



**Australian Red Cross**  
THE POWER OF HUMANITY



# Preferred Sheltering Practices for Emergency Sheltering in Australia

The application of international humanitarian best practice

# Table of Contents

|   |           |
|---|-----------|
|  <b>Part A: Introduction</b>                   | <b>1</b>  |
| Purpose   | 1         |
| Context   | 2         |
| Australian Red Cross and emergency sheltering   | 3         |
|  <b>Part B: Preferred Sheltering Practices</b> | <b>5</b>  |
| Preferred Sheltering Practice 1: Water supply   | 6         |
| Preferred Sheltering Practice 2: Sanitation   | 10        |
| Preferred Sheltering Practice 3: Waste management   | 14        |
| Preferred Sheltering Practice 4: Shelter and space management   | 16        |
| Preferred Sheltering Practice 5: Food   | 20        |
|  <b>Attachments</b>                          | <b>30</b> |
| Stay healthy in disasters: Wash your hands  | 30        |
| Stay healthy: Wash hands regularly  | 31        |
| Donating food to emergency services   | 32        |
| Centre Feedback Form  | 33        |
| Companion publications  | 34        |
| Useful online publications for Practice 5: Food   | 36        |
| Useful online fact sheets for universal precautions   | 37        |



## PART A: Introduction



**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 preferred emergency sheltering practices apply well-recognised international humanitarian best practice to the Australian emergency sheltering context, specifically the emergency shelters known variously from state to state as evacuation centres, or emergency relief centres.

The preferred practices draw heavily on *The Sphere Project: Humanitarian Charter and Minimum Standards in Humanitarian Response* (2011) which was initiated by a group of humanitarian non-government organisations and the International Red Cross and Red Crescent Movement. *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. In this publication, the Sphere minimum standards are applied to the Australian context and are expressed as preferred emergency sheltering practices.

The preferred sheltering practices are pitched at a strategic level to 'work towards'; and to support local entities to develop more specific implementation actions and toolkits that will apply to their own community profile and location.

The preferred sheltering practices relate to the basic needs of water supply, sanitation, waste management, shelter and space management, and food. They aim to make a positive difference to the lives of people affected by a disaster.

The implementation of the preferred sheltering practices, with guidance from the Red Cross *Emergency Shelter Management Handbook* and *Evacuation Centre Field Guide*, will assist Australian emergency management agencies to improve the quality of their actions during, and in planning for, emergency sheltering operations.

The preferred sheltering practices will greatly assist the psychosocial recovery of communities after the threat has passed. They aim to be a practical guide to enhance assistance to local entities and to minimise risk to individuals and communities.

## Context:

*The International Humanitarian Charter* and *The Sphere Project* (2011) philosophy and core beliefs inform the guidance on preferred sheltering practices.

*The Sphere Project* agrees that sheltering is not purely a life-maintaining process but goes further to identify 'a combination of needs at the level of the individual themselves' (p. 245).

Sheltering can take the form of emotional protection, a location, a place to store belongings, a place used solely for receipt of service, or a staging point for future action (Davis, 1978).

Emergency sheltering may encompass three different phases – immediate and temporary sheltering, and temporary housing:

| Immediate sheltering   | Temporary sheltering   | Temporary housing   |
|--|--|---|
| <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> </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> </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> |
| <p>Example:</p> <ul style="list-style-type: none"> <li>• public cyclone shelters</li> <li>• places of refuge</li> </ul>  | <p>Example:</p> <ul style="list-style-type: none"> <li>• evacuation/relief centres</li> </ul>  |   |

**The focus of these preferred sheltering practices is on the temporary phase of sheltering; however reference to immediate emergency sheltering is made where appropriate.**

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. Proper planning will take account of diverse needs of members of the local community including age, gender, religion, ethnicity, the needs of people with disabilities and other factors. Local capacity should be drawn upon to enhance skills, knowledge and capacities required for effective shelter pre-planning and management.

## Australian Red Cross and emergency sheltering

Red Cross is understood by many communities as having a specific role to play during times of disaster. 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.

Local disaster management planning and exercise planning will be influenced by the preferred sheltering practices as they assist in mitigating risk. The location of evacuation centres, relief centres, or public cyclone shelters should be clearly identified prior to a disaster event. The triggers for opening each location should be clearly articulated in local disaster management plans.

Effective implementation depends upon absolute clarity of roles relating to emergency management services, local governments, Red Cross and community groups. Disaster management plans, partnering arrangements and more formal Memoranda of Understanding should clearly state the responsibilities of each key agency or group; and clearly articulate the resourcing arrangements including both pre-disaster and response-related resourcing.

This resource recognises the different needs of people associated with temporary sheltering:

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



## PART B: Preferred Sheltering Practices for Emergency Sheltering in Australia



*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, p. 4).*

The preferred sheltering practices inform disaster planning and response approaches that reduce future risk and vulnerability; enhance capacity; and promote recovery. The preferred sheltering practices outline the management of five sets of life-saving actions: **water supply; sanitation; waste, shelter and space; and food.**

As with the Sphere protection principles and core standards, each section contains the following:

- **Preferred sheltering practices:** These provide a voluntary, self-regulatory tool designed for a humanitarian response. The practices are not intended to be prescriptive or compliance oriented; however, they do state what needs to be in place to ensure life with dignity under conditions of emergency sheltering.
- **Key actions:** These are suggested activities and inputs to help meet the preferred practices.
- **Key indicators:** These are 'signals' that show whether the preferred practice has been attained. They provide a way of measuring and communicating processes and results of key actions.

- **Guidance Notes:** These include specific points to consider when applying the preferred practices, key actions and key indicators in different situations. They provide guidance on tackling practical difficulties, or advice on priority issues.

The preferred sheltering practices for emergency sheltering are applicable only for the temporary emergency sheltering phases, not for longer-term recovery and temporary housing.

People seeking emergency sheltering should always be kept informed of circumstances, particularly if the preferred practices are not able to be met at a particular time.

Particular action should be taken to adapt or target assistance accordingly for affected people with special needs who require additional assistance during the emergency sheltering process. Emergency management should ensure a combination of mainstreamed practices and individual case management systems are put in place to address the special needs of persons at heightened risk.

