercial lodging and the number of responders. Evacuees register for group lodging support at a reception centre.

**Reception centre:** A location where evacuees are received, registered, and referred elsewhere depending on their needs. Ideally, reception centre personnel refer evacuees to the group lodging facility for accommodation needs. Evacuees will receive a referral form and should give the white copy of the form to the worker at the check in/check out desk at the group lodging facility. This copy authorizes the evacuee to stay at the facility.

**Congregate accommodation:** Refers to shared accommodation (e.g., common sleeping areas, bathrooms, kitchens, etc.). This is distinct from other forms of ESS lodging arrangements organized by a First Nation and/or local authority (e.g., hotel rooms, commercial lodging).

**Intended Audience**

This document is intended to advise First Nations and/or local authorities, ESS, as well as health authorities, in planning emergency group lodging if there is not sufficient accommodation allowing for appropriate physical distancing and other public health considerations. The Ministry of Health supports EMBC in strongly advising against the use of group lodging facilities under the ESS program as the primary option to support those evacuated from their homes due to floods, fires, or other emergencies. However, the following guidance has been developed to promote the well-being and safety of evacuees, responders and staff within group lodging accommodation should it be necessary.

**Introduction**

Many events can result in individuals and families having to leave their homes, often with little warning. The Province of B.C. provides short-term, compassionate support to meet the needs of British Columbians impacted by disasters. British Columbians forced from their homes by fire, floods, earthquakes or other emergencies may receive ESS for up to 72 hours.

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Since the beginning of the COVID-19 pandemic, evacuees have been placed in hotels and similar accommodation where appropriate physical distancing and other public health considerations are easier to follow. This approach is the ideal. Pursuing safe, individual accommodation (e.g., hotel rooms) is preferred for all evacuees. In the event that there is not sufficient individual accommodation available, the following guidance has been developed to promote the well-being and safety of evacuees and staff within group lodging accommodation.

This guidance document is informed by:
- COVID-19 public health guidance for child care settings;
- Protecting industrial camp workers, contractors, and employers working in the agricultural, forestry, and natural resource sectors during the COVID-19 pandemic; and
- CDC interim guidance for general population disaster shelters during the COVID-19 pandemic. ³

This document provides interim public health guidance for group lodging during the COVID-19 pandemic. It should not be extrapolated to allow for billeting with family and friends.

Section 1: What You Need To Know About COVID-19

What is COVID-19 and how is it spread?

COVID-19 is the disease caused by the coronavirus, SARS-CoV-2. COVID-19 is mainly spread by liquid droplets that come out of the mouth and nose when a person with the virus breathes, coughs, sneezes, talks or sings.

The most common type of spread is through larger droplets from close contact with an infected person, which usually fall to the ground within two metres. This is why maintaining physical distance, adding physical barriers, wearing masks and practicing rigorous hand hygiene are all important protective measures.

Smaller droplets come out of the mouth and nose at the same time as larger droplets. These droplets can float in the air for a longer time. Because of this, smaller droplets may collect in enclosed spaces unless they are diluted with clean air from the outdoors or a ventilation system. If many people are sharing a space without enough clean air, it can lead to COVID-19 infections.

Touching surfaces contaminated with droplets containing COVID-19 and then touching your face particularly your eyes, nose or mouth can make you sick. That is why we recommend washing your hands often, especially when you are likely to get or spread germs.

What are the symptoms of COVID-19?

The symptoms of COVID-19 are similar to other respiratory illnesses, including influenza and the common cold. These symptoms include fever or chills, cough, loss of sense of smell or taste and difficulty breathing. Additional symptoms may include sore throat, loss of appetite, extreme fatigue or tiredness, headache, body aches, nausea or vomiting and diarrhea.

People with COVID-19 may experience little or no symptoms, with illness ranging from mild to severe. Some people are more vulnerable to developing severe illness or complications from COVID-19, including older people and those with chronic health conditions.

**What to do if you have symptoms?**

Use the B.C. COVID-19 self-assessment tool to see if you need to be tested for COVID-19 or go to the BCCDC page on COVID-19 testing for more information.

