

INFECTION PREVENTION AND CONTROL

PROVINCIAL GUIDELINES

Provincial Infection Prevention and Control Guidance for Communicable Diseases during Emergency Evacuations in British Columbia

August 25, 2025

Territory Acknowledgement

We affirm the inherent rights and title of BC First Nations whose territories stretch to every inch of the province. We specifically recognize with gratitude the ɫəkʷəŋən (Lekwungen) peoples of the Songhees and Xwsepsum (Esquimalt) Nations, on whose territories the central office of the Ministry of Health is located.

We are grateful to all the First Nations who have nurtured and cared for the lands and waterways around us since time immemorial and also recognize that other Indigenous Peoples who live in BC—including Métis, Inuit, and First Nations with homelands elsewhere in Canada, have rights to health and wellness that must be upheld.

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1. Introduction

During emergencies such as wildfires, floods and earthquakes, evacuation environments can increase the risk for spread of communicable diseases, especially those transmitted through air, respiratory droplets or contact. Enclosed or crowded spaces, limited ventilation and shared facilities can significantly increase the likelihood of disease spread.

Certain settings and populations are particularly susceptible to the spread of disease during evacuations. High-risk environments include transport vehicles with poor ventilation, reception centres where large groups gather and group lodging facilities where evacuees share sleeping areas, bathrooms and common spaces. Those at greater risk of communicable diseases include older adults, young children, pregnant women, unvaccinated individuals and people with weakened immune systems or chronic conditions like heart disease, diabetes or respiratory illnesses.

Purpose

This document provides infection prevention and control (IPC) recommendations to minimize the risk of communicable disease transmission throughout all phases of emergency evacuation, from pre-evacuation planning, transportation logistics, reception and shelter operations, triage and post-evacuation recovery. The aim is to ensure the safety of both evacuees and responders while supporting the broader health system's efforts to prevent and control the spread of disease.

Scope

This guidance applies to key evacuation settings, including transportation used during evacuations (e.g., buses, shuttles or other vehicles moving evacuees), reception centres where evacuees are initially received and registered and group lodging facilities where evacuees may stay temporarily. It is intended for Emergency Support Services (ESS) responders, Indigenous governing bodies and local authorities responsible for coordinating evacuation logistics and public health measures. This guidance does **not** apply to health-care settings or emergency health services, such as ambulance and patient transfer services.

Local Authorities and First Nations often manage evacuation supports for residents at both the local and regional level. Accordingly, the recommendations in this document should be adapted to support community-level response efforts during emergencies or disasters. IPC strategies should be developed and/or adapted in consultation with the local health authority IPC lead and public health unit based on the specific context, level of risk and characteristics of the affected population.

Planning for the prevention and control of communicable diseases should begin early and be implemented whenever possible. Immediate threats to safety must be addressed first. Once urgent safety issues are under control, IPC measures should be reviewed and fully applied to protect evacuees, evacuation personnel and the broader community.

Note: In this document, “evacuation personnel” refers to evacuation staff, community volunteers and community responders.

2. Pre-Evacuation Preparedness

- **Encourage all evacuation personnel, including staff, volunteers and responders to be aware of their immunizations to help protect themselves and others.**
 - People can find out [how to check their immunization records here](#), including how to check records on [Health Gateway](#) and [how to upload their immunization records](#) to the provincial immunization registry.
- Establish clear policies and procedures covering all phases of evacuation, including prevention and response to communicable diseases.
- Develop a communication plan that includes procedures for reporting illness or potential exposures at reception centres.
 - The plan should direct evacuation personnel to notify their Emergency Program Coordinator when reporting illness.
 - Ensure evacuation personnel have contact information for their local public health unit available.
- Train evacuation personnel on IPC practices, including routine practices such as hand hygiene, proper use of medical masks, symptom screening, reporting protocols and [evacuating individuals with suspected or confirmed communicable diseases, as outlined below](#).
 - Refer to [Appendix B: Additional Resources](#) for tools to assist with training.
- Provide clear messaging to evacuees on what to do if they develop symptoms of a communicable disease or have been exposed to a communicable disease. This information should be included with evacuation orders when possible.
 - Refer to [Appendix A](#) for common communicable disease symptoms.
- Post clear, multilingual signage at intake points and throughout evacuation centres to promote hand hygiene, raise awareness of symptoms and encourage self-screening among evacuees and evacuation personnel.
 - Refer to [Appendix B: Additional Resources](#) for tools to assist with signage.
- Maintain a stockpile of medical masks, hand sanitizer, and cleaning and disinfecting products.
 - If possible, have face masks of varying sizes (including children's sizes) to use for both affected individuals and staff.