As part of its Emergency Services response, Red Cross is committed to meeting basic human needs in times of emergencies. In the context of emergency sheltering, this means working with partner agencies to ensure that:

- management is provided according to the best available evidence and practice
- people requiring short-term shelter experience a safe, supportive and caring response
- skilled and sufficient personnel are able to meet demands
- training is evidence-based and reviewed regularly.

# 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

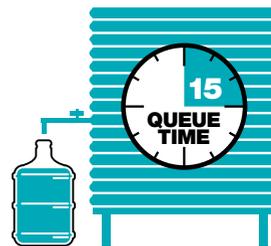


## INSIDE SHELTER



## 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)



## Key actions:

- The role of the responsible authority is to ensure people seeking emergency shelter have access to water quality that fulfills national and state standards.
- To reduce stress during queuing time, people should be well-informed about arrangements and processes being used. 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 timeframes. 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.

## Key indicators:

- The average water supply should be at least 15 litres of water per day per person, comprising 4 litres of drinking/potable water (meeting Australian drinking water guidelines) and 11 litres for other purposes (for example, hygiene).
- One showerhead for every 30 people should be available in hot climatic conditions and one showerhead for every 50 people should be available under temperate climatic conditions.
- Outside the emergency shelter, public water points should be sufficiently close to enable use of the minimum water requirement.
- Each family (based on 5 persons) should have access to at least 2 drinking water containers (holding 10 to 20 litres), particularly when water is being distributed from a central location.
- Queuing time for water should aim to not exceed 15 minutes.



**RATIONALE:** The preferred sheltering practice of 15 litres of water per day per person aligns with the Sphere Project standards. Beyond the 4 litres of drinking water, the 11 litres per person per day for personal hygiene will be reduced when showering facilities are available and food preparation is undertaken offsite. It is considered that approximately 15 minutes of queuing time for water may be acceptable to Australian communities, even though the Sphere Project standards suggest 30 minutes.

## Guidance notes:

1. Local authorities may prefer to provide individual bottled water to shelter residents. Approximately 7X600ml or 8X500ml (4 litres) of bottled water for drinking per day would be required per person, if this was preferred. Local authorities are able to stock-pile bottled water in advance, or organise a supply chain, as part of their disaster management planning, if this was preferred. Water bottles are not to be left in the sun. It is essential that pre-planning also occurs for the waste management and re-cycling of the plastic containers.
2. Older adults and young children are at particular risk of dehydration in hot weather. Pregnant women and mothers who are breastfeeding will also require extra quantities of drinking water. People who are actively working in hot weather conditions may also require extra quantities of drinking water (e.g. 5 litres/person/day may be required).
3. If the planning depends on bulk water supply, consider the number of people per tap and the water flow. As a rough guide, consider 250 people per tap when the water flow is 7.5 litres/min.
4. Quality of water checks should be undertaken regularly on-site and to minimise the risk of water contamination during and post-delivery, especially when water is being carried from off-site. Containers should be clean, hygienic, capable of being securely closed and easy to carry in terms of size, shape and design.
5. All emergency services agencies, local governments and agencies promoting household preparedness should promote individual household responsibility for the purchase and storage of water containers.
6. 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.



7. Practical efficiencies are required in the establishment of a water distribution management system. For example, water bladders in shipping containers connected to tap stands were used in the Christchurch earthquake disaster (2011).
8. Local arrangements for waste water disposal and local water pressure should be considered in planning processes.
13. Basins and supplies for bathing infants should be provided as soon as possible after needs are identified.
14. Water usage for cleaning purposes will increase if there is an infectious disease outbreak.
15. 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.

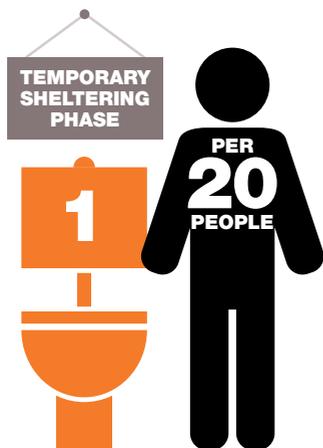
## Showers, washing and cleaning

9. In general, people will accept access to only washing facilities in the immediate sheltering phase (up to 18 hours). However, most Australians would expect access to showers during the temporary sheltering phase.
10. It is preferable that hot water be available for showering, washing and cleaning and should be considered at the outset when auditing suitable facilities. However, under emergency sheltering conditions, hot water may not be accessible immediately.
11. Consideration should be undertaken regarding accessibility, gender and culture to maintain dignity and privacy when washing or showering.
12. A supply of personal hygiene products should be available. This might include 125g of soap per person and feminine hygiene products. Consideration should be given to non-wet cleaning agents when water is at a premium.
16. Where possible, laundry facilities should be provided separate to the personal hygiene area.
17. All water quality should be 'fit for purpose'. For example, water for washing clothes and cleaning could be from another source (such as recycled water) providing the relevant preferred sheltering practices are met.
18. To assist in the prevention of infectious diseases, hand sanitising stations (non-water) should be provided at key locations in the centre, such as the building entrance and entry to the dining area.
19. Parents and carers should be vigilant in ensuring that children wash their hands after going to the toilet and before meal times. Specific reminders should be included in daily briefings.

## 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



### OUTSIDE TOILETS



### HAND WASHING

One hand wash facility with soap for every 30 people, or 4-5 metres of washing bench for every 100 people, within close proximity to the toilets.



### Key actions:

- All persons affected by an emergency 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. Individuals should take all actions necessary to reduce public health risks. 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.
- Children should be able to reach soap dispensers and taps. Parents and carers should closely supervise children's handwashing, as the potential for cross-contamination in an evacuation centre is high. Two infographics/posters relating to staying healthy in disasters and appropriate hand washing are included in the attachments. This information should be prominently displayed at critical points throughout the centre, such as the 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 shelter management team is to monitor daily consumables, such as toilet paper usage and regularly inform the local disaster centre coordinator to pre-empt any shortfall of supply.

