

# Preferred Sheltering Practices for Emergency Sheltering in Australia

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## Preferred Emergency Sheltering Practices in Australia

**CONTEXT:** The preferred sheltering practices apply well-recognised international humanitarian best practice (The Sphere Minimum Standards in Humanitarian Response) to the Australian emergency sheltering context, specifically the emergency shelters known variously from state to state as evacuation centre, or emergency relief centres.

**PURPOSE:** The preferred emergency sheltering practices have a single purpose – to establish common minimum requirements to safeguard public health, safety and general welfare for those seeking emergency sheltering. The practices relate to basic needs of water supply, sanitation, waste management, shelter and space, and food. They aim to make a positive difference to the lives of people affected by a disaster.

“Those affected by disaster or conflict have a right to life with dignity, and therefore, a right to assistance. All possible steps should be taken to alleviate human suffering arising out of a disaster or conflict.”  
(The Sphere Project, 2011)

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**Preferred Sheltering Practice 1: WATER SUPPLY**

All people have safe and equitable access to a sufficient quantity and quality of water for drinking, cooking and personal and domestic hygiene. (The Sphere Project 2011, p.97).

**SHOWERS**  
1 shower for every 30 people

**WATER TAP**  
1 tap for every 50 people

**INSIDE SHELTER**  
Drinking 4 litres per day  
Hygiene 1.5 litres per day

**OUTSIDE OF SHELTER**  
Access: Public water points are to be sufficiently close to enable use of the minimum water requirement.  
Storage: 2 x containers per family (5 people)

**Preferred Sheltering Practice 2: SANITATION**

People have adequate, appropriate and acceptable toilet facilities which are sufficiently close to the emergency shelter to allow safe and secure access at all times, day and night (The Sphere Project 2011, p.107).

**INSIDE TOILETS**  
1 toilet for every 50 people

**OUTSIDE TOILETS**  
50m from the building  
AT LEAST 20m away from the kitchen

**HAND WASHING**  
One hand wash facility with soap for every 50 people, or 6-8 metres of washing basins for every 100 people, with close proximity to the toilet.

**Preferred Sheltering Practice 3: WASTE MANAGEMENT**

The affected population has an environment not littered by solid waste, and has the means to dispose of their waste conveniently and effectively. (The Sphere Project 2011, p.117).

**SERVICES**  
At least 1 fixed rubbish bin (200L) is allocated per 40 people per day. Industrial waste bins could also be used.

**DISPOSAL**  
Arrangements are in place for regular internal and external waste disposal services.

**Preferred Sheltering Practice 4: SHELTER AND SPACE MANAGEMENT**

People have sufficient covered living space providing protection from the climate, ensuring their safety and health and enabling essential livelihood activities to be undertaken. (The Sphere Project 2011, p.258).

**MINIMUM SHELTERING**  
1.2m<sup>2</sup> per person

**TEMPORARY SHELTERING**  
5m<sup>2</sup> per person

**TEMPERATURE**  
20-25°C

**VENTILATION**  
10-15 cubic metres per person per hour

**SLEEPING**  
Double row of beds faced to back

**Preferred Sheltering Practice 5: FOOD**

People have a right to humanitarian food assistance that ensures their survival and upholds their dignity. (The Sphere Project 2011, p.170).

**AVAILABILITY**  
Local food stores, government warehouses, religious organisations, community organisations, etc.

**ACCESS**  
Barriers and entry points to be removed or made accessible.  
Clear paths to be maintained and kept open.  
Clearing areas should be maintained to ensure access to people with disabilities.

**UTILISATION**  
Food is served at appropriate times and in appropriate locations.  
Water, storage bins, etc. are clearly marked.  
People are provided with appropriate information.  
Food is served in appropriate locations.



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## Preferred Sheltering Practices for Emergency Sheltering in Australia

### ABSTRACT:

This paper seeks to define the rationale and necessity for preferred emergency sheltering practices ('preferred sheltering practices') in Australia. In doing so, six questions are posed and explored:

*What is emergency sheltering?*

*Why is there a need for the preferred sheltering practices?*

*What are the preferred sheltering practices?*

*What collaborative roles have developed for the implementation of the preferred sheltering practices?*

*Who benefits from the preferred sheltering practices?*

*What other preferred sheltering practices are needed?*

The preferred sheltering practices draw heavily on *The Sphere Project: Humanitarian Charter and Minimum Standards in Human Response* (2011). The Sphere Project identifies a set of minimum standards which are evidence-based and represent sector-wide consensus on best practice in international humanitarian response. There have been no such standards in Australia until now. The *Preferred Sheltering Practices for Emergency Sheltering in Australia* (Australian Red Cross, 2014), have a single purpose – to establish common minimum requirements to safeguard public health, safety and general welfare for those seeking emergency sheltering.