Once you have been tested, you should self-isolate while you wait for the test results. If your test is negative, you should limit activity outside the home until you are feeling better. If you test positive, you will be provided with further guidance when contacted by the health authority. If you feel unwell and are unsure about your symptoms, contact your health-care provider or call 8-1-1.

**Section 2: General Considerations for Group Lodging**

Alternatives to group lodging that allow for separation among evacuees, such as hotels or dormitories which have separate rooms, should be prioritized over group lodging. Pursuing safe, individual accommodation (e.g., hotel rooms) is preferred for all evacuees. If such accommodation requires travelling under an evacuation alert or order outside of an individual’s own health authority, this must be done in compliance with orders of the public health officer under the Public Health Act and with ministerial orders under the Emergency Program Act and/or under the authority of a variance of an order issued by the provincial health officer under the Public Health Act.

Billeting with family or friends is not currently an evacuation approach that aligns with the requirements outlined in public health orders. Congregate accommodation should be a last resort.

Evacuees diagnosed with COVID-19 or those in isolation, quarantine or under public health observation for the disease (e.g., notified they have been exposed) should not be housed in group lodging and pursuing safe, individual accommodation is recommended.

Individuals at higher risk for severe disease from COVID-19 should not be placed in group lodging, if possible. This includes people over the age of 60 or those with underlying medical conditions. If group lodging is utilized, evacuees should be transitioned out of group lodging as soon as possible to hotels, dormitories or other options where it is easier to maintain effective physical distancing and other public health measures.

If possible, all types of accommodations should be:

- Located in buildings with appropriate ventilation and sufficient space to prevent crowding;
- Equipped with air exchange systems where possible;
- Utilizing the highest efficiency filters compatible with the shelter’s existing HVAC system;
- Adopting “clean-to-dirty” directional airflows; and
- Selecting upward airflow rotation if using ceiling fans.

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4 Engage HVAC technician or other to assess, as needed.
Section 3: Screening, Monitoring, and Isolation

Upon check-in at a group lodging site, evacuees must be screened for COVID-19 prior to entry, as per the established protocol for the site. See appendix A for a sample screening questionnaire and further direction on set up of the screening area.

Evacuees must monitor themselves twice daily for signs and symptoms of COVID-19. Should an evacuee develop symptoms, they should be isolated immediately. Arrangements should be made in consultation with local public health about requirements for the individual’s care and accommodation.

Group lodging staff and responders must monitor themselves regularly for signs and symptoms of COVID-19. Staff or responders with symptoms should not come to work – they should stay home and assess their symptoms and potential need for testing using the BCCDC self-assessment tool.

An isolation area should be established, preferably with its own bathroom, for use if an evacuee develops symptoms of COVID-19 and needs to isolate while awaiting transportation to alternate lodging (e.g., a hotel or a health-care facility).

Entry to the group lodging site should be restricted to essential access only. Any individuals entering the facility must be screened for COVID-19 (see appendix A) before they are permitted to enter. Essential entries should be limited to maintenance, cleaning/sanitation, emergency health events and security (e.g., first responders). If a situation warrants an essential visit, please discuss with staff and/or accommodation management.

Section 4: Physical Distancing

Staff, responders and evacuees must practice physical distancing at all times. A distance of two metres (six feet) should be maintained between individuals, with the exception of family or household groups. When possible, place groups or families in individual rooms or in separate areas of the facility.

A group lodging facility should be large enough to provide appropriate space for physical distancing among evacuees. Beds should be arranged at least two metres apart and head-to-toe, where possible (see figure 1). If beds cannot be at least two metres apart, use temporary barriers between beds, such as curtains, to prevent droplet spread while sleeping and evacuees should sleep head-to-toe.

Family/couples can be grouped together to consolidate space. In these situations, additional space around beds should be considered when consolidating household groups (see figure 1).

All evacuees, staff and responders should wear masks within a group lodging site as per current public health orders. Masks should be used where appropriate physical distancing is difficult to maintain, such as at entrances where screening is taking place, passageways between beds in sleeping quarters or when queuing/using the bathroom.