### Key indicators:

- Toilets should be allocated at 1 per 50 people in the immediate sheltering phase, working towards 1 per 20 people in the temporary sheltering phase.
- Outside toilets should be located within 50 metres of the building, but at least 20 metres from the kitchen, dining area and water supply. If portable toilets are used, the 20 metre preferred practice should apply. If portable toilets are to be used, consideration should be given to the use of portable urinals.
- One hand wash facility with soap should be provided for every 30 people, or 4-5 metres of washing bench for every 100 people, within close proximity to the toilets.

**RATIONALE:** The Sphere Project standard is a maximum of 20 people using each toilet (usually a pit latrine in third world countries) In the Australian context, it is highly likely that a toilet is connected to a sewerage scheme or septic tank. In cases where a sewerage system/septic tank is close to kitchen or dining water supply, there should be an air lock between the kitchen and toilet. The primary aim, however, is to provide and maintain an environment free from health risks.

## Guidance notes:

1. 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.
2. Allocation of toilets will depend on user needs:
  - Separate male and female facilities 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 outside portable toilets.
3. Availability, access and the needs of vulnerable people should be assessed in planning for resources, such as the planning for outside portable toilets. 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 site. The site suitability and assessment, undertaken with the evacuation centre facilities officer, 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.
4. 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 the queue is.



5. A proper assessment of the sewage/septic system must be undertaken by the local government to determine the capacity of the system to manage the projected occupation of the centre.
6. Appropriate receptacles for menstrual hygiene should be provided.
7. Designated areas should be provided for nappy changes, including a change table, disposable change mats, hand sanitisers and covered nappy bins.
8. If hand sanitisers are being used they should be placed and re-placed at strategic locations in and around the centre, particularly in the following locations:
  - entries and exits to the facility
  - entry and exit to dining areas
  - entry and exit to bathrooms and showers
  - located near portable toilets
  - located near sleeping areas and child play areas.
9. Manufacturers of hand sanitisers do not recommend the number of 'hand washes' per litre, so monitoring of usage is required to ensure replenishment of stocks. Alcohol based hand rubs do not work when hands are visibly dirty. Modeling of hand sanitiser usage by all shelter management personnel may influence 'take-up' by centre residents and guests.



## 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 lined wheelie bin (240L)** is allocated per **40 people per day**. Industrial waste skips could also be used.



### DISPOSAL

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

### Key actions:

- A system should be in place to ensure regular collection of waste, including clinical and hazardous wastes.
- If wheelie bins are used, the use of bin liners is preferable to minimise contamination.
- Local governments should manage and coordinate extended waste disposal services with local contractors, including increasing the frequency and breadth of services and storage capacity.

### Key indicators:

- At least 1 lined wheelie bin (240 litres) should be allocated per 40 people per day. Industrial waste skips could also be used.
- Arrangements should be in place for regular internal and external waste disposal services.

**RATIONALE:** The Sphere Project standards indicate that at least one 100 litre refuse container be available per 10 families; that emptying occurs twice a week at a minimum; and if a communal refuse pit is used, that it is located no more than 100 metres away. In Australia, wheelie bins (240 litres) are generally now widely accessible and are provided by local governments, along with systems in place to ensure regular collection of waste, including clinical and hazardous wastes.

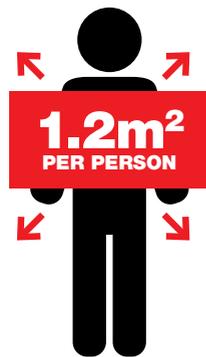
### Guidance notes:

1. The key indicators and actions are based on the continuing use of wheelie bins and efficient local government management of regular (daily) waste disposal services, depending on emergency shelter numbers.
2. Local government contractual arrangements for waste collection and disposal should be organised to occur at least daily. The servicing of wet or putrescible kitchen waste and nappy bins may require more frequent servicing to prevent odour and attraction of flies.
3. If vehicles for daily waste collections are not able to access the emergency shelter, a designated alternate collection site should be planned for in a safe 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.
4. All clinical waste should be isolated and disposed of separately according to designated guidelines. Provision for sharps waste disposal in approved puncture proof containers must be included in the planning.
5. Internal garbage receptacles should be lined with plastic bags, changed daily and situated separately from living spaces. All waste receptacles should be routinely cleaned as appropriate.
6. Consideration for local waste recycling should be undertaken.
7. If donated goods received at the shelter are unsuitable and need to be disposed of locally, these actions need to be undertaken sensitively.

# 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).

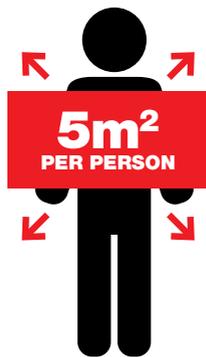
## IMMEDIATE SHELTERING



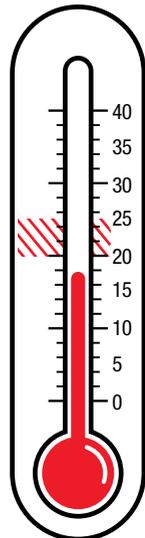
## VENTILATION

20–30 cubic metres per person per hour.

## TEMPORARY SHELTERING

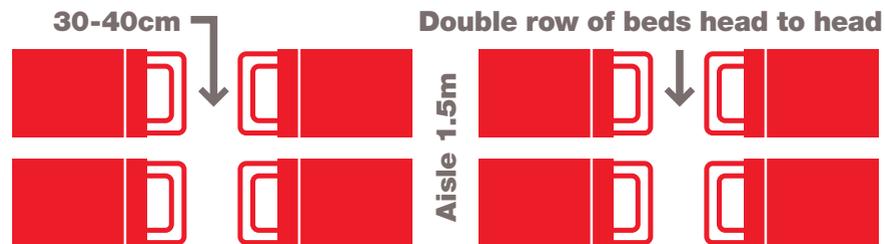


## TEMPERATURE



20–25°C

## SLEEPING



## Key actions:

- An overall layout and sleeping capacity for the temporary phase of sheltering for all designated emergency shelters is to be included in local disaster management plans.
- The acquisition of bedding and linen requirements for use in emergency shelters may include both state and local government arrangements. These arrangements for bedding and linen include requesting, managing and financing processes.
- 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.