There are five preferred emergency sheltering practices in Australia – they relate to the basic needs of water supply, sanitation, waste management, shelter and space management, and food. While the preferred sheltering practices are not intended to be compliance oriented, they do state what needs to be in place to ensure life with dignity under conditions of emergency sheltering

**Key words:** disaster response, emergency sheltering, environmental health, The Sphere Project standards, evacuation and relief centres in Australia.

### What is emergency sheltering?

Emergency sheltering can take the form of emotional protection, a location, a place to store belongings, a place used solely for receipt of services, or a staging point for future action (Davis, 1978). Therefore, emergency sheltering in a relief or evacuation centre has considerations ‘beyond four walls and a roof’ for people affected before, during and after a disaster (McInerney, 2012).

Emergency sheltering may encompass three different phases – immediate and temporary sheltering plus temporary housing.

Table 1: Phases of emergency sheltering

<i>Immediate sheltering</i>	<i>Temporary sheltering</i>	<i>Temporary housing</i>
<ul style="list-style-type: none"> <li>• people seek short-term respite in a safer location</li> <li>• between 1-18 hours</li> <li>• bedding and substantial meals are not required</li> <li>• includes cyclone sheltering.</li> </ul>	<ul style="list-style-type: none"> <li>• in excess of 18 hours, may extend into weeks</li> <li>• bedding, substantial meals required</li> <li>• more comprehensive support required</li> <li>• includes relief or evacuation centres.</li> </ul>	<ul style="list-style-type: none"> <li>• empowers people to re-establish household routines before permanent housing can be obtained</li> <li>• the goal is to transition from sheltering to housing as soon as possible</li> <li>• multi-agency responses may begin during the temporary sheltering phase or earlier.</li> </ul>

The focus of these preferred sheltering practices is on the temporary phase of sheltering. The preferred sheltering practices recognise the different needs of people associated with temporary sheltering. They may be:

- *Centre residents* who are accessing the emergency shelter for basic needs and services. They will be registered and be sleeping on site.
- *Centre day guests* who are temporarily accessing an emergency shelter for basic needs and services. They may be registered but are not sleeping on site.
- *Centre visitors* who are not affected by the disaster but may be temporarily providing support services such as financial or psychosocial support or viewing the operations of the centre (e.g. media or VIPs).

### Why is there a need for the preferred sheltering practices in Australia?

Internationally, the Humanitarian Charter and Minimum Standards in Humanitarian Response (*The Sphere Project*) reflects the determination of agencies to improve effectiveness and

accountability to make a difference in the lives of people affected by disasters, mainly in third world countries.

In Australia, there has been no such set of standards until now. The preferred emergency sheltering practices have a single purpose – to establish common minimum requirements to safeguard public health, safety and general welfare for those seeking emergency sheltering. The terminology ‘Preferred Emergency Sheltering Practices’ is used rather than ‘standards’ as there is no statutory authority in Australia to regulate the practices. The preferred emergency sheltering practices apply well-recognised international humanitarian best practice to the Australian emergency sheltering context.

Australian Red Cross knows from managing evacuation or relief centres that the more we are connected with agencies and communities and are collectively prepared with planning our response to support people affected by disasters, the more considered and ready our response will be when a disaster occurs.

The core beliefs from The Sphere Project, 2011 are upheld by the preferred sheltering practices in that those affected by disaster or conflict have a right to life with dignity and therefore a right to assistance, and that all possible steps should be taken to alleviate human suffering arising out of a disaster or conflict, is upheld by the preferred sheltering practices. In upholding these core beliefs, the preferred sheltering practices inform disaster planning and response approaches that aim to reduce future risk and vulnerability, enhance capacity, and promote recovery.

As part of pre-season preparedness, regional councils and others identify and audit buildings that are suitable for relief or evacuation centres. During disasters, ultimately the regional councils retain responsibility for the centres; however, many make arrangements with organisations such as Australian Red Cross to manage the operations in centres. The management function includes coordinating various agencies, overseeing operations to provide basic needs, and registering people affected by disasters (*Register.Find.Reunite*) on behalf of a statutory authority.

The preferred sheltering practices align with the *Emergency Shelter Management Handbook* (Australian Red Cross, 2012) and *Evacuation Centre Field Guide* (Australian Red Cross, 2012).

