



Government of **Western Australia**
Department of **Health**

Public Health Guideline for Emergency Evacuation Centres

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Version 1





Acknowledgement of Country

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

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Feedback

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Foreword

The Environmental Health Directorate (EHD) within the WA Department of Health has responsibility for managing environmental health standards across Western Australia. Our role is to ensure appropriate management strategies such as legislation, guidelines, surveillance, monitoring and public education are in place to prevent disease, illness and injury arising from environmental exposures that can impact our health.

Emergency events such as cyclones, bushfires, floods, chemical spills and building fires create environmental health hazards that can severely impact communities and public health. Some of these hazards include contaminated food and water, mosquito-borne diseases, asbestos, mould, chemical contamination of land and air, exposure to waste and radioactive substances and damaged housing.

People displaced during emergency events seek temporary shelter which can also pose risks to human health, especially as the length of time people shelter increases. Acute respiratory infections can spread due to poor ventilation and a lack of space between people. Cases of gastroenteritis and diarrhoeal disease can occur because of poor food handling, contaminated water supply or exposure to failed wastewater systems. People may also be exposed to increased risks of mosquito-borne diseases, excessive heat, communicable infections or injury from poorly designed spaces.

This guideline provides information about potential public health risks at evacuation centres and guidance on management measures proportionate to those risks that aim to achieve acceptable public health outcomes. It summarises requirements under existing health legislation and standards to enable consultation and communication between key agencies and personnel during planning and preparedness for evacuation centres. It also provides practical suggestions and checklists to aid in managing public health risks.

Thank you to the many collaborators who have provided comment and input. In particular, we thank the Department of Communities for its support and look forward to our continued collaboration on public health aspects of emergency management in Western Australia.

Dr Michael Lindsay

Executive Director

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Introduction

The careful consideration of public health matters in the planning and operation of evacuation centres will assist in maintaining the health of evacuees and staff and minimise the risk of an outbreak of a communicable disease.

An evacuation centre provides temporary accommodation for evacuees displaced from their homes due to an emergency. Other services may be provided at the evacuation centre such as the distribution of food, personal requisites, coordination of financial assistance, registration and inquiry services, personal support, and other emergency relief and support services in connection with the emergency.

Emergencies are unpredictable and there is no one way to operate an evacuation centre. People attending the evacuation centre and those managing it will be impacted by varying factors, including stress, nature of the incident, local context and available resources.

Background

During the Kimberley floods in January 2023, it was identified that the Department of Health did not have specific guidelines for public health and wellbeing in emergency evacuation centres, particularly for rural and remote areas.

Many of the previous key documents which informed this body of work were based on the emergency response in developing countries, where there are little to no essential services. For example, in developing countries it is generally accepted that the minimum water supply required for health and dignity is 15 litres per person per day. However, the context is that there is no access to flushing toilets, showers, washing machines or other infrastructure which requires water.

This guideline was developed by the Department of Health in consultation with:

- Department of Communities
- government medical officers
- Aboriginal controlled community health services (ACCHS)
- local government environmental health officers (EHO)
- emergency management staff.

Purpose

This guide is intended to outline recommended considerations to protect public health, safety and wellbeing in the establishment and operation of an emergency evacuation centre.

This guide can be used by agencies involved in the operation or management of evacuation centres in Western Australia and covers:

- physical infrastructure of a building used for evacuation purposes to reduce the risk of communicable disease, support public health protection and promotion measures for users of the evacuation centre.
- cultural and language needs, which are regarded as important for the overall wellbeing of people using the evacuation centre.

Audience

Evacuation centre coordinators, local emergency management committees (LEMC), local government environmental health officers (EHO) and emergency management staff, public health units, government medical officers, Aboriginal community controlled health services (ACCHS) and Aboriginal community controlled organisations (ACCO).

Roles and responsibilities

Emergency events in Western Australia are managed under the provisions of the:

- [*Emergency Management Act 2005*](#)
- [*Emergency Management Regulations 2006*](#)
- [*State Emergency Management Policy*](#)
- [*State Emergency Management Plan*](#).

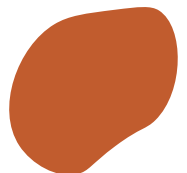
Local governments working with hazard management agencies (HMAs) and relevant emergency management agencies, in consultation with local emergency management committees (LEMCs), are responsible for identifying refuge sites and evacuation centres from available community assets that are appropriate for high risk hazards (SEMC 2023b, s3.3.3). These must be documented in the local emergency management arrangements (LEMA). If no suitable evacuation centres are identified, this must also be documented in the LEMA.

In Western Australia, there are approximately 420 evacuation centres available for use of varying size and age (DoC 2024). These are mostly community facilities such as town halls or recreation centres, however some may be owned and operated by non-government entities. It is the premise owner's responsibility to maintain the building's infrastructure.

The Department of Communities is responsible for providing emergency relief and support services to people affected by an emergency as set out in the *Emergency Management Act 2005* and the *Emergency Management Regulations 2006*. These services include:

- emergency accommodation
- emergency food
- emergency clothing and personal requisites
- personal support services
- registration and reunification services
- financial assistance.

In accordance with the [*State Emergency Management Policy*](#), the incident controller (IC) of the declared emergency makes the decision to enforce evacuation orders, open an evacuation centre and manage evacuation activities throughout the event.



Public health principles

To protect public health, safety and wellbeing and reduce the risk of disease in evacuation centres, the guideline is structured around 4 key public health principles:



Safe shelter

Secure, clean facilities to protect evacuees' health and dignity



Access to safe food and water

Uncontaminated, properly handled food and potable water



Effective sanitation and waste management

Hygienic practices to minimise disease transmission risks



Protection from communicable disease

Preventative measures to control infectious illness spread



Use of the guideline

Emergencies can vary significantly in their nature and severity; as such, it is not possible to develop a single guideline that covers every potential scenario.

This document represents an adjunct to existing evacuation arrangements outlined in the [State Emergency Management Framework](#).

It is recommended that this document be used as a guide for consideration rather than a prescriptive set of requirements.

A flexible approach should be used in its application and expert advice sought for individual situations as needed. **In all circumstances, the priority will be the protection and preservation of life.**

This guideline can be used to inform:

- design and construction of facilities that may be used as an evacuation centre
- local emergency planning and preparation arrangements
- implementation and audits of evacuation centres
- training.

Assumptions

The suitability of a facility to be used as an evacuation centre has been undertaken prior to its use and has been documented in the LEMA. This will include details relevant to this guideline such as:

- the water supply (including volume and source)
- power supply
- vehicle access
- natural hazards (including bushfire and flood risk)
- ability to accommodate companion animals and livestock.

The owner or carer of a companion animal is responsible for the animal and has taken all reasonable efforts to plan and prepare for its welfare during an emergency. Evacuation centres are established in locations where essential public health infrastructure is being met, prior to the emergency.

The requirements for the evacuation centre are discussed by the LEMC prior to high-risk periods, or on an annual basis.

The evacuation centre is likely a community facility, such as a town hall or recreation centre, and will comply with the *Health (Public Buildings) Regulations 1992* and any emergency management conditions imposed on the facility.

