



# COVID-19 Supplement for Planning Considerations: Evacuation and Shelter-in-Place

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# 1. Background, Purpose, Scope

## 1.1. Background

In July 2019, FEMA's National Integration Center (NIC) published "[Planning Considerations: Evacuation and Shelter-In-Place – Guidance for State, Local, Tribal, and Territorial Partners](#)." The guide helps jurisdictions plan and implement evacuation and shelter-in-place protective actions in the event of an incident affecting their communities. Since the publication of the guide, the coronavirus (COVID-19) pandemic has impacted jurisdictions across the nation.

Public health officials continue to release and update guidance and recommendations on mitigation strategies to limit the impacts of COVID-19, to include social distancing, health screening and the use of personal protective equipment (PPE). Jurisdictions can benefit from reviewing existing plans, assessing the potential impacts and constraints resulting from COVID-19 and making any necessary adjustments to ensure continuity of essential functions and services.<sup>1</sup>

## 1.2. Purpose

This document provides planning consideration questions for jurisdictions reviewing their evacuation and shelter-in-place plans and resources while considering the impacts of COVID-19. The self-assessment questions build off considerations and principles outlined in "Planning Considerations: Evacuation and Shelter-In-Place – Guidance for State, Local, Tribal, and Territorial Partners." These COVID-19 related planning considerations may factor into jurisdictions' calculations as they review their protective action plans and reassess factors such as evacuation clearance time. This document is not prescriptive guidance; it is an aid to help jurisdictions plan and implement protective actions in a COVID-19 environment.

## 1.3. Scope

This document focuses on key considerations and principles associated with evacuation and shelter-in-place planning and execution and identifies impacts that COVID-19 may have on planning and executing evacuation and shelter-in-place operations. These considerations may help jurisdictions align their protective actions plans with relevant public health guidance. This supplement does not identify specific public health standards; jurisdictions may consult applicable local, state and federal public health guidance for specific requirements and information.

For more COVID-19 considerations please download FEMA's [COVID-19 Pandemic Operational Guidance For the 2020 Hurricane Season](#) and [Mass Care/Emergency Assistance Pandemic Planning](#)

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<sup>1</sup> For more information on continuity programs and planning, please download FEMA's [Continuity Guidance Circular](#).

[Considerations Guidance](#). For additional COVID-19 related guidance please visit [FEMA's Coronavirus page](#) and [coronavirus.gov](#) for interagency resources.

## 2. Critical Considerations

### 2.1. Accessibility/Individuals with Disabilities and Others with Access and Functional Needs

Planning and resourcing for evacuation assistance should be inclusive of individuals with disabilities<sup>2</sup> and others with access and functional needs.<sup>3</sup> Through legal requirements set forth by the Americans with Disabilities Act as amended, the Rehabilitation Act of 1973 as amended, and other applicable federal,<sup>4</sup> state and local laws or executive orders emergency managers and planners should identify the needs within the community and identify the resources needed to fully support these populations during the implementation of protective actions.

#### Key COVID-19 Questions

- Have you reassessed planning considerations, including community demographics, and identified populations (a) facing a higher risk for being adversely impacted by an incident, including those under stay-at-home orders, (b) at higher risk of medical complications from COVID-19 as identified by public health officials, (c) individuals with disabilities and (d) others with access and functional needs?

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<sup>2</sup> This document defines an individual with a disability as an individual who has a physical or mental impairment that substantially limits one or more major life activities (an “actual disability”), or a record of a physical or mental impairment that substantially limits a major life activity (“record of”), or an actual or perceived impairment, whether or not the impairment limits or is perceived to limit a major life activity, that is not both transitory and minor (“regarded as”). Individuals with disabilities have civil rights protections that may not be waived under any circumstances, including throughout emergencies and disasters.

<sup>3</sup> Individuals having access and functional needs may include, but are not limited to, people with disabilities, older adults and populations having limited English proficiency (LEP), limited access to transportation and/or limited access to financial resources to prepare for, respond to and recover from an emergency. Such needs are met by providing physical, programmatic and effective communication access to the whole community by accommodating individual requirements through universal accessibility and/or specific actions or modifications. This includes assistance, accommodation or modification for mobility, communication, transportation, safety, health maintenance, etc.; due to any situation (temporary or permanent) that limits an individual’s ability to act in an emergency.

<sup>4</sup> Including but not limited to Section 308 of the Stafford Act and 42 U.S.C. 5151, which prohibit discrimination in delivery of federal response operations.