### **What are the Preferred Sheltering Practices in Australia?**

The preferred sheltering practices relate to five basic needs of water supply, sanitation, waste management, shelter and space management, and food. They are intended to assist Australian emergency management agencies to improve the quality of their actions during, and in planning for, emergency sheltering operations.

Each of the five preferred sheltering practices provide a self-regulatory tool designed for a humanitarian response. The practices are not intended to be compliance oriented; however they do state what needs to be in place to ensure life with dignity under conditions of emergency sheltering.

The Sphere Project (2011) standards provide the guidance for each of the five preferred sheltering practices:

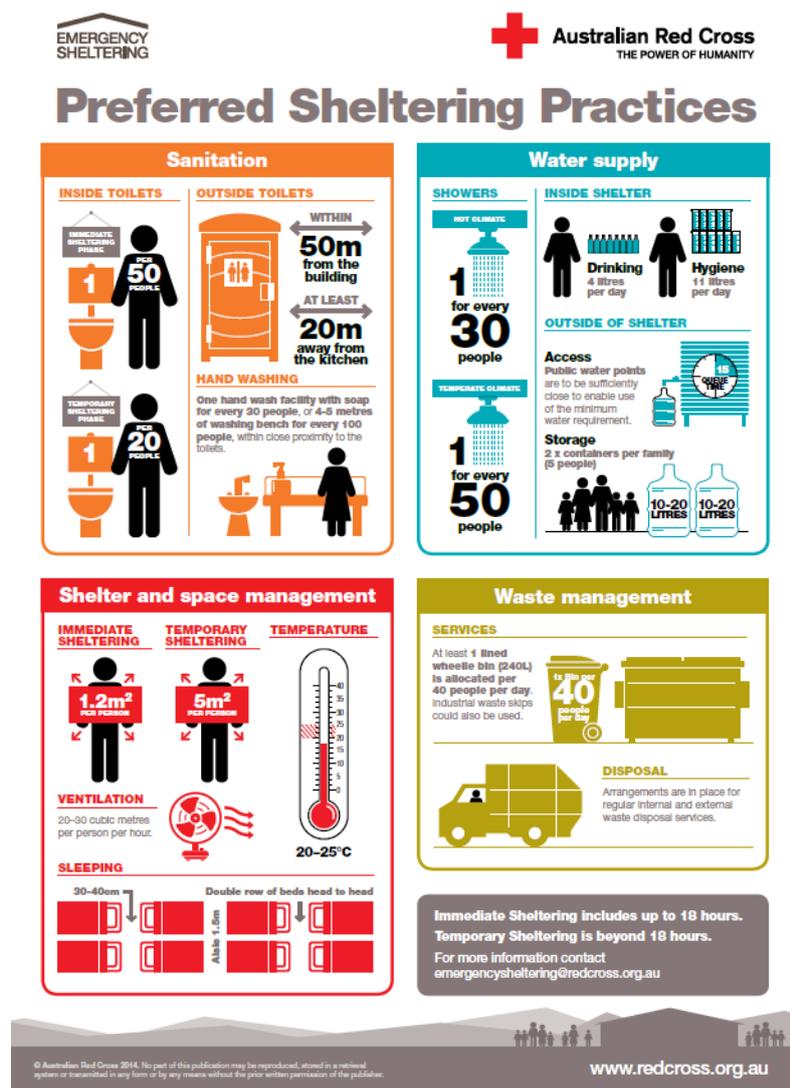
- Water supply – people have safe and equitable access to a sufficient quantity and quality of water for drinking, cooking and personal and domestic hygiene.
- Sanitation – people have adequate, appropriate and acceptable toilet facilities which are sufficiently close to the emergency shelter to allow safe and secure access at all times, day and night.
- Waste management – the affected population has an environment not littered by solid waste, and has the means to dispose of their waste conveniently and effectively.
- Shelter and space management – people have sufficient covered living space providing protection from the climate, ensuring their safety and health and enabling essential livelihood activities to be undertaken.
- Food – people have a right to humanitarian food assistance that ensures their survival and dignity.

The *Preferred Sheltering Practices for Emergency Sheltering in Australia* (2014) provides key actions to achieve the above statements. Suggested activities and inputs are provided to

help meet the preferred sheltering practices. Key indicators demonstrate ‘signals’ as to whether the practice has been attained. They provide a way of measuring and communicating processes and results of key actions. It is recognised that the nature of every disaster response will be different in some way, so guidance notes have been written to include specific points to consider when applying the preferred sheltering practices to a local context. Guidance is provided on tackling practical difficulties, or advice on priority issues.