Evacuation centres are not intended to accommodate people from aged care residences, unless this has been specifically planned for prior to the emergency, as a higher level of care and resources is required by this cohort.

Acronyms

ACCHS	Aboriginal Community Controlled Health Service
ACCO	Aboriginal Community Controlled Organisation
CaLD	Culturally and Linguistically Diverse
DPIRD	Department of Primary Industry and Regional Development
EHO	Environmental Health Officer
HMA	Hazard Management Agency
IC	Incident Controller
LEMA	Local Emergency Management Arrangements
LEMC	Local Emergency Management Committee

Definitions

Assistance animal	An animal specially trained by an accredited assistance animal provider to help persons do things they cannot do because of a disability (NDIA 2021).
Companion animal	An animal other than a horse kept primarily for companionship, hobby, sport or work and does not include livestock.
Evacuee	A person presenting at or evacuating to an evacuation centre.
Hazard management agency	The public authority or person responsible for a particular aspect of a defined hazard as defined by the <i>Emergency Management Act 2005</i> .
Incident controller	The person appointed by the HMA to coordinate a response to an incident.
Potable water	Water that is acceptable and safe for human consumption.

Scalable approach

The recommended public health considerations are intended to be both **flexible** and **scalable** (SEMC 2023b, s4.3) to meet the changing needs in the establishment and operation of an emergency evacuation centre.

A scalable approach seeks to achieve effective implementation of the above public health principles (Milat et al. 2012), taking into consideration 'real-world' influencing factors. The following evacuation centre phases (Table 1, adapted from the Australian Red Cross) should be considered to enable scaling of resources where applicable.

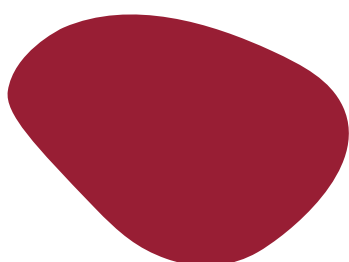


Table 1: Evacuation centre operational (time) phases.

Phases of Evacuation Centre Operation		
Immediate	Short term	Medium/long term
• Less than 18 hours. • Primary objectives are to provide shelter and preserve life during emergency. • Standing or sitting room. • Substantial meals and bedding are not required.	• Greater than 18 hours, up to a week. • Primary objectives are to provide shelter and minimise public health risk. • Sleeping room available. • Substantial meals and bedding are required.	• Greater than a week. • Primary objectives are to provide shelter, minimise public health risk and support wellbeing. • Sleeping room, recreation and children's play areas available. • Substantial meals and bedding are required.

Source: Adapted from Preferred Sheltering Practices for Emergency Sheltering in Australia (ARC 2015)

In addition to the phases of evacuation centre operation, public health considerations exist before an emergency occurs and once it becomes operational – 'preparedness planning' and 'operation' phases. See [Appendix 1](#).

Influencing factors

Hazard and evacuation type

The nature of a hazard may determine the type of evacuation direction (SEMC 2023c) and resulting public health considerations as part of the establishment and operation of an evacuation centre:

- 'Immediate Evacuation' forces immediate action, allowing little or no warning and limited preparation time, such as for a bushfire.
- 'Pre-warned Evacuation' allows for sufficient and reliable information to assist in the preparation of an evacuation centre, such as for a cyclone.

Ongoing exposure risks, such as smoke from bushfire, tremors following an earthquake or heavy wind and rain following a storm or cyclone, should also be considered as these may affect evacuation centre operations.

Evacuee's duration of stay

The length of time an evacuation centre is used may vary from a few hours up to weeks and may include overnight accommodation – dependent upon an evacuee's individual circumstances.

Evacuation centre's operational duration

Public health principles are relevant to all evacuation centres, regardless of the operation duration.

Availability of resources

Depending on the nature, scale and location of the hazard, access to resources may be limited, become more difficult further from metropolitan areas or hampered by emergency conditions such as road access.

Cultural considerations

If Aboriginal and CaLD communities are impacted by an emergency, it is critical that involved agencies work with the local communities, ACCHS, ACCO and local governments to ensure any required response efforts are suitable and culturally appropriate for each targeted community.

To support the response efforts, available data and information related to the emergency situation should be made available to the ACCHS and ACCO in a timely manner, subject to privacy requirements.

Cultural and language needs should also be considered when developing public health messaging.

At risk groups

At risk groups has the same meaning as per section 3.3.1 of the [Human Biosecurity State Hazard Plan](#) (Government of Western Australia 2023).

Some people using evacuation centres may need more support or be more severely impacted in an emergency than others (SEMC 2023b, s3.3.4). This could include people living with chronic health conditions, such as diabetes, cardiac and renal disease, significant disability, impaired mobility or mental health illnesses. It could also include people who face structural, cultural and language barriers, health access inequities and those who have limited access to social and financial supports.

Understanding community demographics are crucial when planning an evacuation centre, to ensure, wherever possible, the specific needs of evacuees are considered. Examples include having information available in other languages or planning for culturally safe support, monitoring health conditions and ensuring access to essential medication supplies. Information about at risk groups should be documented in the LEMA and local emergency relief and support plans.

Alignment and relationship to other documents

This guideline should be read in conjunction with the following WA emergency management and public health legislation, policy, and planning documents:

- [*Emergency Management Act 2005*](#)
- [*Emergency Management Regulations 2006*](#)
- [*State Emergency Management Policy*](#)
- [*State Emergency Management Plan*](#)
- [*State Support Plan – Emergency Relief and Support*](#)
- [*Public Health Act 2016*](#)
- [*Health \(Miscellaneous Provisions\) Act 1911*](#)
- [*Food Act 2008*](#)
- [*Australia New Zealand Food Standards Code*](#)
- [*Health \(Public Buildings\) Regulations 1992*](#)
- [*Building Code of Australia*](#)
- [*Local Emergency Management Arrangements*](#)
- [*Caravan Parks and Camping Grounds Act 1995*](#)
- [*WA Health Information Management*](#).





1.0 Safe shelter

This principle ensures evacuees have access to secure, hygienic and adequately equipped facilities. When planning for the needs of evacuees, consideration should be given to eating and play areas, storage, social and recreation spaces, and areas for medical and support services. These critical spaces should be excluded from the calculations used to determine the net useable floor area for sleeping purposes unless all bedding is packed away when not in use. Walkways and aisles should also be excluded from useable floorspace calculations.

Where appropriate, outdoor spaces need to consider the allocation of areas for people with caravans and tents, areas for additional portable showers and toilets and an area for supporting companion animals (see [section 5](#)).

1.1 Floor space

During the immediate evacuation phase, a minimum 1.2 m² of seated space per person is advised (ARC 2014). As soon as possible after the threat has passed, available space of 5 m² per person is recommended to minimise negative health and wellbeing impacts and to meet requirements for privacy, safety, health and amenity (ARC 2014). This includes sleeping arrangements, but not recreational areas, dining, walkways or other amenities. In addition, the internal ceiling height should be a minimum of 2 m.