## Key indicators:

### Immediate sheltering phase

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

### Temporary sheltering phase

- When providing sleeping arrangements, each person should have at least 5 sq m of personal space.
- Aisle space of 1.5 m per person should be provided between individuals and/or family groups.
- The partition of families and other groups, and well-planned access routes through the covered area will aid the provision of adequate personal privacy and safety.
- Adequate ventilation is required at a rate of 20–30 cubic metres per person per hour (see Guidance note 6).

- The temperature range inside the building should ideally be between 20° and 25°C, dependent on outside ambient temperature (see Guidance note 7).

**Rationale:** The Sphere Project key indicator for temporary shelter is 3.5 sq m per person. Experience indicates that Australian community expectations are for 5 sq m of personal sleeping/resting space (not including aisle space) based on larger sized bedding, space for personal belongings and comfortable separation distance to reduce the spread of respiratory infections. The psychosocial benefits of ensuring adequate space provision and privacy should be maximised.

## Guidance notes:

### Immediate sheltering phase

1. In the lead up to and during an emergency, particularly during tropical cyclone conditions, there are limitations of approximately 1.2 sq m only per person (approximately single chair room only) for the preservation of life.

### Temporary sheltering phase

2. The available space should reach 5 sq m as soon as possible to minimise adverse impacts on the health and well-being of affected people.
3. 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.
4. 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.
5. 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.
6. 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 20–30 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.
7. Prevailing weather conditions will influence the appropriate temperature inside the building. A majority of emergency shelters may be plain halls with no air-conditioning, with no arrangements in place to bring in air-conditioners. If weather conditions are not harsh, a range of 20-25°C would be appropriate. The World Health Organisation (2003) suggests a range of 15-19°C primarily to restrict bacterial issues as well as trying to promote a level of comfort; however, the Australian context, which includes a high level of hygiene precautions, would be more accepting of a 20-25°C temperature range. In hot summer conditions, it is recommended that the room temperature inside the shelter should not exceed the external ambient temperature by more than 6°C. A key issue for emergency sheltering conditions though, is the need for adequate air movement which can directly affect the room temperature.
8. 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 to access 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.

# 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.176).

## Availability



Local and district disaster management plans are in place.



Risks to food supply chains are identified.



Sufficient nutritious food is available and meets basic needs, including managing food allergens.



Quantity and quality of food is monitored daily.

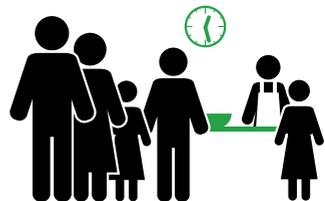
## Access



Nutritional and safety needs for infants and young people are supported.

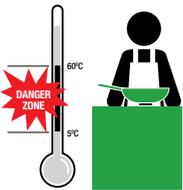


Older people, people with a disability are supported.



Catering plans should consider options e.g. for large numbers have efficient queues, staggered meal times.

## Utilisation



Food is stored, prepared, served and consumed in a safe and appropriate manner.



Before donating food, always check with the local emergency services.



Food hygiene practices, including hand-washing, are promoted.



Food supply should not be accessible by pests.

The following three components of food security are internationally recognised:

- **availability** – requires sufficient, culturally appropriate, nutritious food
- **access** – ensures that individuals, families and communities have the right and resources to obtain sufficient and appropriate food
- **utilisation** – involves knowledge of basic nutrition, adequate skills and facilities for food preparation and storage, as well as adequate water supply and sanitation.

The three food components have been applied to the emergency sheltering context and form the basis of the following key actions, indicators and guidance.

## AVAILABILITY

### Key actions:

- 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. Familiarity with the plan and preparation is essential for smooth operations, with all personnel understanding their role and responsibilities.
- Service provider/contractor/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 emergency shelter only; or multiple shelters concurrently
- having demonstrated prior experience and expertise.
- Decisions need to ensure that combined responses provide the required services, for example, some actions may be complementary – local arrangements may be made for providing food off-site, via mobile kitchens supplied by a local community group; or local restaurants/café's.
- 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, for example, plans should show a process for escalation of need if 'outside' assistance is required, i.e. at district, regional, state or federal level.
- 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. Key messaging and guidance is provided in the attachment.
- Exit and transition strategies must be considered from the outset, particularly where the response may have longer term implications, for example, the provision of 'free' food which would normally be paid for may inhibit some people from seeking more independent actions or support.

## Key indicator:

- Sufficient, nutritious food is available to ensure that basic needs are met for those seeking emergency sheltering.

**Rationale:** *Better food security and disaster response is achieved through better preparedness. Such preparedness is a result of the capacities, relationships and knowledge developed by governments, humanitarian agencies, local civil society organisations, communities and individuals to anticipate and respond effectively to the impact of likely, imminent or current hazards. (The Sphere Project 2011, p.147).*



## Guidance notes:

1. Emergency Management Australia (2003, p.14) recommends that disaster management plans should have, attached to the Welfare (or Human and Social) Sub-Committee, a regional/district Emergency Catering Plan and subsequent local Emergency Catering Plan.
2. Prior to the opening of an Evacuation Centre, an initial 'walk through' should be undertaken with the building owner/manager and 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.
3. 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.).



4. 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.
5. 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.
6. 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 handwashing before and after meals.
7. If perishable food cannot be stored, transported or served at critical temperatures, alternative non-perishable preserved food should be substituted.
8. 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.

## ACCESS

### Key actions:

- The nutritional needs of the population affected by disasters, including those at risk, should be met. Simple, wholesome and nutritious meals need to be provided under safe conditions to the best of ability in the given circumstances.
- 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.
- Existing health and nutrition status of those affected by disasters should be considered, as some people may present at a shelter with under-nutrition due to poverty or ill health.
- The average planning figures should take into account additional needs. Understanding the unique nutritional needs of pregnant and lactating women, young children, older people, and people with a disability is important for those who are managing food supply, preparation and distribution.
- The vulnerability of infants and young children means that addressing their nutritional and safety needs should be a priority.

### Key indicator:

- Access to food and adequate nutritional food are critical determinants of people's survival in a disaster.