3. Infection Prevention and Control (IPC) Measures

3.1. Routine Practices

To minimize the risk of disease transmission during evacuations, implement the following routine IPC measures:

Hand Hygiene

- Promote frequent hand hygiene using plain soap and water or alcohol-based hand sanitizers.
- Use plain soap and water whenever hands are visibly soiled or contaminated.
- Perform hand hygiene:
 - After using a tissue for their face, coughing or sneezing.
 - Before and after contact with all individuals.

- After touching potentially contaminated surfaces and handling waste.
- Before putting on a medical mask.
- After removing a medical mask.
- Please refer to guidance on [hand hygiene available here](#).

Respiratory Etiquette and Personal Behaviour

- Cover coughs and sneezes with a tissue or the inside of the elbow.
- Dispose of used tissues immediately and perform hand hygiene.
- Avoid touching the face, especially eyes, nose and mouth.
- Avoid sharing of food, drinks, utensils and personal items
- [Respect personal space](#) whenever possible.
- If you are not immunized or are experiencing symptoms, avoid crowded areas and public gatherings during evacuation and sheltering.

3.2. Additional Infection Prevention and Control Precautions

Additional IPC measures are implemented alongside routine practices when managing individuals who may have a highly contagious communicable disease. These precautions include:

- **Precautions for diseases that spread through air:**
These precautions are necessary when managing communicable diseases that spread through tiny particles, which can linger in the air and be inhaled even after the individual with suspected or confirmed communicable disease has left the area. These precautions are critical for communicable diseases such as measles, tuberculosis and chickenpox /varicella.
- **Precautions for diseases that spread through close contact:**
These precautions are applied when managing communicable diseases that spread through larger respiratory droplets (from coughing, sneezing or talking) and through direct or indirect contact with the individual with suspected or confirmed communicable disease or contaminated surfaces. These precautions are critical for managing viral respiratory infections (VRIs), including influenza, coronaviruses, respiratory syncytial virus (RSV) and common cold viruses.

These precautions also apply to gastrointestinal (GI) illnesses, which spread mainly through contact with germs from an infected person's stool or vomit, often due to poor hand hygiene or contaminated food, water and surfaces. Common GI illnesses include norovirus infection, rotavirus infection, E. coli infection, C. difficile infection and salmonella infection.

For detailed information on modes of transmission for communicable disease, please refer to [Appendix A](#).

In addition to routine practices, the following additional IPC measures help reduce the risk of transmission:

- All evacuation personnel including staff, volunteers and responders should wear a medical mask when managing individuals with suspected or confirmed communicable diseases.
- Evacuees with suspected or confirmed communicable diseases should be offered a medical mask and encouraged to wear it, if they can tolerate it.
- Whenever possible, evacuees with suspected or confirmed communicable diseases should use personal vehicles for evacuation or be transported in designated vehicles whenever possible to minimize the risk of exposing others.
- When feasible, provide temporary accommodations that support appropriate isolation, such as motel-based sheltering, for evacuees with suspected or confirmed communicable diseases. Clean and disinfect high-touch surfaces on a regular basis, and after incidents involving body fluids (e.g., vomiting).

Things to consider for using medical masks appropriately:

- Avoid touching the medical mask while wearing it. If adjustment is needed, perform hand hygiene immediately before and after.
- Replace medical masks if they become wet, damaged or visibly soiled.
- Always clean hands immediately after removing the medical mask.
- Please refer to guidance on [how to wear medical mask available here](#).

3.3. Evacuating Individuals with Suspected or Confirmed Communicable Disease

Symptom Screening and Isolation

- **All evacuation personnel including, staff, volunteers and responders should self-screen for [symptoms of communicable diseases](#)** (e.g., fever, new cough, diarrhoea, vomiting, red eyes or rash) before reporting to duty.
 - Anyone exhibiting symptoms should stay home.
 - Personnel with known exposure to a communicable disease, who are not immune or who are severely immunocompromised, may need to stay home, even if no symptoms are present.
 - For further direction, consult with your health-care provider or contact HealthLink BC (8-1-1).
- **Encourage evacuees to self-monitor for [symptoms of communicable diseases](#)** (e.g., fever, new cough, diarrhoea, vomiting, red eyes or rash).
 - Encourage evacuees to promptly report any signs of illness before boarding transport, before entering the reception centre and throughout their stay.
 - If symptoms develop while at the reception centre, contact your local public health unit or call HealthLink at 8-1-1 for further guidance.
- Promptly identify and isolate individuals with suspected or confirmed communicable diseases in accordance with established protocols to prevent further transmission.
 - Please refer to the section below on [evacuating individuals with suspected or confirmed communicable diseases](#).