Two infographs have been developed to capture selected key indicators (Tables 2 and 3). Additionally, a snapshot of some of the key actions relating to each practice follows.

Table 2: Infograph depicting key indicators for the management of sanitation, water supply, shelter and space management, and waste in emergency sheltering.



### *A Snapshot of Key Actions for Management of Water Supply (Practice 1)*

The role of the responsible authority is to ensure people seeking emergency sheltering have access to water quality that fulfils national and state standards. Climate and other physiological factors will affect the drinking water allocation. Actively managing ‘actual’ water usage in an emergency shelter is critical, considering supply realities, resourcing and time frames. As part of an agreed collaborative approach, a role for the shelter management team is to monitor daily water usage within the shelter and regularly inform the local disaster coordination centre to pre-empt any shortfall of water supply.

Quality of water checks should be undertaken regularly on-site to minimise the risk of contamination during and post-delivery, especially when water is being carried from off site. A process to monitor distribution of water needs to be planned to ensure that, at distribution points, adequate practices are in place for appropriate use and to limit any wastage. Practical efficiencies are required in the establishment of a water management system. For example, water bladders in shipping containers connected to tap stands were used in the Christchurch earthquake disaster (2011).

Alternatively, responsible agencies may provide bottled water. This requires stock-piling in advance and a system to deal with waste management and re-cycling of the plastic containers. To reduce stress during queuing time, people should be well-informed about arrangements and processes being used to access water. Queuing time should not exceed 15 minutes.

Most Australians would expect access to showers and hot water during the temporary sheltering phase. Consideration should be undertaken regarding accessibility, gender and culture to maintain dignity and privacy when washing or showering. Supplementing existing facilities with demountable amenities, such as trailer-mounted or camp showers may be necessary. If these are considered, an assessment of the local water supply must be undertaken. A minimum of 500kPa (adequate water pressure) is recommended to operate showers.

Water usage for cleaning purposes will increase if there is an infectious outbreak. To assist in the prevention of infectious diseases, hand sanitising stations should be provided at key locations in the centre, such as building entrances and exits, and entry to the dining area. Parents and carers should be vigilant in ensuring children wash their hands after going to the

toilet and before meal times. Specific reminders should be included in centre resident and guest daily briefings.

*A Snapshot of Key Actions for Management of Sanitation (Practice 2)*

All persons in an emergency shelter should have safe and equitable access to, and use of, sanitation/toilet facilities and resources. This includes suitable facilities and access for people with a disability. Pre-planning should include actions to manage the availability of toilets in the event of a disease outbreak that would require person/s to be isolated. However, individuals themselves should take all actions necessary to reduce public health risks.

Children should be able to reach soap dispensers and taps. Parents and carers should closely supervise children's hand washing, as the potential for cross-contamination in an emergency shelter is high. Posters (available from state health authorities) to remind centre residents and guests should be prominently displayed at critical points throughout the centre, such as bathrooms, the dining areas and the child play areas.

A cleaning system and waste management system should be in place for the maintenance of sanitation/toilet facilities. A role for the emergency management team is to monitor daily consumables, such as toilet paper usage and regularly inform the local disaster centre coordinator to pre-empt any short-fall of supply.

A proper assessment of the sewerage/septic system must be undertaken by the local government authority to determine the capacity of the system to manage the projected occupation of the emergency shelter. Servicing of toilets needs to occur at least daily. As numbers increase in the shelter, consideration needs to be given for more frequent servicing of toilets to maintain hygiene standards and to minimise the risk of disease.

The site suitability and assessment, undertaken with the emergency shelter facilities manager, should also include the calculation of time to get extra toilets onsite, the number required, placement and access, and egress points to allow for servicing of the toilet facilities.

Adequate night-time lighting is essential and extra safety measures for parents and children may need to be considered, dependent upon numbers and complexity of the suite.

Separate male and female toilets will be needed. More toilets need to be allocated for females. Portable urinals should be considered when planning for outside portable toilets. Toilet facilities for people with a disability need to be included in facility audits; plus included in planning for portable toilets.

Designated areas should be provided for nappy changes, including change tables, disposable change mats, hand sanitisers and covered nappy bins.

Queuing arrangements, particularly for outside portable toilets need to be well-managed. Single queues are inefficient and prolong the queuing time for individuals. The length of time a person waits in a queue is more important than how long a queue is.

#### *A Snapshot of Key Actions for Management of Waste (Practice 3)*

A system should be in place to ensure regular collection of waste, including clinical and hazardous wastes. Local governments should manage and coordinate extended waste disposal services with local contractors, including the frequency and breadth of services and storage capacity. Contractual arrangements for waste collection should occur at least daily. The servicing of wet putrescible kitchen waste and nappy bins may require more frequent servicing to prevent odour and attraction of flies.