It is important to coordinate and stagger mealtimes to ensure proper physical distancing (see figure 2 and section 7), as masks are removed for eating and drinking while seated in a designated dining area. Where and when possible, consider organizing outdoor dining arrangements.
Section 5: Personal Hygiene

First Nations and/or local authorities must ensure that all staff and responders are educated on basic measures to prevent the transmission of COVID-19 and other infectious organisms in order to display these practices while with evacuees. This includes diligent hand washing with plain soap and water or by using hand sanitizer with a minimum of 60% alcohol. Please note that antimicrobial soap is not required for COVID-19.

Adequate handwashing/hand sanitizing facilities must be available in proportion to the number of people at the group lodging site. Hand washing stations may be either permanent or portable. Hand washing facilities should be checked, cleaned and restocked with supplies three times a day. Soap and water hand-washing stations can be supplemented with waterless hand sanitizers containing a minimum of 60% alcohol, where appropriate.

Encourage evacuees not to share items such as eating utensils, towels, cigarettes, vape pens or bedding.

Regularly remind evacuees about the importance of infection prevention and control practices to prevent the spread of COVID-19, such as physical distancing, wearing a mask, covering your mouth and nose with a disposable tissue or the crease of your elbow when you sneeze or cough, disposing of used tissues immediately, hand washing and avoiding touching your face, eyes, nose or mouth with unwashed hands.

At a minimum, available signage should be posted in visible places throughout the group lodging facility:

- COVID-19 physical distancing poster
- Hand hygiene poster
Section 6: Guidance for Increased Cleaning

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Spaces should be cleaned and disinfected in accordance with the BCCDC’s cleaning and disinfectants for public settings document.

General cleaning and disinfecting of group lodging should occur at least once a day. Frequently touched surfaces should be cleaned and disinfected at least twice a day, and when visibly dirty. These include doorknobs, light switches, faucet handles, table counters, chairs, electronic devices, etc.

Use common, commercially-available detergents and disinfectant products. Follow the instructions on the label. See the BCCDC cleaning and disinfectants for public settings guidance for more information.

Remove items that cannot be easily cleaned (e.g., soft/textured fabric or beanbag chairs). Empty garbage containers daily, at minimum. Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine). Wash hands before wearing and after removing gloves.

There is no evidence that the COVID-19 virus is transmitted via books, paper or other paper-based products. As such, there is no need to limit the distribution of books or paper-based resources because of COVID-19.

Section 7: Food Services

Determine the maximum number of people that can physically distance themselves in dining and other areas. Post signs to limit the number of people permitted in the dining area and other common areas. Where possible, remove or block off excess tables and chairs, leaving only enough seating to accommodate the calculated maximum number of people permitted at one time. Where and when possible, consider organizing outdoor dining arrangements.

Use a staggered meal schedule to support physical distancing and to limit the number of individuals and families at a given time. Clean and disinfect the area between meal service times.

In the dining area, people should maintain a distance of at least two metres (six feet) from each other, unless they are in the same family/household or they are separated by a washable, impermeable and preferably rigid partition that reduces risk of transmission of COVID-19.

Everyone must wash their hands immediately prior to entering any dining or food preparation area. Provide hand sanitizer dispensers in any place where people pick up their food, including beverages, dishware and utensils. Evacuees must wear masks/face coverings while in the food line.

Serve pre-packaged meals or individual meals dispensed by food service workers when possible. If buffets are provided, follow BCCDC recommendations for food services, and consider having designated kitchen staff serve the food. Those
working with food or beverages must practice diligent hand hygiene, wear [gloves] and masks during meal preparation and service. Only permit kitchen workers and supervisory staff to enter food preparation or storage areas.

Deliver meals to the outside of rooms of any evacuees that are in isolation.

All small food items and snacks should be individually wrapped whenever possible or made available with systems to prevent common touching of either food items or utensils.