During Transport

To reduce the risk of communicable disease transmission, the following transportation strategies **should be** implemented:

- Whenever possible, evacuees with suspected or confirmed communicable disease **should use personal vehicles for evacuation** to reduce exposure to others.
 - Shared travel should be avoided, unless evacuees are already exposed to each other.
- **If dedicated transportation is not available and mass transit must be used.** Key considerations include:
 - Assign buses based on health status classifications:
 - **Red:** Evacuees with the same confirmed communicable disease or a known exposure.
 - **Orange:** Evacuees with symptoms of a communicable disease that is not yet confirmed.
 - **Blue:** Asymptomatic evacuees with no known exposure to or symptoms of a communicable disease.
 - If resources are limited, consider compartmentalizing buses to separate groups within a single vehicle.
 - Maximize airflow in the vehicle by opening windows and using the HVAC system, preferably set to exhaust or fresh air intake mode, to help circulate fresh air and remove potentially contaminated air, where feasible.
 - Clean and disinfect frequently touched surfaces in the vehicles between trips and after any spills (e.g., vomiting).
- Prioritize assigning evacuation personnel with known immunity (e.g., up-to-date immunizations) to support the safe transport of individuals with suspected or confirmed communicable disease when personal transport is not an option.
- Transport personnel should wear a medical mask when assisting individuals with suspected or confirmed communicable diseases.
- Evacuees with suspected or confirmed communicable disease should be offered a medical mask and encouraged to wear it throughout the journey, if tolerated.

In Reception Centres

To reduce the risk of communicable disease transmission, the following IPC measures **should be** implemented:

- **Encourage all staff and evacuees to self-monitor for symptoms of communicable diseases** (fever, new cough, diarrhoea, vomiting, red eyes or rash) and promptly report any signs of illness.
 - Please [refer to the section above on symptom screening and isolation](#).
- **If symptoms or potential exposure are reported prior to arrival,**
 - The evacuee or group should not enter the centre and should be prioritized for temporary accommodation that allow for appropriate isolation (e.g., motel-based sheltering).
 - Individuals with suspected or confirmed communicable diseases should be supported to self-isolate until the end of their contagious period.
 - Whenever possible, arrange for the delivery of essential supplies (e.g., groceries, medications) to help reduce the need for them to leave isolation.

- **If symptoms develop while at the reception centre,**
 - Minimize unnecessary interaction with individuals with suspected or confirmed communicable diseases as much as possible.
 - **If possible, immediately relocate evacuee(s) with suspected or confirmed communicable disease to a designated room within the reception centre.**
 - Keep the door closed and window open (if there is one).
 - Access to this room should be restricted. Post appropriate signage at the entrance. Refer to [Appendix C for the designated room entrance poster](#).
 - Where possible, assign dedicated restrooms and limit movement outside designated areas. Ensure these restrooms are thoroughly cleaned and disinfected after use.
 - Group household members together when appropriate (e.g., parents with children).
 - Evacuee(s) should wear a mask, if tolerated, when outside their designated room, in shared spaces and use designated entry/exit routes, where possible.
 - Assign dedicated, ideally immune staff to monitor and support evacuee(s) in isolation.
 - Staff managing evacuee(s) with suspected or confirmed communicable diseases should wear a medical mask when entering and for the duration of being in the designated room.
 - **When private/designated rooms are unavailable,** where possible:
 - Designate separate, well-ventilated areas for those with suspected or confirmed communicable diseases.
 - Group household members together when appropriate (e.g., parents with children).
 - Where possible, assign dedicated restrooms and limit movement outside designated areas. Ensure these restrooms are thoroughly cleaned and disinfected after use.
 - Evacuee(s) should wear a mask, if tolerated, when outside their designated area, in shared spaces and use designated entry/exit routes, where possible.
 - Assign dedicated, ideally immune staff to monitor and support evacuee(s) in isolation.
 - Access to this area should be restricted. Post appropriate signage at the entrance. Refer to [Appendix C for the designated area entrance poster](#).
- If emergency care is needed (e.g., difficulty breathing), seek medical attention immediately. Be sure to inform the health-care facility in advance about the potential communicable disease so they can implement appropriate precautions.
- Where possible, maintain effective ventilation throughout the reception centre.
- Ensure hand hygiene stations with soap and water or alcohol-based hand rubs are readily available for use.
- Promote [hand hygiene](#) and respiratory etiquette through signage.