**Rationale:** *The Sphere Project standards indicate that individuals, families and communities should have the right and resources to obtain sufficient and appropriate food when seeking emergency sheltering (The Sphere Project 2011, p.180).*

### Guidance notes:

1. Generally, food security exists when all people, at all times, have physical, social and economic access to sufficient and nutritious food to meet their dietary need and food preferences for an active and healthy life (The Sphere Project 2011, p.145). Barriers to food security can be episodic, due to a number of causes, including natural disasters, and can have lifelong consequences for health, development, social participation, education and employment opportunities (Australia Red Cross, Food Security Policy, 2013).
2. Risk factors which reduce access to food and can consequently increase the need for improved nutrient requirements include disease and disability, isolation, psychosocial stress, heat, cold and poverty.



## UTILISATION

### Key actions:

- The role of the responsible authority is to ensure people providing food to those seeking emergency shelter should receive food that is 'fit for purpose', that is: for safety – food should not pose a risk to health, and for quality – food should match national standards and be nutritious.
- Involvement of environmental or health officers in planning processes is essential, as well as being available during a disaster. Local government environmental health 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 an emergency evacuation (Emergency Management Australia, 2013, p.84).

### Key indicator:

- Food is stored, prepared, served and consumed in a safe and appropriate manner.

**Rationale:** *There is much information available relating to the safe utilisation of food in evacuation or relief centres, due to the large part that Australian food standard expectations are high, that regulations exist to ensure that food standards remain high (FSANZ 2009) and that essential nutrient requirements are well documented (Australian Government, Department of Health), unlike the conditions that surround food security in third world countries.*

3. Older people should be able to access food easily. Similarly, care givers, and those they are caring for, may need extra consideration. Individuals 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.
4. 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.
5. When appropriate, centre residents and day guests should be consulted about the quantity and quality of food, and where possible, actions should occur promptly with issues that arise.

## Guidance notes:

1. 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, p.1).
2. 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.
3. 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.
4. The type of meal provided in the first few hours of an emergency may vary, such as barbecues, 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.
5. The Australia New Zealand Food Standards Code has strict requirements for food temperature control related to heating, cooling and storage. Food must be heated rapidly to reach 60°C or higher; and cooled to 5°C or lower. Temperatures should be monitored regularly.
6. 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. 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.
7. People with a disability may be at particular risk of being separated from immediate family members and usual caregivers in a disaster. Efforts should be made to determine and reduce these risks, including seeking help in the shelter to ensure support with physical access to and assistance with meals.
8. Ensuring the personal hygiene of centre residents and guests around food is a challenge. Environmental health officers and shelter managers should actively promote food hygiene practices; for example, stressing the importance of washing hands and communicating cross-contamination prevention strategies. Key messaging via daily briefings may take the following forms to promote a shared responsibility for centre residents and day guests:
  - Passive communication (low risk) which involves notification and alerting affected individuals and groups to the food issue i.e. provide multiple visual signs for hand hygiene, hygiene practices for self-service of food.
  - Responsive communication (perceived risk is higher) which uses strategies such as food labelling or visual signs to ensure meal choice or avoidance is informed i.e. labelling 'dairy-free', 'gluten-free', or 'contains peanuts'.
  - Educative information (high risk and unaware) which involves communication that is intent on changing behaviours for target groups in the shelter e.g. food hygiene messages can be assimilated into children's activities to promote good practices.
  - Proactive communication (lack of community awareness indicates high risk) which involves daily briefings about safe eating practices and safe food disposal practices. (FSANZ 2009, p.57)
9. Community kitchens offering to provide meals to disaster affected populations should give special attention to the accessibility, safety and hygiene conditions of the site, cooking and drinking water availability and quality, and eating space, as disaster conditions may disrupt their usual practices when providing meals to the community.
10. Equipment breakdown, which could result in unsafe food, must be addressed as quickly as possible. It is important to have pre-planned access to personnel such as repairmen and refrigeration mechanics to attend to these issues as they arise.
11. The affected population should have an environment not littered by solid waste, so a means to dispose of waste conveniently and effectively is critical. Preferred emergency sheltering practices relating to waste management are outlined in Practice 3. Servicing of wet or putrescible kitchen waste may require more frequent servicing to prevent odour and attraction of flies. Local government contractual arrangements for waste collection and disposal should be organised to occur at least daily.
12. Food supply should not 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.



## List of References

American Red Cross 2007, *American Red Cross shelter operations toolkit*, Washington, USA.

Australian Red Cross 2012, *Evacuation centre field guide*, vers. 2.0, Brisbane, Australia.

Australian Red Cross 2012, *Emergency sheltering management handbook*, vers. 1.0 Brisbane, Australia

Babister, E & Kelman, I 2002, *The emergency shelter process with application to case studies in Macedonia and Afghanistan*, The Martin Centre, London, Great Britain.

Bajracharya, B, Childs, I & Hastings, B 2011, *Role of local government in disaster management: Findings from regional towns in Queensland*, Paper presented at the State Australian Cities National Conference, Melbourne, Australia, retrieved from [epublications.bond.edu.au/sustainable\\_development/126](http://epublications.bond.edu.au/sustainable_development/126)

Centre for Disease Control and Prevention, *Environmental health assessment form for shelters*, Atlanta, Georgia, USA, retrieved from <http://www.bt.cdc.gov/planning/shelteringfacts.pdf>

Commonwealth of Australia (Emergency Management Australia) 2003, *Emergency management practice: Emergency catering*, Manuals series, part 111, Dickson, Australian Capital Territory.

Commonwealth of Australia (Emergency Management Australia) 2005, *Glossary: Manual no. 3*, Dixon, Australian Capital Territory, Australia.

Commonwealth of Australia (Emergency Management Australia) 2005, *Evacuation planning: Manual no. 11*, Dixon, Australian Capital Territory.

Commonwealth of Australia, 1992, *Disability Discrimination Act: Section 9*, Dixon, Australian Capital Territory.

Council of Australian Governments 2009, *National strategy for disaster resilience: Building our nation's resilience to disasters*, Commonwealth Government, Australia.

Davis, I 1977, 'Emergency shelter', *Disasters*, vol. 1, no.1, Pergamon Press, London.