1.2 Indoor air quality/ventilation

Consideration should be given to the impacts of climate and weather on the evacuation centre along with the nature of the emergency, for example heat, cold, damp/humidity, wind, rain, smoke and dust. Dependent upon the local conditions associated with the evacuation centre, weather and availability of equipment, internal air temperature should be maintained between 20°C and 25°C.

It is recommended that habitable areas are well ventilated and have a supply of fresh air where possible. No smoking or vaping is permitted within any evacuation centre statewide (see [section 1.10](#)).

Where air purifiers/filters are available, these should be placed closer to the centre of the room, away from walls, to increase their effectiveness.

1.3 Sleeping areas

Sleeping areas should be separate to eating areas, to deter pests and facilitate cleaning where possible. Mattresses, bedding, and beds/stretchers should be provided for each evacuee and be suitably spaced 0.75 m apart, to allow for privacy and safety.

Sleeping areas should consider specific arrangements such as co-location of families, couples, gender and safety. There should be well-planned access routes to the bathrooms. Where possible, families with young children and the elderly should be placed near bathrooms and lighting.

1.4 Power and telecommunications

Where possible, an off-grid power system should be provided at the evacuation centre in case mains electricity is not available e.g. diesel generator (see [section 1.12](#) for local considerations – noise).

Wi-Fi should be made available for evacuees if possible. This will enable evacuees to connect with loved ones, and the various agencies and services required to organise their personal affairs as soon as practicable/possible.

1.5 Sanitary facilities

All persons affected by an emergency must have safe and equitable access to, and use of, suitable sanitary facilities, including access for people with a disability. Sanitary facilities should be positioned to ensure the safety of all users (e.g. appropriate lighting and passive surveillance). A cleaning and consumables monitoring process should be established as part of the evacuation centre operations to ensure appropriate cleaning and disinfection is maintained. Public health materials promoting good hand washing practices should be placed in prominent positions.

Table 2: Ratios of sanitary facilities to be provided.

Facility	Immediate	Short term	Medium/ long term	Comments
	1 per 50 people	1 per 20 people	1 per 10 people	The number of toilets for each gender should be proportionate to evacuee gender ratio. Consider factors such as queuing times, safety and gender neutrality. ¹
	1 per 50 people	1 per 30–50 people	1 per 10 people	Dependent on weather conditions – apply higher ratio for hot and humid conditions.
	1 per 50 people	1 per 30 people	1 per 10 people	In connection with toilet facilities. Food preparation and decontamination area hand wash basins are in addition to this.
	1 per 50 people			Where possible, with consideration to the capacity of wastewater and power supply infrastructure.

Source: NSW Health 2024; ARC 2014; ABCB 2022.

¹ Sphere Association (2018) recommends a ratio of 3 female toilets to every one male toilet, however this may not be appropriate to the Australian context. The current BCA by ABCB (2022) recommends equal male to female toilets for class 3(a) buildings. The ABCB (2023) review is considering proportionate male to female toilets depending on occupants, with up to 50 per cent allocation of toilets to gender neutral.

1.5.1 Toilets

Additional portable toilets, including universal access toilets, may need to be organised depending on projected numbers of people likely to use the evacuation centre. If portable toilets are being used, these will require waste considerations (see [section 3](#)).

The allocation of toilets may depend on the demographics of the evacuees, for example if one gender is more predominant. Separate male, female and gender neutral facilities should be considered.

Outside toilets should be located within 20 to 50 m of the building and equipped with adequate lighting. Toilet access from the outside should consider appropriate shelter from weather conditions.

Hand wash basins should be relative to the number of toilets. Toilet facilities should be provided with soap, disposable hand towels and rubbish bins. Resources promoting good hand washing practices should be placed in prominent positions in both the toilet facilities and meal areas. Additional hand wash basins are required for food preparation areas ([section 2.2](#)), decontamination areas ([section 1.5.3](#)) and where infection control measures are required ([section 4.3](#)).

Appropriate receptacles for sanitary products should be provided.

Servicing of toilet facilities, including cleaning and resupply of consumables, needs to occur at a minimum of twice a day. As evacuee numbers at the evacuation centre increase, consideration should be given to more frequent servicing of toilet facilities to maintain hygiene standards and to minimise the risk of disease.

Daily toilet paper usage should be monitored to pre-empt any supply shortfall ([Appendix 2](#)). Queuing arrangements, particularly for outside portable toilets, need to be well-managed. The length of time a person waits in a queue is more important than how long the queue is.

Consideration should also include actions to manage the availability of toilets in the event of a disease outbreak e.g. COVID-19 or gastroenteritis, that would require person/s to be isolated or increase frequency of use.

An assessment of the sewage/septic system must be undertaken to determine projected occupation capacity of the evacuation centre. Support can be provided by the local government.

1.5.2 Showers

One shower facility per 30 to 50 users is recommended. In hot and humid conditions evacuees may require an increased number of showers. Baby baths should be provided where possible.

Supplementing existing facilities with demountable amenities, such as trailer-mounted or camp showers, may be necessary. If these are considered, an assessment of the available water supply must be undertaken. A minimum of 500 kPa (adequate water pressure) is recommended to operate showers. Cleaning and queuing arrangements need to be well-managed.

Checklist



Sufficient functioning toilets arranged? ☐

Demographics considered? ☐

Adequate hand washing facilities (soap, paper towels, bins)? ☐

Safety of toilet access ensured? ☐

Disposal facilities for nappies and sanitary products available? ☐

Clear access routes to toilets? ☐

Cleaning schedule and products in place? ☐

Adequate liquid waste disposal capacity available? ☐

1.5.3 Mud/decontamination area

Users of the evacuation centre may come from contaminated, dusty and/or muddy areas. Provision of a decontamination area and equipment at the centre entrance where evacuees can clean shoes and clothing, or bag contaminated materials for storage, cleaning or disposal, is recommended to minimise the entry of dirt and likelihood of cross-contamination.

Equipment which may be useful includes:

- buckets and scrubbing brushes for shoes
- portable hand wash stations, with soap, paper towel and rubbish bins
- seat/chair
- access to running water
- plastic bags.



Important: If exposure to friable asbestos is suspected, a separate decontamination area must be established. Clothes and shoes potentially exposed to friable asbestos must not enter the evacuation centre. Heavy duty plastic bags should be available for any potentially contaminated items.

For more information go to health.wa.gov.au

1.5.4 Laundry facilities

Laundry facilities should be provided for stays exceeding 24 hours to enable evacuees to wash their bedding and towels at least weekly.

Laundry and sanitary facilities should be separated where possible. A ratio of one washing machine and trough per 50 people is considered adequate (see [Table 2](#)). Garments with normal levels of soiling can be laundered in a washing machine, but contaminated and heavily soiled clothing should be bagged up for disposal. Laundry detergent and warm water (where available) should be provided.

Clothes lines or drying areas should be established, with consideration to potential environmental exposure such as smoke, rain and wind.

For linen infected with [bed bugs](#), wash in hot water and tumble dry on high for at least 40 minutes, if both are available.