3.5. Documentation and Contact Tracing

- Maintain detailed logs with contact information for contact tracing in the event of an exposure:

- Keep a record of all personnel involved in the evacuation process.
- Keep a record of all evacuees at a reception centre, in case follow up is needed.

3.6. Environmental Cleaning and Waste Management

- Clean and disinfect all shared spaces and high-touch surfaces, such as door handles, railings and other frequently touched areas, including in transport vehicles (e.g., buses, vans).
- Clean and disinfect designated rooms/areas and restrooms once individuals with suspected or confirmed communicable diseases have left.
- Perform thorough cleaning and disinfection immediately after any spills (e.g., vomiting).
- Ensure safe handling and disposal of waste.

Appendix A: Communicable Diseases – Transmission and Common Symptoms

What Are Communicable Diseases?

Communicable diseases are illnesses caused by infectious agents such as bacteria, viruses, fungi or parasites. These diseases can spread from person to person, through animals or insects, or via contaminated surfaces, food or water.

How Do Communicable Diseases Spread?

| Transmission Route | Examples of How It Spreads | Examples of Diseases |
|--------------------|--|--|
| Person-to-Person | Touch, sexual contact, coughing/sneezing, blood, body fluids, feces | Influenza, COVID-19, HIV, Hepatitis B, Norovirus |
| Insects or Animals | Bites (e.g., ticks, mosquitoes), contact with infected animals or their fluids | Lyme disease, West Nile virus, Rabies |
| Surfaces or Air | Touching contaminated surfaces, breathing airborne germs | Tuberculosis, Measles, Chickenpox, MRSA |
| Food or Water | Eating contaminated food or drinking unsafe water | Salmonella, E. coli, Cholera, Giardiasis |

Symptoms of Communicable Diseases

| Category | Symptoms |
|---------------------------|---|
| Common | Fever or chills, fatigue, body aches, headache |
| Respiratory | Cough, sore throat, runny or stuffy nose, shortness of breath, sneezing |
| Gastrointestinal | Nausea, vomiting, diarrhea, abdominal pain, loss of appetite |
| Skin and Mucous Membranes | Rash, redness, swelling, blisters, sores, itching |
| Neurological | Confusion, disorientation, stiff neck, sensitivity to light |
| Other Specific Symptoms | Swollen lymph nodes, jaundice, painful urination, genital discharge |

Note: Symptoms and severity can vary depending on the disease and the individual's health status.

(Adapted from: Communicable Disease Prevention and Control Handbook for Emergency Shelters, Housing, and Supportive Environments (BC Housing, 2023))

Appendix B: Additional Resources

- **Immunization**
 - For more information and to ensure your record is up to date, visit [Immunization records|HealthLink BC](#).
- **Infection Prevention and Control Training**

[Public Health Ontario's *Infection Prevention and Control for Non-Clinical Staff* online course](#) is a valuable resource to support the training of evacuation personnel.
- **Printable Posters:**
 - [Hand Hygiene](#): Guidance on proper hand hygiene to help reduce the spread of infections.
 - [Respecting Personal Space](#): Whenever possible, maintain respectful physical distance to help minimize the risk of transmission.
 - [Wearing a Medical Mask](#): Learn how to correctly wear, remove, and dispose of a medical mask to ensure effective protection.
- **Viral Respiratory Illnesses (VRI) Chain of Infection**

Refer to the [VRI Chain of Infection resource](#) for an overview of how infections spread and how to break the chain through preventive measures.

ATTENTION

Before entering this room:



Please check with staff before entering.



Wear a medical mask in the room if possible.



Clean hands before entering and when exiting the room.

Use soap and water or alcohol-based hand sanitizer.

Thank you for your cooperation.