Section 8: Considerations for Children

First Nation and/or local authorities can help to educate parents and caregivers about how to reduce the spread of illness and encourage them to support their children in these practices. Require hand hygiene for children, parents and staff/responders before entering and leaving a children’s temporary respite care area (if applicable to the site). Hand sanitizer should be kept out of reach of children.

Encourage parents and caregivers to monitor children for symptoms of illness and to report any suspected illness immediately to group lodging staff/responders. While the symptoms of COVID-19 are similar in children and adults, when children do get symptoms, they generally have much milder symptoms than adults. If possible, at nap time, ensure that children’s mats (or cribs) are spaced out as much as possible, ideally two metres apart. Consider placing children head to toe to further reduce the potential for disease spread.

Clean and disinfect frequently touched surfaces at least twice each day and when visibly soiled. This includes toys used by multiple children (if applicable to site). Clean and disinfect cots, cribs and sleeping surfaces weekly if dedicated to a single child or between uses if shared between multiple children. Clean and disinfect cots and cribs when visibly soiled. Clean and disinfect changing stations after each use.

Staff should wear disposable gloves when cleaning blood or bodily fluids (e.g., runny nose, vomit, stool), as well as when changing diapers.

Clean and disinfect toys at least twice a day. Consider limiting or removing toys that cannot be easily disinfected (e.g., plush or soft toys). If these toys are going to be used, ensure that children practice hand hygiene before and after handling them. Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pans and water out of reach of children. Washing with soapy water is the ideal method for cleaning.

Children’s books, like other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
Appendix A: Check In/Entry Screening

Screen all individuals (evacuees, responders, essential workers, visitors and staff) at the time of check-in, and prior to entering any group lodging site or facility.

First Nation and/or local authorities are asked to adopt the following considerations to ensure a safe and efficient screening process:

- Use staff to conduct COVID assessment/screening at the group lodging entrance. Screening may involve:
  - Speaking to your local health authority about appropriate screening approaches.
  - Using the B.C. self-assessment tool or K to 12 Health Check.
- Direct everyone to a mask and hand washing station so they may wash their hands and be provided with a clean mask if they do not have one.
- Where possible, provide enough trained personnel for COVID-19 screening to minimize intake times.
- Consider how best to ensure physical distancing and protective barriers when conducting screening:
  - A drive-through COVID-19 screening and ESS assessment station may be appropriate.
  - Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member’s face from respiratory droplets that may be produced if the individual being screened sneezes, coughs or talks.
  - If physical distancing or barrier/partition controls cannot be put in place during screening, screeners should use personal protective equipment (e.g., mask and eye protection or face shield that fully covers the front and sides of the face) when within two metres of a client. Screeners should practice regular, rigorous hand washing.
- Conduct a thorough cleaning and disinfection of the area every four to six hours.
- Take care not to stigmatize evacuees (e.g., avoid any judgemental statements that cause people to feel shame or guilt if someone contracts COVID-19).

Entry Screening Outcomes

- Screening Passed: An individual is able to enter the group lodging facility
- Screening Not Passed or Unclear:
  - A responder, visitor or staff member is unable to enter the facility and is asked to contact 8-1-1 if they suspect they may have COVID-19.
  - An evacuee is requested to physical distance (for example, remain in their vehicle) while ESS continue to conduct a needs assessment and prioritize commercial lodging/isolated accommodation for the individual.
  - An evacuee is encouraged to call 8-1-1 to self-report changes in health conditions. If an evacuee is in being monitored for contact tracing, they should continue to involve their contact tracers in changes to their isolation status, as per the appropriate methods. Any individual that may have or is suspected of having COVID-19, is advised to safely distance from others as much as possible.

Engage your local health authority for any regional inquiries related to check-in, entry screening and entry screening outcomes.
Appendix B: Additional Resources


COVID-19 Workplace Assessment – BC Public Service

Worker Health Checks: Provincial Health Officer Order – WorkSafe BC

Do Not Enter If You Are Sick or Required to Self-Isolate Poster – BC Centre for Disease Control

Tools and strategies for safer operations during the COVID-19 pandemic – BC Centre for Disease Control

K to 12 Health Check – BC Public Service