Important: Any clothing which may have been exposed to friable asbestos must not be washed in laundry facilities at evacuation centres. For more information go to health.wa.gov.au

1.5.5 Menstruation (period) care

The evacuation centre must provide necessary sanitary care products. As a guide, an average individual will require an estimated 15 disposable sanitary pads/tampons per month (enough for a minimum 3 changes daily over 5 days) (Sphere Association 2018; Columbia University and International Rescue Committee 2017), with resources for additional supplies as needed. Usage can vary based on individual factors such as period length, age, stress and health.²

Sanitary products should be provided in original packaging, be easily accessible and stored away from moisture and direct sunlight. Underwear may also need to be provided. Clearly marked sanitary bins for disposal should be available in all female and gender-neutral toilet facilities.

1.5.6 Baby changing facilities

Baby changing facilities, including change tables and disposable change mats, nappies and wipes, should be provided where possible. Bins with close-fitting lids, hand washing facilities or hand sanitiser, and cleaning products to wipe down change tables, should be located within this area. Baby change facilities should be cleaned and sanitised daily.

Provision of an area away from baby changing facilities, for sanitising infant feeding equipment and/or the supply of single use equipment, should be considered.

1.5.7 Accessibility

Consideration must be given to accessibility of facilities within the evacuation centre for people with limited mobility or disability. At least one universal access toilet and shower facility should be provided where possible. Consider the path of travel through the facility, including whether any ramps are required.



² The average age when menstruation starts is 12 and the average age of menopause is 51. Consider the demographics of evacuees to indicate the proportion of people who may need access to period care products (healthdirect 2022).



1.6 Fire safety

Emergency exits must be compliant with relevant legislation.

Fire safety equipment, such as fire hoses, fire extinguishers, smoke alarms and sprinkler systems, should be operational and maintained in accordance with legislative requirements. Check firefighting appliances including fire extinguishers, fire hose reels and fire blankets have been tested and tagged within the previous 6 months in accordance with AS 1851–2012.

Evacuation diagrams should be placed in suitable locations around the evacuation centre and muster points nominated. Evacuation centre staff and volunteers should be familiar with emergency evacuation procedures, as well as the location and operation of fire safety equipment.

There should be clear, unobstructed walkways to emergency exits throughout the evacuation centre. Emergency exits must remain unlocked and visible at all times when the centre is in use, with exit signs clearly visible from all public spaces.

Where there are more than 50 people occupying the facility there must be more than one emergency exit in accordance with the *Health (Public Buildings) Regulations 1992*.

1.7 Lighting

Adequate internal and external lighting should be provided for safe movement and personal safety throughout the site, including in sanitary facilities, communal areas, living spaces and outdoor spaces.



1.8 Pests/vectors (including mosquitoes)

To minimise pests such as rodents, flies and cockroaches, implement the following precautions:

- Store food properly to avoid attracting pests and dispose of food scraps in covered receptacles collected regularly.
- Ensure the evacuation centre is vermin-proof and consider pest control measures such as baiting and residual barrier treatments prior to operation.
- Screen external openings (doors and windows) to reduce insect entry, particularly mosquitoes.
- Manage standing water to minimise mosquito breeding. This may involve emptying, covering or discarding water-holding receptacles.

Applying residual barrier treatments around the centre may help control pests, in particular mosquito vectors. It is recommended that a licenced pest management technician be engaged.

Effective insect repellent should be provided to people at the evacuation centre. Consider distributing health promotion messages on how to avoid mosquito bites, such as resources from the 'Fight the Bite' campaign (see [section 4.1](#)). Provision of mosquito nets for sleeping areas may also be appropriate depending on the geographical location and mosquito-borne disease risk.

To minimise the potential spread of bed bugs, evacuees should be advised to bring their belongings in plastic tubs or garbage bags, or they will be provided with disposable garbage bags to store personal belongings on arrival, and keep their belongings separate from other evacuees' personal belongings (see [section 1.5.4](#)). Thorough cleaning of carpet edges, skirting boards and all cracks and crevices using a vacuum cleaner with a disposable dust bag is important for removing bed bugs and their eggs.

The Department of Health and/or the local government can provide further support or advice.

1.9 Recreation and culture areas

Safe and secure indoor and outdoor recreation centres should be established for children and adults. Provision should be made for physical and passive activities, such as exercising, reading and prayer.

Hand washing and/or hand sanitising should take place on entry and exit from the area.

Shared toys used in the recreation areas should be easily cleanable. Avoid fabric toys and those with small pieces and crevices. Toys should be cleaned and disinfected at least daily and immediately after being soiled with any body fluids.



Important:

- Children with communicable disease symptoms should not be allowed in common play areas.
- Donated goods are generally not accepted at evacuation centres and should be discouraged.

1.10 Smoking areas

Smoking and vaping are not permitted inside the evacuation centre. A designated area may be provided outside and far enough away from any openings to prevent smoke coming into the building, and to comply with relevant legislation.

1.11 Camping at evacuation centres

Camping, including in caravans, tents and recreational vehicles, is regulated under the *Caravan Parks and Camping Grounds Act 1995* and enforced by the local government who can also assist in planning for camping and ensuring there are adequate facilities.

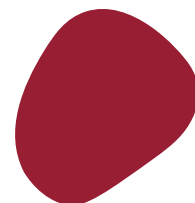
1.12 Noise

It is important to consider noise impact. Many facilities used for evacuation centres, such as gymnasiums or community halls, may not have appropriate noise attenuation for accommodation purposes. Environmental noise may cause sleep disturbance and annoyance. It is also a risk factor for cardiovascular disorders and cognitive impairment in children (WHO 2011).



Elderly people, infants or people recovering from illness, may require sleep at different times to other people. Where possible:

- Separate sleeping areas from high activity areas.
- Establish rules around minimising noisy activities, such as having quiet hours.
- Provide rubber matting on hard floor surfaces to reduce impact noise such as footsteps, chairs dragging or dropped items.
- Address nuisance noise, for example servicing faulty air conditioners, fixing squeaky doors or location of power generators (see [section 1.4](#)).
- Encourage the use of headphones for personal electronic devices.
- Provide disposable ear plugs for people adversely affected by noise.



2.0 Safe food and water

Local government EHOs can help identify suitable options and strategies to manage food and water safety. Detailed information is available from the Food Standards Australia New Zealand website: [Food Standards Code](#).

2.1 Water supply

During an emergency, it is possible that the water supply may be contaminated and the potability of the water should be assessed. The local government EHO can be contacted for further advice and escalate to the Department of Health for assistance if required.

The quantity of water needed for evacuees' personal needs will vary according to the climate, individual habits and needs, religious and cultural practices, and available sanitary facilities. The minimum water needs for basic survival are described in Table 3 below. Where possible, hot water should be provided for cleaning and showering.

Table 3: Basic survival water needs per person/day.

Needs	Immediate ³	Short to medium/long term ⁴	Adapt to context based on
Survival: water intake (drinking and food)	2.5 – 3 L	4 – 5 L	• climate and individual physiology • available potable water supply • social and cultural norms • access to flushing toilets, showers and laundry facilities • type of food available • access to equipment washing facilities.
Basic hygiene practices	2 – 6 L	20 L	
Basic cooking	3 – 6 L	30 L	
Total basic water needs	7.5 – 15 L	55 L	

Source: Adapted from the Sphere Handbook (2018) *Humanitarian Charter and Minimum Standards in Humanitarian Response*

3 When there is complete failure of the water supply.

4 When bulk water supply and cartage is required. If there is a return to normal water supply, daily usage per person will be significantly higher.