If vehicles for daily collection are not able to access the emergency shelter because of poor weather or poor road conditions, a designated alternate collection site should be planned for a safer location from the emergency shelter. The use of bin liners to contain potential contaminants (Particularly kitchen and bathroom/toilet waste) is critical if such a situation should occur.

All clinical waste should be isolated and disposed of separately according to designated health guidelines. Provision for sharps waste disposal in approved puncture proof containers must be included in the planning.

Internal garbage receptacles should be lined with plastic bags, changed daily and situated separately from living spaces.

*A Snapshot of Key Actions for Management of Shelter and Space (Practice 4)*

An overall layout and sleeping and sleeping capacity for the temporary phase of sheltering for all designated emergency shelters is to be included in local disaster management plans.

Under immediate sheltering conditions, the reality is that during the threat, evacuees may only have approximately 1.2 square metres of space. Available space per person should reach 5 square metres as soon as possible after the threat has passed.

When allocating space within an emergency shelter, common spaces other than bedding space should be taken into account. This may include dining space, infant care space (breast-feeding and nappy changing area), social space and facilities such as a safe and contained play area for children, storage space and an area for support services including medical services. These critical spaces should be excluded from the calculations to determine the net useable floor area for bedding.

The establishment of a designated isolation area should be considered in the planning phase. This could serve a variety of purposes such as isolation during an infectious disease outbreak; to accommodate specific health issues; or for cultural or religious considerations. Those with an infectious disease should be isolated from others immediately; and arrangements should be escalated immediately for off-site care.

Special needs that require additional assistance are generally identified during the intake process. Additional requirements may include secure and safe storage for patient medications, and refrigeration if required; night security to mitigate drug and alcohol abuse, or any case of harassment or violence; patient lifters or hoists for aged or disabled people.

It should be noted that ‘assistance animals’, such as guide or hearing dogs, are neither pets nor companion animals (*Disability Discrimination Act, 2003*) and most likely will accompany their owner to a shelter. The management of care of assistance animals remains with the owner; however, some assistance may be required to support that responsibility within the shelter.

When planning for an overall layout and sleeping capacity, consideration needs to be given to actual useable space for bedding, for example, the allocations required for walkways; access to emergency exits; flexibility with how people might re-arrange their sleeping area for

family and privacy etc. The physical location of families with young children in evacuation/relief centres should take into account close proximity to bathrooms and lighting at night to ensure the safest environment for young children.

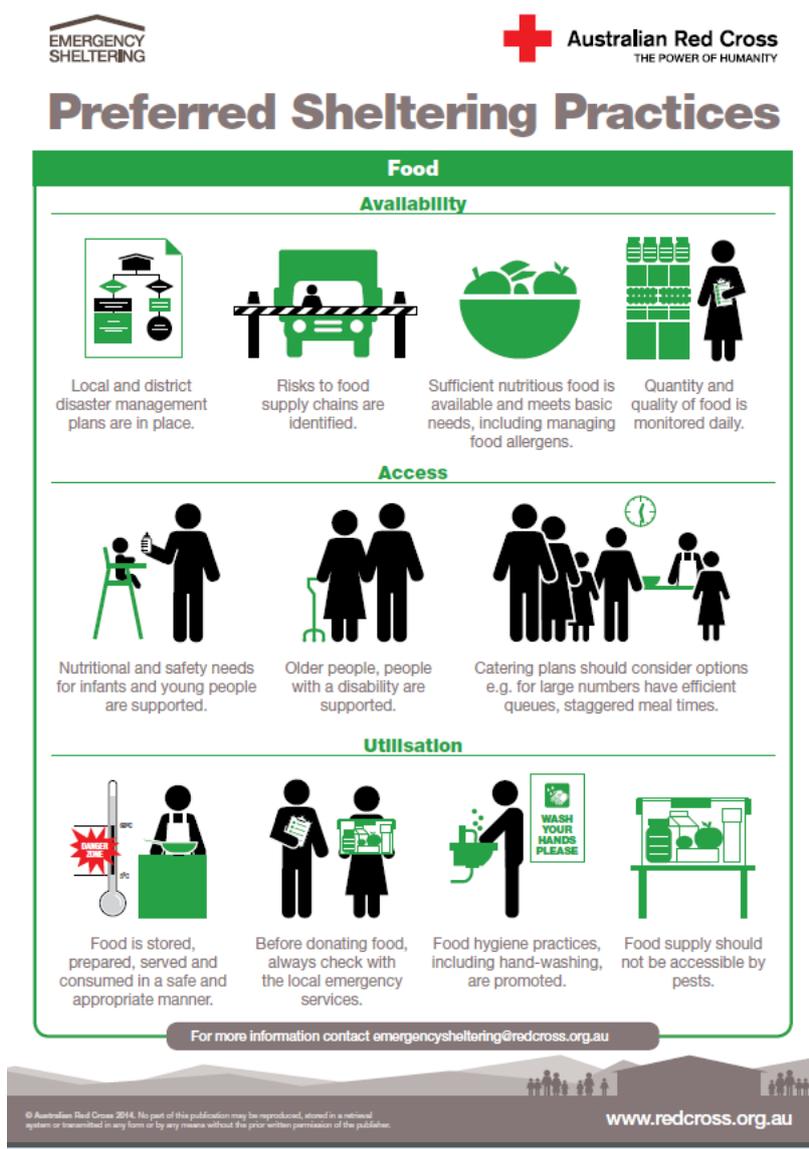
Effective planning should prevent unnecessary movement of people with sleeping arrangements once people have settled down into their space e.g. specific arrangements with gender, disability or seniors.