Food Standards Australia and New Zealand 2009, *The analysis of food-related health risks*, retrieved 26 February 2013 from <http://www.foodstandards.gov.au>

Gold Coast City Council Local Disaster Management Plan 2011, *Disaster welfare and environmental Health: Operations manual*, Gold Coast, Australia.

Good, E, Lee, A & Lewis, F 2013, 'Principles and nutritional criteria used to guide recommendations on food requirements during disasters for infants, children and adults,' *Medical Journal of Australia*, vol.76, no.2, pp.14–21.

Haug A, Brand-Miller J & Christophersen O, 2007, 'A food lifeboat: Food and nutrition requirements in the event of a pandemic or other catastrophe', *Medical Journal of Australia*, vol.187, pp. 674–676.

International Association of Venue Managers Inc. 2010, *Mega-Shelter planning guide*, International Association of Venue Managers, Texas.

International Federation of the Red Cross and Red Crescent 2009, *Shelter and settlement plan 2010 – 2011*, Geneva, Switzerland.

New South Wales Government (Department of Health) 2011, *Major evacuation centres: Public health considerations*, New South Wales, Australia.

Lafond, R 2002, *Draft Reception centre service manual*, Centre for Emergency Preparedness and Response and Public Health Agency (Office of Emergency Services), Canada.

Peacock, W, Dash, N & Zhang, Y 2007, *Sheltering and housing recovery following disaster: Handbook for disaster research*, Sprenter-Verlag Inc., New York.

Queensland Government (Emergency Management Queensland) 2011, *Queensland evacuation guidelines for disaster management groups*, Brisbane, Australia.

Queensland Government (Department of Works) 2011, *Evacuation centre resourcing*, Brisbane, Australia.

Quarantelli, E L 1982, *Sheltering and housing after major community disasters: Case studies and general observations*, Disaster Research Centre, Ohio, USA.

Quarantelli, E L 1995, 'Patterns of sheltering and housing in US disasters', *Disaster Prevention and Management*, vol.4, no. 3, Disaster Research Centre, University of Delaware, Newark, Delaware.

The Sphere Project 2011, *The sphere project: Humanitarian charter and minimum standards in humanitarian response*, 3rd edn, Geneva, Switzerland.

United Nations High Commissioner for Refugees 2007, *Handbook for emergencies*, 3rd edn, Geneva, Switzerland.

United Nations High Commissioner for Refugees and the International Organization for Migration 2010, *Collective centre guidelines*. Geneva, Switzerland.

Victorian Government (Department of Human Services) 2013, *Emergency relief handbook*, Melbourne, Victoria.

Victorian Government (Department of Health) and Australian Red Cross 2014, *Donating food to emergency services*, Melbourne Australia retrieved from <http://docs.health.vic.gov.au/docs/doc/Donating-food-to-emergency-services--August-2014>

Wisner, B & Adams, J (eds) 2003, *Environmental health in emergencies and disasters: A practical guide, Part 11 Technical aspects*, World Health Organisation, Geneva, Switzerland, retrieved from [http://www.who.int/water\\_sanitation\\_health/hygiene/emergencies/em2002chap6.pdf](http://www.who.int/water_sanitation_health/hygiene/emergencies/em2002chap6.pdf)



Queensland Health

## Stay healthy in disasters wash your hands



To protect your health it is important to wash your hands often.

### When drinking quality water is available:

|   |   |   |
|---|---|---|
| <p>Wet hands with water and apply soap</p>  | <p>Rub hands together</p>                         | <p>Clean the back of your hands</p>                         |
| <p>Clean between all fingers and thumbs</p> | <p>Clean under the nails and rinse with water</p> | <p>Dry hands with a clean towel, paper towel or air dry</p> |

### When drinking quality water is not available, or limited:

#### Hands that look dirty or feel gritty

1. Wash your hands using the above steps
2. Apply an alcohol based hand rub\*



\*Alcohol based hand rubs do not work when hands are visibly dirty.

#### Hands that look clean

1. Apply hand rub
2. Rub hands together, the back of your hands and between fingers until hands are dry.



QHE27/1213

For further information call **13 HEALTH (13 43 25 84)** or visit [www.health.qld.gov.au/disaster](http://www.health.qld.gov.au/disaster)

Contact your nearest public health unit—13 QGOV (13 74 68)



Stay Healthy During Disasters; Wash Your Hands

Queensland Health

## Stay healthy wash hands regularly



Wash hands with soap and running water and dry well or use hand gel.

### When to wash hands:

|  |   |                                   |   |
|--|---|-----------------------------------|---|
| <p>before and after preparing food</p> | <p>before eating and drinking</p>                                 | <p>before touching medicines</p>  | <p>before making baby's bottles</p>                         |
| <p>after touching rubbish</p>          | <p>after coughing, sneezing or wiping your nose</p>               | <p>after going to the toilet</p>  | <p>after touching, feeding or cleaning up after animals</p> |
| <p>after changing nappies</p>          | <p>before and after being in contact with someone who is sick</p> | <p>when your hands are dirty.</p> |   |

QHE27/1213

For further information call **13 HEALTH (13 43 25 84)** or visit [www.health.qld.gov.au/disaster](http://www.health.qld.gov.au/disaster)

Contact your nearest public health unit—13 QGOV (13 74 68)



Stay Healthy, Wash Hands Regularly

# Donating food to emergency services

health

August 2014

There are many ways to help during an emergency – either as a volunteer or as a donor.

Preparing food for others is a natural response in an emergency, but it is not often practical for emergency services to accept donated ready-to-eat food during emergencies.

If you'd like to donate food or help in any other way, contact Red Cross, a local emergency service organisation, or your council to determine the best way to assist.

## Why food safety matters in an emergency

Emergencies are unpredictable, and the risk of food poisoning is often greater than usual at these times. While the Food Act doesn't prohibit people from donating food to emergency services organisations, there are some important issues to consider.

It's vital that emergency workers remain healthy when they're attending to disasters. It is also important that members of the community affected by a disaster don't suffer extra hardship as a result of food poisoning.