2.1.1 Bulk water supply and cartage

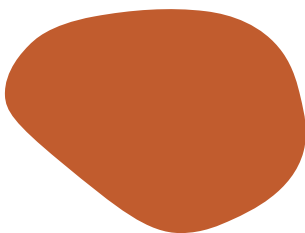
If a reticulated water supply is not available to the evacuation centre, bulk water may be required and water points established for collection. Consideration should be given to the number of people per tap and the available water flow (as a rough guide, allow for 250 people per tap when the water flow is 7.5 litres/minute).

Water (microbial) quality checks should be undertaken regularly on-site to minimise risk of water contamination during and post-delivery, especially when water is being carried from off-site. Water collection containers should be clean, hygienic, capable of being securely closed and easy to carry in terms of size, shape, and design.

Refer to the Department of Health [Guidelines for the bulk cartage of drinking water](#) for further information.

2.1.2 Bottled water

Agencies may prefer to provide individual bottled water to evacuees. Approximately 5 x 600 mL or 6 x 500 mL (3 litres) of bottled drinking water per day per person is required. Agencies may stockpile bottled water in advance or organise a supply chain. Bottled water storage should consider exposure to heat and direct sun light. It is essential that pre-planning also occurs for waste management and recycling of plastic containers (see [section 3.1](#)).





2.2 Food supply

Provision of food at an evacuation centre carries a degree of risk. It is essential any supplied food or water is safe and appropriate for evacuees. The type of food provided will vary depending on kitchen facilities, local food supply, available staff and volunteers.

Food provided at the evacuation centre should only be supplied by food businesses that are registered or have been exempted under the *Food Act 2008*.



Important: At least one easily accessible hand wash basin is recommended where food is handled (see [section 1.5.1](#)).

2.3 Food storage

Food should be stored so that it is protected from contamination – separate from chemicals, off the floor, and retained in its original unopened packaging, or once opened, in labelled, food grade containers.

Consideration must be given to the provision of adequate facilities (i.e. refrigerators and freezers) for foods requiring cold storage, including meat, dairy and salads. Refrigerated food should be maintained at or below 5°C. Freezers should be able to run at -15°C or below and keep foods hard frozen. A probe thermometer with alcohol swabs should be available to ensure potentially hazardous food is kept below 5°C or above 60°C.

Storage of assistant and companion animal food must be in separate areas and clearly labelled.

If the power supply is interrupted and there is no back up service, refrigerators and freezers can be packed with ice to help maintain safe temperatures for food storage. Appliance doors must be kept closed as much as possible.

2.4 Food preparation

Food preparation and catering should be overseen by a qualified food safety supervisor in accordance with the Food Standards Code.

It is advised that foods are served immediately after cooking. Serving food that is cooked, cooled, and then reheated prior to service is not recommended, as this creates a much higher risk of food-borne illness.

For those who may want to continue preparing their own food, consideration should be given to adequate storage and preparation space and prevention of cross-contamination. EHOs can assist in providing advice on how to manage food safely.



Important: Portable butane gas stoves must not be used indoors.

2.5 Food service

Depending on the availability of potable water, single-use items such as disposable crockery and cutlery may be required.

The food service area should be used solely for this activity. Benches, counters and tables should be cleaned with warm soapy water and sanitised with a food grade sanitiser before and after each meal service (see [section 4.2](#)). Self-service areas for tea/coffee and pre-packaged snacks should be cleaned regularly throughout each day.

2.6 Dining areas

Where possible, food should be consumed in designated dining areas to facilitate effective cleaning practices and minimise pest activity. Dining areas, including floors, counters and tables, should be cleaned between each meal service.

2.7 Food donations

The Department of Communities only accepts food donations from commercial (registered) food businesses. Food donations are not accepted from the general public at any evacuation centre in Western Australia.

Local government EHOs maintain details of (*Food Act 2008*) registered food businesses within their district and can confirm their registration status.

2.8 Dietary requirements and allergens

Consideration should be given to dietary needs and cultural requirements, with alternative foods made available where possible. Information on food allergies should be collected from evacuees when registering at the evacuation centre so that these can be managed when menu planning and alternatives provided.



Important: Allergies can be life threatening and should not be confused with an intolerance or dietary preference. If someone declares they have an allergy, food handlers must have skills and knowledge in how to handle food appropriately for someone with an allergy.



3.0 Effective sanitation and waste management

Implementation of suitable waste management practices for the evacuation centre are necessary to minimise public health risks arising from inappropriate handling, storage and disposal of waste.

3.1 Solid waste management

An adequate number of waste receptacles for general waste should be provided throughout the evacuation centre. Sharps disposal units should be available for needles and syringes in locations such as toilets to enable privacy. Lined bins with close-fitting lids should be provided in toilets and baby changing areas for the disposal of hygiene products and nappies.

Where possible, wheelie bins (120 L or 240 L capacity) and bulk bins (1.5 m³ – 6 m³ capacity) should be provided for bulk storage of waste awaiting collection. At least one 240 L or two 120 L wheelie bins per 40 people per day are recommended. The waste storage area should be separated from living spaces. Bins require tight fitting lids to discourage pests and minimise odours. Receptacles storing putrescible waste, including food scraps, should be emptied daily into bulk bins.

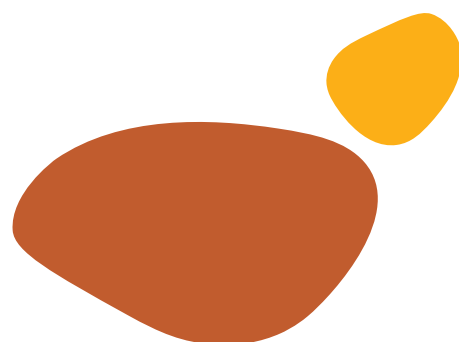
Waste should be collected daily from the evacuation centre and disposed at an approved landfill facility. Weekly bin collection should be sufficient if there is adequate bin capacity for the amount of waste generated. If vehicles for daily waste collections are not able to access the evacuation centre, a designated alternate collection site should be planned at a safe location. The use of bin liners to contain potential contaminants (particularly kitchen and bathroom/toilet waste) is critical.

[Containers for Change](#) bins can be considered if the evacuation centre is providing bottled water/drinks.

3.2 On-site wastewater management systems

On-site wastewater management systems (e.g. septic tanks) may require regular pump outs whilst the evacuation centre is in use to cater for additional system loading. The local government will be able to assist with location and capacity of any on-site wastewater systems. If portable toilets are being used, these will also require regular pump out. Pump outs should be undertaken by a licenced contractor and disposed of at an approved facility.

Ensure that wastewater including grey water (water from dishwashing, showers, laundry etc.) is not discharged onto the ground.