Adequate air quality will need to be taken into consideration and mechanical ventilation may be necessary. It is not necessary for everyone to understand the ventilation technicalities of 20–20 cubic metres per person per hour; however, access or referral to someone who does have this technical knowledge and responsibility is the critical point of action to enable the preferred practice to be met.

Prevailing weather conditions will influence the appropriate temperature range inside the building. If summer conditions are hot and humid, and the building is at or near full capacity, a range of 15–19°C would be appropriate (World Health Organisation, 2003). If the weather conditions are not so harsh, and the building is not at or near capacity, a range of 20–25°C might be more appropriate. In hot, humid summer conditions, it is recommended that the inside temperature does not exceed 6°C higher than the outside temperature. A key issue for emergency sheltering conditions though, is the need for adequate air movement which can directly affect the room temperature.

Emergency sheltering may not always be in a building. Outdoor areas may be used for congregating caravans where people are day guests of the centre for food and water, but sleep in their own caravans at night. Tents may also be a solution for temporary sheltering. The scale of 45 sq m of minimal useable surface area per person can be used as a guide. Calculations for space requirements, such as communal eating areas, are included. Factors such as shade, protection from prevailing weather and privacy need to be considered for sheltering outdoors.

Table 3: Infograph depicting key indicators for the management of food in emergency sheltering



### *A Snapshot of Key Actions for Management of Food<sup>1</sup> (Practice 5)*

Local disaster management plans or municipal emergency management plans should clearly specify arrangements for the availability of the quantity and quality of the food supply in the disaster-affected area. Emergency Management Australia (2003) recommends that disaster management plans should have, attached to the Welfare (or Human and Social) sub-

<sup>1</sup> There is a community expectation in Australia that food will be safe, and, in general for most of the people, most of the time, this expectation is met. Australia has one of the safest food supplies in the world (FSANZ 2009). Each Australian state or territory has a varied approach to sheltering practices relating to food which are often negotiated at the local or regional authority level; however broader state and national regulations with being food safe prevail over these arrangements.

committee, a regional/district Emergency Catering Plan and subsequent local Emergency Catering Plan.

Prior to the opening of an evacuation or relief centre, an initial 'walk through' should be undertaken with the building owner or facilities manager, and the evacuation centre manager. Part of this inspection is to ensure the facility is suitable for the expected purpose. If the local disaster management plan indicates that food will be prepared and distributed on the site, this inspection should include the kitchen facilities.

Service provider, contractor, and supplier arrangements should be in place, aligning with the appropriate procurement guidelines. Markets are usually stimulated and supported through buying food locally or regionally. Some of the factors to consider for procurement arrangements include: deciding on value for money; making a choice between independent or store chain providers; accessing existing connections in the local community or wider availability at a district or state level; having the capacity to upscale if required; having the capacity to service a single evacuation centre only; or multiple evacuation centres concurrently; or having demonstrated prior experience and expertise.

Potential risks to food supply chains for local areas should be identified – road, rail, air and sea if applicable. If roads are assessed as high risk for flooding, thus affecting food supply for the local area, plans should show a process for escalation of need if 'outside' assistance is required, i.e. at district, regional, state or federal level.