2025.06.26

Addendum A: Measles Infection Prevention and Control Guidance during Emergency Evacuations in BC

August 25, 2025

This addendum is an extension of the *Provincial Infection Prevention and Control Guidance for Communicable Diseases during Emergency Evacuations in BC* and outlines specific IPC measures to reduce the risk of measles transmission during emergency evacuations.

a. Pre-Evacuation Preparedness

In addition to the [guidance outlined above](#), the following measures **should be** implemented during the pre-evacuation phase:

- Please remind staff and evacuees that measles is currently circulating in British Columbia.
- **Encourage all evacuation personnel, including staff, volunteers and responders to be aware of their measles immunity status (e.g., having recommended doses of a measles vaccine or a confirmed history of measles infection), to help protect themselves and others.**
- Ensure all evacuation personnel and evacuees receive clear, accessible information on how to self-screen for symptoms of measles and what actions to take if they develop symptoms or believe they have been exposed.
- Ensure evacuees with symptoms of measles (fever, cough, runny nose, red eyes, rashes) are not directed to reception centres and should be evacuated using designated/personal transportation, if possible.
 - Establish an alternate pathway for managing individuals with suspected or confirmed measles, in coordination with public health authorities to prevent further transmission.
- As part of preparedness planning, ensure all evacuation personnel are aware of public health guidance on measles.

Further Information/Resources:

- Visit the [BCCDC Measles](#) page for up-to-date information on measles.
- Visit the [HealthLink BC: Measles Vaccine](#) for information on measles vaccine.
- Refer to the [Measles Exposures and Self-Assessment tool](#) for detailed information on what to do if you have been exposed in a public setting.
- Refer to the [Measles Self- Screening Poster](#) on how to recognize symptoms of measles.

b. Infection Prevention and Control Measures for Measles

In addition to the IPC [guidance outlined above](#), the following IPC measures are recommended to prevent the spread of measles:

- Whenever possible, **prioritize assigning evacuation personnel with known immunity to measles (e.g., recommended doses of a measles vaccine or have had a known measles infection) to manage evacuees with suspected or confirmed measles.**
 - A non-immune person should not interact with individuals with suspected or confirmed measles.
- Post clear [signage to promote symptom awareness and encourage self-screening](#).

- **All evacuation personnel should self-screen for symptoms of measles before reporting to duty.**
 - Anyone exhibiting symptoms should stay home and isolate.
 - In the event of a known exposure to measles, personnel who are not immune or who are severely immunocompromised, should stay home and [contact local public health](#), even if no symptoms are present.
 - If measles is confirmed, personnel should stay home for 4 days after rash appears or for 10 days from symptom onset if there is no rash. Please connect with HealthLink BC at 8-1-1 for further guidance.
 - If you need to visit a health-care facility or provider, please call ahead to inform them of your symptoms. This allows staff to take precautions and prevent further spread.
- **Encourage evacuees to self-monitor for symptoms and promptly report any signs of illness** before boarding transport, before entering the reception centre and throughout their stay.
- **If an evacuee is suspected or confirmed to have measles:**
 - They should use personal vehicles for evacuation or be transported in designated vehicles whenever possible to minimize the risk of exposing others.
 - They should not enter the reception centre and should be prioritized for temporary accommodation options that allow for appropriate isolation (e.g., motel-based sheltering).
 - If possible, designate a room within the reception centre with a closed door and, if available, an open window, for any evacuee who develops symptoms of measles during their stay.
 - These individuals should be supported to self-isolate until the end of their contagious period, typically at least four days after the appearance of a rash, or for 10 days from symptom onset if there is no rash.
 - Evacuee(s) should wear a mask, if tolerated, when outside their designated area, in shared spaces and use designated entry/exit routes, where possible.
 - Minimize unnecessary interaction with individuals with suspected or confirmed measles as much as possible.
- Evacuation personnel should wear medical masks when in contact with individuals with suspected or confirmed measles.

c. Measles Key Resources

For additional information, please refer to:

- [HealthLink BC: Measles](#): For detailed information about measles.
- B.C. Centre for Disease Control for [Measles resources](#):
 - Learn about measles symptoms, how it spreads, and the importance of vaccination through the [Measles Knowledge Translation Tool: Prevent the Spread of Measles](#).
 - If you believe you may have been exposed to measles in a public setting and receive guidance on next steps, use the [Measles Exposures and Self-Assessment tool](#).
 - Refer to the [Measles Self- Screening Poster](#) for visual guidance on identifying common symptoms such as fever, rash, cough and red eyes.
- [HealthLink BC: Measles, mumps and rubella \(MMR\) vaccine](#): For information about MMR vaccine.
- [HealthLink BC: Measles, Mumps, rubella and varicella \(MMRV\) vaccine](#): For information about the MMRV vaccine for children aged 4 to 12.