4.0 Protection from communicable diseases

The nature of an evacuation centre poses an increased risk for the transmission of communicable diseases due to the increased density of people who are sharing multiple facilities. This risk can be mitigated by implementing effective procedures for cleaning and disinfection, food safety, infection prevention and control, promotion of personal and hand hygiene, effective sanitation and isolation of people with communicable diseases.



Important: During an **Emergency Warning** (formally called Red Alert for cyclones) ambulances and other emergency services may not be able to assist within the warning area.



4.1 Vector-borne disease

Consider the risk of mosquito-borne disease and if possible avoid the outdoors at dawn and dusk. Encourage the wearing of light coloured, loose-fitting clothing to prevent mosquito bites.

Personal repellent creams, lotions and gels should contain DEET, picaridin or oil of lemon eucalyptus (also known as PMD), as these are considered the only effective active ingredients. Repellent wrist bands, stickers and other wearable devices are not considered effective. Care should be taken to ensure the concentration of the active ingredient within the formulation is at an appropriate level. As a general rule, formulations should contain no more than 20 per cent DEET. Always follow the instructions on the label and reapply repellent as directed. Further information on repellents and guidelines for application can be found on the Department of Health's website.

Consider mosquito nets, including pram netting, for sleeping areas if the evacuation centre is not mosquito proof. Mosquito nets and repellent are only effective when used correctly.

It can also be useful to ensure grass, weeds and other vegetation around the evacuation centre are kept low and cut regularly, as this will reduce the harbourage of mosquitoes in proximity to evacuees.

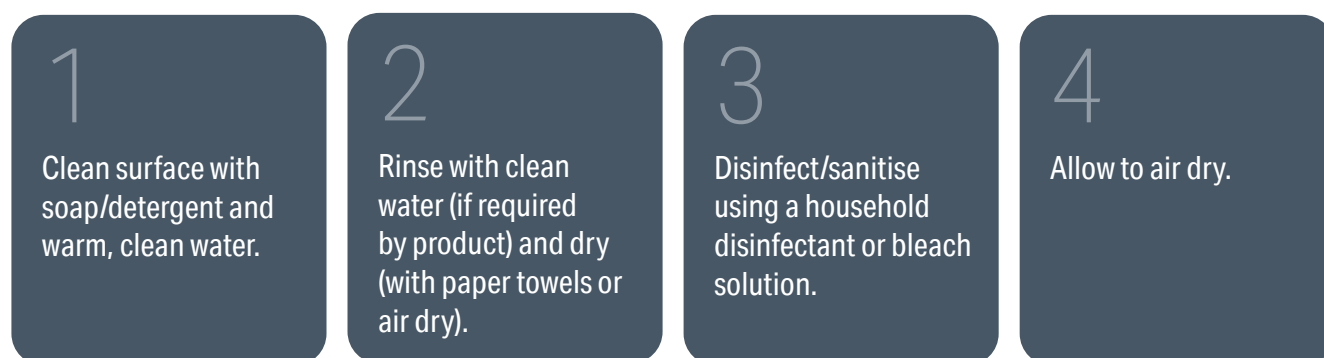
Contact the Department of Health and/or the local government for advice.

4.2 Cleaning and disinfection procedures

A roster should be developed with staff and volunteers to ensure surfaces, equipment and items throughout the evacuation centre are regularly cleaned and disinfected to reduce the spread of communicable diseases. Evacuees should be provided with cleaning materials and encouraged to keep the evacuation centre clean and tidy, particularly their individual sleeping areas.

Cleaning products must be appropriate for the surface to be cleaned. In general, combined detergent/disinfectant solutions or wipes are suitable for hard surfaces. Some products such as bleach can damage fabrics or corrode metals. Strong odours from cleaning products may also affect people at the evacuation centre. If separate detergent and disinfectant solutions are used, they must be prepared daily. Cleaning should be completed methodically to prevent cross-contamination of surfaces (see [Figure 1](#)).

Cleaning and disinfection steps:



Floors throughout the evacuation centre should be cleaned at least daily. Carpets, if present, should be regularly cleaned using a vacuum cleaner with, where possible, a high efficiency particulate absorbing (HEPA) filter.

Spills should be cleaned up immediately. Kitchens and sanitary facilities should be cleaned at least daily or as required (see [sections 1.5.1](#) and [2.5](#)). Bed frames should be cleaned between occupants and provided with fresh coverings (sheets, pillowcases).

It is important to follow label instructions on cleaning and disinfection products for them to be effective. Those using cleaning products must wear appropriate protective equipment such as gloves and eye protection as directed on the product label. Never mix bleach with any other products, avoid breathing in product fumes, and ensure areas being cleaned are well ventilated.

Cleaning materials should be stored in a designated, secure location away from food and children.

Should there be an outbreak of a communicable disease, an increased cleaning regime may be required to minimise transmission – direction and/or advice will be provided from a government medical officer.

Figure 1: Recommended technique for surface cleaning.



Source: Department of Health (2022) COVID-19 Infection prevention and control advice on cleaning and disinfection

4.3 Infection prevention and control

It is important to establish clear messaging on the importance of infection control to all people at the evacuation centre, including staff, volunteers and evacuees. Hand sanitiser should be provided at key locations such as the reception area, food service areas, child play areas and sanitary facilities. Alcohol-based sanitiser is preferred, however in some circumstances non-alcohol-based sanitiser may be more appropriate. Where possible, provide additional portable hand wash basins throughout the evacuation centre. Face masks, tissues and rubbish bins should also be readily available. Monitoring of hand sanitiser usage is required to ensure adequate replenishment of stock.

Where possible, evacuees arriving at the evacuation centre should be supplied with information on respiratory etiquette, hand hygiene, food safety, and what to do if they become unwell (see Appendix 3 for resources). People should be discouraged from sharing eating utensils, food and drink containers, and personal items such as razors, towels, hairbrushes and toothbrushes. Flood-affected areas will have an increased risk of wound contamination and skin infections. Where available, appropriate materials (e.g. dressings and antiseptics) should be provided to evacuees to keep any wounds clean.

Ongoing monitoring of communicable disease symptoms is required whilst the evacuation centre is occupied – reports can be made to the Evacuation Centre Coordinator (ECC).

4.4 Isolation areas and sick bays

A separate area(s) should be identified in advance to accommodate people with health conditions or communicable diseases. An area should be able to accommodate at least 2 per cent of the overall capacity of the evacuation centre. Cohort people with similar symptoms/illness if necessary with beds spaced at least 2 m apart and separated by privacy screens where possible. If multiple illnesses are present (e.g. a diarrhoeal condition and a respiratory condition), additional isolation areas may be needed. Dedicated sanitary facilities for unwell people should be allocated separate to those being used by healthy evacuees.

Isolation areas are suitable for people requiring a level of care that can normally be provided by family or friends. Health conditions with higher care needs should be referred to appropriate medical services.

Depending on the situation, evacuation centre staff and/or volunteers may be required to monitor unwell people. Ideally, they will have experience in managing minor health concerns and have a first aid qualification.