Here are some specific food safety issues to consider in an emergency situation:

- Even if donated food is prepared safely in your home, emergency services cannot always guarantee safe storage, handling and distribution of donated ready-to-eat food in emergency conditions. For example, there may not be access to a reliable refrigerator or space in available storage facilities, or clean running water for hand-washing that would be required to ensure food is safe to eat.
- Food poisoning bacteria are often naturally present in food, even if the food looks, tastes and smells normal. Some donated foods (for example,

sandwiches with cold meats, smallgoods, soups and casseroles) can quickly become unsafe when not refrigerated or eaten immediately, especially in warm weather.

## How can I help?

- Always check with your local emergency services before donating to ensure they have the capacity to receive, store and distribute the goods. They can advise you of the kinds of donations they are able to accept under their guidelines. For example, they may not be in a position to accept food donated for front line workers, such as fire-fighters.
- Many emergency services organisations coordinate their own catering and need volunteers to help with food preparation and service in their on-site "kitchens".
- Businesses and individuals can offer to donate shelf-stable foods (for example, tinned foods, biscuits, cereals and bottled water) that do not need to be kept under a controlled temperature.
- Organisations such as the Red Cross always welcome financial donations to support emergency management and recovery. The Department of Health has developed a series of tips and checklists to keep food safe in an emergency. They are available at [www.health.vic.gov.au/foodsafety/bus/emergency\\_situations.htm](http://www.health.vic.gov.au/foodsafety/bus/emergency_situations.htm).

For specific information about how best to help during an emergency, contact your local council or visit [www.redcross.org.au/emergency-services.aspx](http://www.redcross.org.au/emergency-services.aspx)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

Information jointly prepared by the Department of Health and Red Cross.

Department of Health



## Donating Food to Emergency Services

# Feedback Form

Evacuation/Relief Centre:

Date:

Please circle (like) or (not like) about your experience in the centre:



## Registration

Comments:



## Information/communication

Comments:



## Sleeping

Comments:



## Support

Comments:



## Food

Comments:

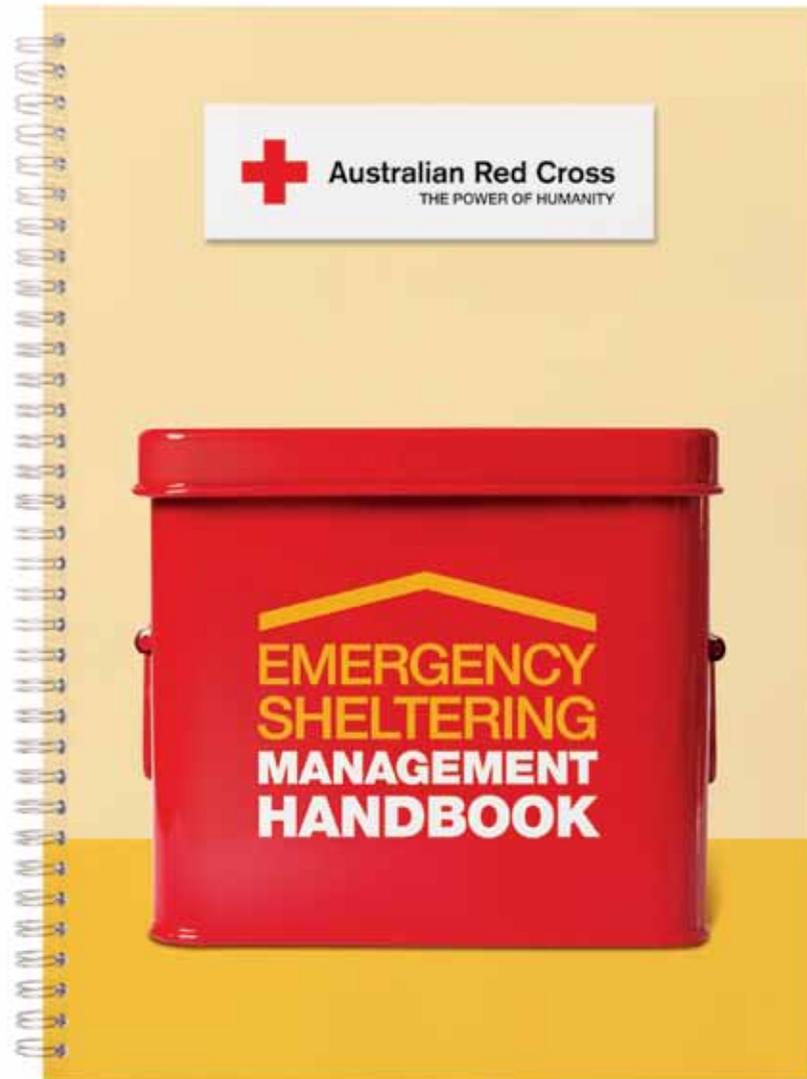


## Toilet and shower facilities

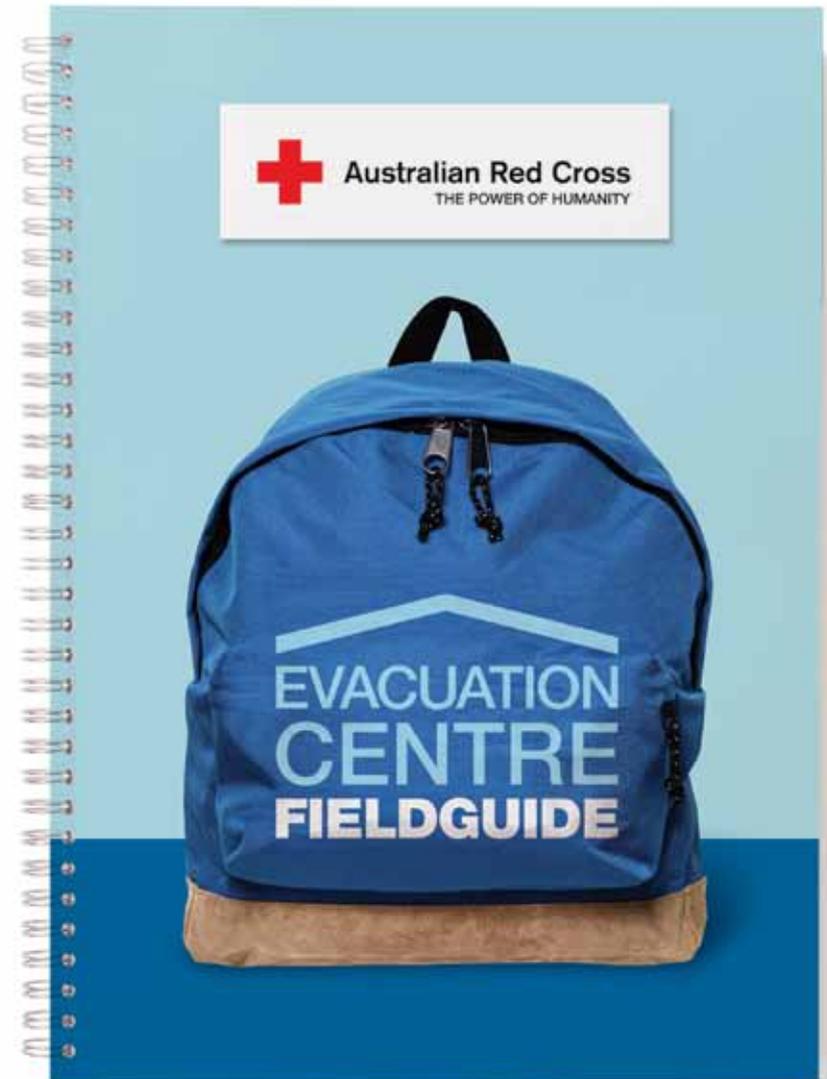
Comments:



## Companion publications



Emergency Sheltering Management Handbook



Evacuation Centre Field Guide

## Useful online publications for Preferred Sheltering Practice 5: FOOD

### Food Safety and Handling

#### Emergency Management Australia principles and functions for:

- Organisation of catering service
  - Site operations; improvised serving lines
  - Food, safety and hygiene
- [www.em.gov.au/Publications/Australianemergencymanualseries](http://www.em.gov.au/Publications/Australianemergencymanualseries)

#### Health guidelines for food safety in evacuation centres:

- Food handling on-site; storage, serving and eating
- Catering for large numbers
- Potentially hazardous food; cross-contamination
- Food for people with allergies
- Safe handling of ice
- Cleaning and sanitising
- Personal hygiene for food handlers
- Maintenance and pest control

<http://www.health.qld.gov.au/disaster>

<http://www.health.qld.gov.au/foodsafety>

<http://www.health.qld.gov.au/disaster/html/prepare-event.asp>

<http://www.health.vic.gov.au/foodsafety/bus/emergency-situations.htm>

#### The Analysis of Food Related Health Risks (Food Standards of Australia and New Zealand, 2009): [FSANZ]

<http://www.foodstandards.gov.au>

#### Control measures for ensuring food safety and golden rules for safe food preparation

[http://www.who.int/water\\_sanitation\\_health/hygiene/emergencies/emergencies2002](http://www.who.int/water_sanitation_health/hygiene/emergencies/emergencies2002)

### Nutrition

<http://www.eatforhealth.gov.au>

## Useful online fact sheets for universal precautions

### Gastroenteritis

[http://access.health.qld.gov.au/hid/InfectionsandParasites/BacterialInfections/gastroenteritis\\_fs.asp](http://access.health.qld.gov.au/hid/InfectionsandParasites/BacterialInfections/gastroenteritis_fs.asp)

<http://www.hss.gov.nt.ca/sites/default/files/gastroenteritis.pdf>

<http://docs.health.vic.gov.au/docs/doc/Case-questionnaire-for-Gastroenteritis-outbreak>

### Vector control

<http://www.health.qld.gov.au/disaster/documents/blackflies-postflood.pdf>

<http://www.health.qld.gov.au/disaster/documents/mosquito-breeding.pdf>

### Heat fatigue and illness

[http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Heat\\_stress\\_and\\_heat-related\\_illness](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Heat_stress_and_heat-related_illness)

<http://www.health.qld.gov.au/disaster/documents/heat-illnesses.pdf>

[https://www.osha.gov/SLTC/heatillness/3422\\_factsheet\\_en.pdf](https://www.osha.gov/SLTC/heatillness/3422_factsheet_en.pdf)

### Diabetes

<http://www.australiandiabetescouncil.com/>  
<http://admin.bakeridi.edu.au/Assets/Files/Hypoglycaemia.pdf>

### Head lice treatment and control

[http://access.health.qld.gov.au/hid/infectionsandparasites/parasites/headlice\\_fs.asp](http://access.health.qld.gov.au/hid/infectionsandparasites/parasites/headlice_fs.asp)

### General

<https://www.eh.org.au>

<http://www.disasterhub.com.au/disasterhub/-/localwayDisplay/doc/Resources/Fact%20Sheets>





# Australian Red Cross

THE POWER OF HUMANITY

[www.redcross.org.au](http://www.redcross.org.au)

## **Red Cross National Office**

155 Pelham Street  
Carlton South VIC 3053  
Telephone: 03 9345 1800  
Facsimile: 03 9348 2513

## **Australian Capital Territory**

Cnr. Hindmarsh Drive and  
Palmer Street  
Garran ACT 2605  
Telephone: 02 6234 7600  
Facsimile: 02 6234 7650

## **New South Wales**

159 Clarence Street  
Sydney NSW 2000  
Telephone: 02 9229 4111  
Facsimile: 02 9229 4244

## **Northern Territory**

Lambell Terrace & Schultz Street  
Larrakeyah NT 0820  
Telephone: 08 8924 3900  
Facsimile: 08 8924 3909

## **Queensland**

Humanity Place 49 Park Road  
Milton QLD 4064  
Telephone: 07 3367 7222  
Facsimile: 07 3367 7444

## **South Australia**

207-217 Wakefield Street  
Adelaide SA 5000  
Telephone: 08 8100 4500  
Facsimile: 08 8100 4501

## **Tasmania**

40 Melville Street  
Hobart TAS 7000  
Telephone: 03 6235 6077  
Facsimile 03 6231 1250

## **Victoria**

23-47 Villiers Street  
North Melbourne VIC 3051  
Telephone: 03 8327 7700  
Facsimile: 03 8327 7711

## **Western Australia**

110 Goderich Street  
East Perth WA 6004  
Telephone: 08 9225 8888  
Facsimile: 08 9325 5112