The adequacy, quantity and quality of food should be assessed regularly to determine if the situation is stable or likely to decline. Food support systems should be in place whether they are organised by local communities, individuals, non-government or government organisations, for example, local arrangements may be made for providing food off-site, via mobile kitchens supplied by a local community group; or local restaurants or café's

Food service providers should ensure training and supervision of all staff regarding food preparation, handling and storage, and safety and personal hygiene procedures. Observation of or reports about inappropriate food handling or preparation should be acted upon immediately by those in authority.

The type of meal provided in the first few hours of an emergency may vary, such as barbeques, meat and salad rolls or wraps, hot packs sourced from local operators or ration packs if available. At best, the first meal should aim to be of the community standard and appropriate to the climatic conditions.

Food allergies and diabetes are common. Most people and parents/carers will be quick to advise what food can or cannot be eaten and when food needs to be eaten. Those people with severe allergies often carry their own medication. If it is within the capabilities of the evacuation centre, all reasonable measures should be undertaken to ensure the food does not contain the specific allergen (e.g. peanuts) for the person with the allergy. If specific foods are made available, the food service provider should indicate with appropriate signage.

The availability of quantity and quality of food should be monitored daily in the shelter to determine if the situation is stable or likely to decline. Tracking and forecasting of stock levels should anticipate shortfalls and problems in time for solutions to be found.

Assessment should include monitoring of the ratio of centre residents and centre day guests requiring meals (e.g. a disproportionate number of people may be seeking food at the emergency shelter because they have no power source, but may be sheltering 'in place' at night – own homes, in caravans etc.).

In Aboriginal communities where the population is largely low socioeconomic, rice and white flour (for damper) feature very much in the diet along with canned meat, such as corned beef, which can be used to make a stew with vegetables such as potatoes and cabbage. Powdered milk is acceptable. That aside, most Aboriginal peoples and Torres Strait Island peoples prefer to be versatile in what they eat, especially in urban areas where a wide range of food is available.

Religious and cultural needs of individuals should be taken into consideration; as not following particular food practices (e.g. kosher, halaal) can severely affect an individual's well being and recovery process. Local government entities have a responsibility to know their community profiles, including the cultural and structural make-up of the communities they govern. If it is known that a community sector has specific religious and cultural needs relating to food practices, advance planning with the community and food providers can occur.

The vulnerability of infants and young children means that addressing their nutritional and safety needs should be a priority. Considerations for children should include: availability of nutritious age appropriate meals, drinks and snacks; availability of food outside meal times; key messaging to ensure parental supervision at meal times; key messaging to ensure supervision of children's hand washing before and after meals.

Older people should be able to access food easily. Similarly, care givers, and those they are caring for, may need extra consideration. People with a disability may be at particular risk of being separated from immediate family members in a disaster, thus losing support at meal times. Considerations at a shelter may include specific meal scheduling times, or not having to queue, to make access easier.

The length of time it takes for people (and children) to be serviced at meal times can cause anger and frustration in an emergency sheltering context. Management considerations should include a number of options in catering plans to alleviate potential tensions. As with access to water, the length of the queue is not usually the problem, but how long it takes for a person to move through the queue. Multiple serving stations and flows of people are required for large numbers.

It is likely that people will arrive at emergency shelters outside of designated meal times, so a store of non-perishable snacks may need to be considered for this purpose.

No food supply should be accessible by pests. Audit inspections of facilities should ensure that there are no holes in walls, ceilings and floors. If pests in an emergency shelter do become an issue during or following a disaster, all external openings to food preparation and storage areas should be sealed where practicable. Premises must be kept clean, food should be stored in sealed containers, and rubbish should be removed from the food preparation, serving and dining areas regularly. All waste receptacles should have bin liners and be secured tightly to prevent the entry of pests.

Implementing clear messaging about donated food prior to and during an emergency is critical as an emergency shelter cannot guarantee safe storage, handling and distribution of donated ready-to-eat food.

## **What collaborative roles have developed for the implementation of the preferred sheltering practices?**

Effective implementation of disaster planning, including the preferred sheltering practices, depends upon absolute clarity of roles and responsibilities relating to emergency management services, local governments, Australian Red Cross and community groups. A number of the following collaborative relationships have been forged over time in the development of the preferred sheltering practices.

### *Local Governments*

Local governments take the lead in local disaster management planning and exercise planning. The effectiveness of emergency sheltering operations is contingent on meaningful pre-emergency planning that involves evaluating community sheltering needs, facilities and resources, as well as capability development based on emergency management guidance. The preferred emergency sheltering practices provide a set of minimum requirements aimed at supporting local governments with pre-emergency planning and implementation.

Disaster management plans, partnering arrangements and more formal Memoranda of Understanding aim to clearly state the responsibilities of each key agency or group; and clearly articulate the resourcing arrangements including both pre-disaster and response-related resourcing relating to emergency sheltering.