4.5 Medication storage

A secure area for medication should be provided, inclusive of refrigeration for those medications requiring cold storage. Storage should prevent theft, access by children, accidental poisoning and contamination of food and water. Medication stored in common areas must be marked with the individual's name. Individuals will remain responsible for taking their own medication as prescribed. Should assistance be required, they can request this from their carer or another appropriate person with first aid training at the evacuation centre.

4.6 Risk communication

Regular, coordinated messaging is essential to inform and reassure evacuees in relation to public health risks associated with the emergency and the evacuation centre. This can include:

- daily briefings
- noticeboard
- posters
- brochures
- stickers
- social media
- radio.

Messaging must remain consistent, relevant and up-to-date.

Local communities should be consulted on preferred methods of communication. Messaging must be audience specific and adapted as required to meet language and delivery needs. All messaging and communications that are in direct relation to the emergency and/or the evacuation centre must be approved by the HMA before being published.

The LEMA should include a local communication strategy. Examples of posters and key health messages are outlined in [Appendix 3](#). The Department of Health can assist with developing public health resources as needed, to support the evacuation centre.





5.0 Animal management

The desire to safeguard animals in an emergency can ultimately result in human fatalities (SEMC 2023b). Residents must plan for the evacuation of their companion animals in an emergency.

Animals cannot be accommodated within any evacuation centre, unless they are a recognised assistance animal. 'Companion animals' are any animals other than horses kept primarily for companionship, hobbies, sport or work and do not include livestock.

Assistance animals, such as guide or hearing dogs, are not considered companion animals for the purpose of this guideline. The care of recognised assistance animals remains with the owner. However, some support may be required to assist that responsibility within the evacuation centre. Recognised assistance animals are permitted throughout the evacuation centre (SEMC 2023b, s4.5.3), however are not permitted in any food preparation areas (Food Standards Code, Standard 3.2.2, 2023).

Consideration should be given to accommodating companion animals outside of the evacuation centre if this can be done in a way that manages the associated public health risks. This may be supported by the local government through the LEMA and the Department of Primary Industry and Regional Development (DPIRD). Their roles and responsibilities are outlined in the WA State Emergency Management Committee's [Animal Welfare in Emergencies State Support Plan](#).

Local governments should consider including an Animal Welfare Plan as part of their LEMA.

Companion animals can provide comfort to evacuees, but also pose some public health risks through transmission of disease, risk of injury and loss of amenity (e.g. noise and odour).

People may choose to camp near the evacuation centre with their companion animal. The local government will need to be contacted for approval to camp.

Where there are concerns about stray or dangerous dogs, contact the local government rangers. In Aboriginal communities, the Aboriginal environmental health team may be able to assist with dog health.

For information on livestock management in emergencies, refer to the WA State Emergency Management Committee's [Animal Welfare in Emergencies State Support Plan](#).

- Companion animals should be kept in a separate and secure area away from the evacuation centre.
- Owners of companion animals must be advised that they will be responsible for the welfare of their animals including feeding, clean up and control.
- Waste bins will be needed for disposal of animal faeces.
- A water supply for drinking and cleaning should be available nearby.

Appendix 1 – Quick guide to public health considerations based on 'preparedness planning' and 'operation' phases associated with emergency evacuation centres.

Considerations by phase* while maintaining alignment with the guideline's scalable approach		
Public Health Principle	Preparedness planning focuses on establishing systems, procedures and relationships before an emergency occurs	Operation addresses the actual implementation and ongoing management during centre operation
 Safe shelter	Facilities (section 1.0): • check power supply capabilities • assess vehicle access • review natural hazard risks (bushfire, flood) • determine companion animal accommodation options • confirm facility compliance with WA Public Building Regulations (e.g. check lighting and emergency exit compliance) • assess potential pest management needs Floor space requirements (section 1.1) Sanitary facilities layout (section 1.5) Fire safety and evacuation plans (section 1.6)	Indoor air temperature (section 1.2) Sleeping arrangements (section 1.3) Lighting (section 1.7) Recreation and culture areas (section 1.9) Availability and ratio of showering facilities (section 1.5.2) Provision of: • laundry facilities for stays over 24 hours (section 1.5.4) • menstruation (period) care (section 1.5.5) • baby changing facilities (section 1.5.6)
 Access to safe food and water	Food suppliers (section 2.7) – establish supplier details for rapid supply Dietary requirements (section 2.8) Water supply contingencies – evaluate water supply volume and source (section 2.1.1) Food safety protocols (section 2.2)	Food storage and preparation (sections 2.3 and 2.4) Food safety (section 2.2) Water quality (section 2.1) Dining areas (section 2.6)

 Effective sanitation and waste management	Waste disposal facilities (section 3.1) Waste management systems (section 3.2) – verify sanitation facilities Cleaning rosters (section 4.2) – develop cleaning and disinfection protocols Securing cleaning supplies – develop consumables and equipment inventory (Appendix 2)	Daily waste collection (section 3.1) Waste receptacles (section 3.1) Cleaning surfaces (section 4.2) Monitoring waste volumes (section 3.1)
 Protection from communicable disease	Infection control strategies (section 4.3) Communication plans – create communication strategies (section 4.6) Isolation area protocols (section 4.4) Health education materials – plan for cultural considerations and at-risk group support (Appendix 3)	Access to first aid assistance and kits (section 4.4 and Appendix 2) Hygiene practices – hand hygiene stations (section 4.3) Monitoring disease symptoms (section 4.4) Isolation areas – provision of isolation areas and sick bays (section 4.4) Conducting regular cleaning (section 4.2) Secure medication storage (section 4.5)
 Safe shelter  Access to safe food and water  Effective sanitation and waste management  Protection from communicable disease Discuss centre requirements annually at the Local Emergency Management Committee (LEMC) Consult with Aboriginal Community Controlled Health Services (ACCHS), if available Liaise with local government Environmental Health Officers		

* Both phases maintain scalability by:

- Allowing for different resourcing levels, based on an emergency's duration.
- Accommodating varying numbers of evacuees.
- Providing flexibility, based on local conditions.

Appendix 2 – Consumables and equipment checklist

A stock of consumables for the evacuation centre should be kept on hand or an inventory provided including supplier details organised for supply at short notice.