Local governments may enter into formal arrangements with organisations such as Australian Red Cross to manage evacuation or relief centres; or the Salvation Army to manage food; or St John Ambulance to manage first aid; or Lifeline to manage more complex counselling services.

### *Environmental Health Officers*

Involvement of environmental or health officers in planning processes is essential, as well as being available during a disaster. Local government environmental officers are public health specialists who aim to minimise the risk of disease outbreaks and to maintain the health and well-being of all people involved in emergency sheltering (Emergency Management Australia, 2013). An ongoing relationship with the Environmental Health Association of Australia and continuing involvement in the annual Disaster Management Course for

Environmental Health Officers course (based currently in Queensland) is seen as critical as the preferred sheltering practices continue to evolve and be refined.

### *Australian Red Cross*

Red Cross is understood by many communities as having a specific role to play during times of disasters. This unique role directly relates to the organisational status of Red Cross. All Red Cross and Red Crescent National Societies are auxiliaries to their respective governments in the humanitarian field. Red Cross National Societies are recognised by their country's government as an aid society, supporting public authorities in their humanitarian tasks, according to the needs of the people.

Where Red Cross has agreements with responsible authorities, Red Cross aims to manage emergency shelters that provide:

- a safe, healthy environment for members of the community and supporting agencies' personnel in difficult circumstances
- a caring environment that maintains human dignity in challenging circumstances
- a coordinated multi-agency approach to supporting people's basic needs, including an advocacy role when required
- optimal utilisation of available space away from adverse climatic or hazardous conditions.

While Australian Red Cross (Queensland) has taken the lead in a multi-agency consultation, trial and development of the preferred sheltering practices for Australia, the organisation itself is not responsible for implementation of many of the practices 'on the ground', except for the management of shelter and space (Practice 4) when Australian Red Cross has formal arrangements with a local authority to manage an evacuation or relief centre. Australian Red Cross therefore acknowledges the importance of collaborative relationships to ensure combined efforts and the quality of actions result in a safe and supportive environment for those requiring emergency sheltering.

Internationally and nationally, Australian Red Cross has signed memoranda of understandings with organisation such as *Save the Children* and *Lion International* that demonstrate the importance of collaborative arrangements and connection to local communities who may be affected by disasters.

### *Local Communities*

Using the local knowledge and expertise of the community to plan for disasters and problem solve local issues helps to promote working towards the collective good, and in doing so ameliorates tendencies that individuals and communities may have towards feelings of helplessness and victimhood when disasters occur (McGinnis & Stephens, 2008). The diverse needs of members of the local community may include age, gender, religion, ethnicity, and people with disabilities. Local capacity should be drawn upon to enhance skills, knowledge and capacities required for effective shelter pre-planning and management.

Strong working relationships between disaster planners and practitioners and community organisations developed over time and disasters are characterised by flexibility, adaptive work, and innovative ways of approaching solutions (Eyre and Brady, 2013).

### *State and federal governments*

Emergency management arrangements in Australia are based on partnerships at all levels of government, commerce and industry, as well as community. These arrangements facilitate effective coordination of planning, services, information and resources necessary for comprehensive disaster management.

In times of emergencies, there are built-in mechanisms for request for support from local to state and upwards depending on the scale, impact and complexity of the event.

### **Who benefits from the Preferred Emergency Sheltering Practices?**

The demand for the provision of emergency sheltering in Australia is expected to increase due to the predicted increase in frequency and severity of disasters. The complexity of populations who make seek emergency sheltering is also expected to expand as the complexity of the Australian population expands.<sup>2</sup>

Disaster management planners and practitioners benefit from the preferred sheltering practices. They can feel confident that the five sets of practices are evidence-based and informed by sector-wide consensus on best practices in international humanitarian response.

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<sup>2</sup> Non-traditional households are increasing; changes in age distribution (especially ageing) is occurring; changes in demographic profiles (e.g. ethnic groups, languages and lifestyles) is expanding; changes in social expectations are evident (Quarentelli, 1995).

Ultimately, those affected by disasters seeking emergency sheltering benefit from the preferred sheltering practices as they aim to safeguard public health, and the safety and general welfare of centre residents and day guests.

**What other Preferred Sheltering Practices are needed?**

As stated earlier, emergency sheltering in a relief or evacuation centre has considerations ‘beyond four walls and a roof’. Particular action should be taken to adapt or target assistance accordingly for affected people with special needs during the emergency sheltering process. In particular, future preferred sheltering practices will include being child safe.

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