Consumables checklist



Examples of consumables include:

Toilet paper	☐	Cleaning and disinfection products	☐
Sunscreen	☐	Washing powder	☐
Rubbish bags	☐	Baby wipes	☐
Paper towels and tissues	☐	Personal hygiene products (soap, sanitary products, incontinence etc.)	☐
Face masks	☐	Stationery (tapes, markers etc.)	☐
Nappies	☐	First aid kits	☐
Hand sanitiser	☐	Disposable ear plugs	☐
Insect repellent	☐	Torches/solar lights	☐
Infant formula	☐	Batteries	☐

Equipment checklist



Consideration must be given to the type of fittings and equipment required to fit out and operate the evacuation centre, for example:

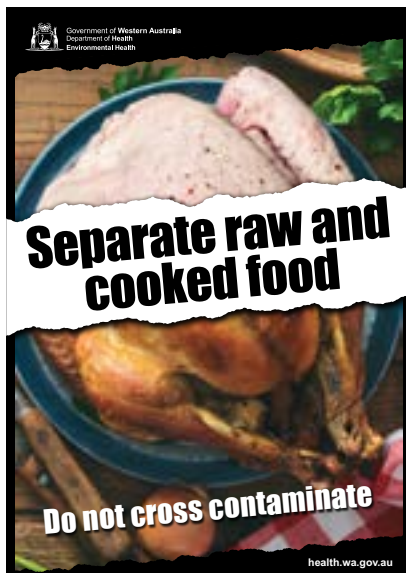
Waste receptacles (such as rubbish bins and sharps containers)	☐
Cleaning equipment (such as vacuum cleaners, brooms, cloths, mops, buckets and bin liners)	☐
Linen (such as sheets, blankets, towels, pillows and clothes lines)	☐
Recreational activities (such as toys, books and games)	☐
Furniture and bedding (such as tables, chairs, desks, mattresses, camp beds and mosquito nets)	☐
Equipment for infants and babies (such as baby change tables, baby baths, highchairs and infant feeding equipment)	☐
Charging stations for electronic devices	☐
Equipment for pets kept outside or near the evacuation centre (such as pet cages, bowls and leashes)	☐

Appendix 3 – Posters and fact sheets



Fight the Bite campaign

- [Fight the Bite campaign \(mosquito-borne disease\) - posters, brochures, social media infographics](#)
- [Insect repellent fact sheet](#)



Food safety posters and stickers

- [Food safety toolkit](#)
- [Food safety posters and stickers](#)
- [Food allergen fact sheet](#)



Healthy WA information

- [How to wash your hands](#)
- [Cover coughs and sneezes](#)
- [Emergency treatment of drinking water supplies fact sheet](#)

References

Australian Building Codes Board (2022) [Part F4 Sanitary and other facilities](https://ncc.abcb.gov.au), National Construction Code, ncc.abcb.gov.au, accessed 19 August 2024.

Australian Building Codes Board (2023) [All-gender sanitary facilities – Public consultation](https://abcb.gov.au), abcb.gov.au, accessed 3 September 2024.

Australian Red Cross (2014) [Preferred Sheltering Practices for Emergency Sheltering in Australia](https://redcross.org.au), redcross.org.au, accessed 14 September 2023.

Australia New Zealand Food Standards Code (Food Standards Code) [Standard 3.2.2 – Food Safety Practices and General Requirements](https://legislation.gov.au) (Australia Only), legislation.gov.au, accessed 5 March 2025.

Columbia University and International Rescue Committee (2017) [A toolkit for Integrating Menstrual Hygiene Management \(MHM\) into Humanitarian Response: the Full Guide](https://publichealth.columbia.edu), publichealth.columbia.edu, accessed 10 September 2024.

Department of Communities (2024) Overview of Emergency Relief and Support – Emergency Accommodation (Department of Communities), Department of Health hosted Emergency Management Webinar, 29 October 2024

Department of Health (2024) [Guidelines for the bulk cartage of drinking water](https://health.wa.gov.au), health.wa.gov.au, accessed 20 September 2024.

Government of Western Australia (2023) [State Hazard Plan – Human Biosecurity](https://wa.gov.au), wa.gov.au, accessed 16 September 2024.

Healthdirect (2022) [Menstruation \(periods\)](https://healthdirect.gov.au), healthdirect.gov.au, accessed 10 September 2024.

Milat JH, King L, Bauman AE and Redman S (2012) 'The concept of scalability: increasing the scale and potential adoption of health promotion interventions into policy and practice', *Health Promotion International* 28(3): 285-298, accessed 2 August 2024.

National Disability Insurance Agency (2021) [What's an assistance animal?](https://ndis.gov.au), ndis.gov.au, accessed 23 August 2024.

NSW Health (2024) [Public Health Considerations for Major Evacuation Centres](https://health.nsw.gov.au), health.nsw.gov.au, accessed 4 July 2024.

Sphere Association (2018) [The Sphere Handbook – Humanitarian Charter and Minimum Standards in Humanitarian Response](https://spherestandards.org), spherestandards.org, accessed 4 July 2024.

State Emergency Management Committee (2023b) [State Support Plan – Emergency Relief and Support](https://wa.gov.au), wa.gov.au, accessed 30 January 2024.

State Emergency Management Committee (2023c) [WA Community Evacuation in Emergencies Guideline](https://wa.gov.au), wa.gov.au, accessed 4 July 2024.

WHO (2011) [Burden of disease from environmental noise: Quantification of healthy life years lost in Europe](https://who.int), who.int, accessed 14 August 2024.

Further reading

Australian Red Cross (2017) [Queensland Evacuation Centre Field Guide](https://www.redcross.org.au), [redcross.org.au](https://www.redcross.org.au), accessed 19 August 2024.

Australian Institute for Disaster Resilience (2017) [Evacuation Planning Handbook](https://www.aidr.org.au), [aidr.org.au](https://www.aidr.org.au), accessed 15 September 2023.

Carter E, Chan J, Chang EP, Casburn K, Dudgeon P, Elliott E, O'Dell A, Rego N and Thomas S (2024) [Flood Response and Recovery in Fitzroy Crossing Needs Assessment](https://www.unicef.org/australia), UNICEF Website, accessed 15 August 2024.

Department of Health and Aged Care (2020) [Disaster and emergency management for environmental health professionals](https://www.health.gov.au), [health.gov.au](https://www.health.gov.au), accessed 14 September 2023.

Department of Health (2018) [State Health Emergency Response Plan](https://www.health.wa.gov.au), [health.wa.gov.au](https://www.health.wa.gov.au), accessed 14 September 2023.

Department of Health (2022) [COVID-19 Infection prevention and control advice on cleaning and disinfection](https://www.health.wa.gov.au) ([health.wa.gov.au](https://www.health.wa.gov.au)) accessed 19 September 2024.

Gender and Disaster Australia (2023) [National Gender and Emergency Management \(GEM\) Guidelines](https://www.genderanddisaster.com.au), [genderanddisaster.com.au](https://www.genderanddisaster.com.au), accessed 2 September 2024.

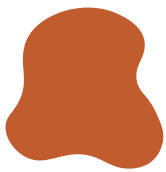
Harvey PA, Baghri S and Reed RA (2002) [Emergency sanitation – assessment and programme design](https://www.loughborough.ac.uk), Water, Engineering and Development Centre, Loughborough University of Technology.

NT Health (2020) [Evacuation Centre Management Primary Health Care Remote Guideline](https://www.health.nt.gov.au), [health.nt.gov.au](https://www.health.nt.gov.au), accessed 5 October 2023.

Queensland Health (2012) [Food safety in evacuation centres](https://www.qld.gov.au), [qld.gov.au](https://www.qld.gov.au), accessed 14 September 2023.

State Emergency Management Committee (2023a) [Emergency Relief and Support – State Support Plan](https://www.wa.gov.au), [wa.gov.au](https://www.wa.gov.au), accessed 12 October 2023.

US Centers for Disease Control and Prevention (n.d.) [Natural Disasters and Severe Weather](https://www.cdc.gov), [cdc.gov](https://www.cdc.gov), accessed 19 September 2024.



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