- Have you reexamined existing service and resource agreements with partner organizations to confirm that they can still provide accessible and inclusive care and services in a COVID-19 environment? If not, have you begun to establish new vendor contracts to deliver these services?
- Have you conducted additional risk and needs assessments to account for additional financial hardship impacts on individuals and households within your jurisdiction?
- Have you identified processes and accessible methods to communicate COVID-19-related changes in evacuation services or procedures to individuals with disabilities and others with access and functional needs?

## 2.2. Hospitals and Residential Care Facilities

Implementing protective actions at hospitals and residential care facilities may be difficult due to a greater potential of impact by COVID-19. Many of these facilities are already combatting the virus under normal operating conditions and providing care for patients who are at increased risk of impacts to illness. These facilities may face additional challenges when implementing protective actions during an evacuation, especially when they must move individuals who require medical attention or additional assistance. Facilities may benefit from identifying additional locations that can provide a similar level of care if individuals require evacuation.

### Key COVID-19 Questions

- Do your hospitals and residential and long-term care facilities have adequate, functional and fueled emergency generators and a plan to keep emergency power systems operational during an emergency and reduce the need for patient movement?<sup>5</sup>
- Do your hospitals and residential and long-term care facilities have a stockpile of PPE to use in a shelter-in-place event to provide care for all patients until supply chains are re-established?
- Have you coordinated with hospitals and residential and long-term care facilities to confirm that their emergency plans are up to date and incorporated into planning factors for jurisdictional response?
- Have facilities identified additional in-patient locations in the event of patient overflow to accommodate the need for social distancing in a COVID-19 environment?
- Do healthcare facilities have enough supplies on hand to ensure 72 hours of self-sustainment?

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<sup>5</sup> For more on improving healthcare facility resilience to power outages, please see “Healthcare Facilities and Power Outages: Guidance for State, Local, Tribal, Territorial, and Private Sector Partners” located at: <https://www.fema.gov/sites/default/files/2020-07/healthcare-facilities-and-power-outages.pdf>.

- Do facilities have necessary resources to provide adequate staffing and ensure the safety of staff?
- If any field medical centers are operational in your jurisdiction, have you coordinated plans to evacuate and/or shelter-in-place the staff and patients at these facilities, if necessary?
- Do hospitals in evacuation zones have a plan to not only evacuate patients, but also bring along the necessary ventilators, dialysis machines and stockpiled PPE?
- Have facilities validated their evacuation plans by exercising them in a COVID-19 environment?

### 2.3. Mass Care & Sheltering Service

During evacuations, jurisdictions, community organizations and neighboring jurisdictions may collaborate to provide mass care services such as sheltering for evacuees.

#### **Key COVID-19 Questions**

- Have you developed and disseminated messaging to inform the public of changes in expected services or procedures (e.g., changes to shelter locations, evacuation routes, available transportation methods) due to the impacts of COVID-19?
- Have you ensured that all shelter locations, including new alternate locations, meet all necessary requirements, including accessibility compliance?
- Have you explored, and coordinated to utilize, accessible non-congregate shelter options and identified participating partners to incorporate social distancing into shelter operations?
- Do your evacuee intake procedures include protocols that align with public health guidance and promote social distancing?
- Have you examined and, if needed, increased, agreements with vendors that provide supplies or services to support evacuees in a COVID-19 environment?
- Do shelters have the necessary resources to provide adequate staffing and ensure the safety of staff?
- Have you identified additional PPE for staff to use during operations at shelters, evacuation centers or other associated facilities?
- Have you incorporated a testing/screening process for COVID-19 into your plan to implement safety measures in shelters?
- Do you have additional capacity or sheltering facilities that can accommodate household pets with the necessary social distancing?
- Have you considered the impacts of business closures or restrictions along evacuation routes? If business closures and restrictions are significant, do jurisdictions have the capability to provide additional assistance to evacuees along evacuation routes?

- Have you developed procedures to handle the relocation and re-entry of evacuees from a shelter facility (both congregate and non-congregate) in the event of confirmed COVID-19 cases?

## 2.4. Terminology Used in Public Messaging

Maintaining clear, consistent and accessible messaging to the public is essential when implementing protective actions. Commonly understood and consistent terminology helps the survivors understand what a jurisdiction is asking of the public as it implements actions to protect the community from impacts of an incident. In a COVID-19 environment, public messaging should align with current public health guidelines.

### Key COVID-19 Questions

- Have you incorporated COVID-19-related terms and public health guidance (e.g., social distancing, use of PPE or face coverings) into accessible education and public messaging campaigns on evacuation and shelter-in-place?
- Have you updated accessible pre-scripted messaging to deconflict COVID-19-related public health guidance (such as stay at home/safer at home orders) from incident-specific shelter-in-place or evacuation orders?
- Have you coordinated with partner jurisdictions, community organizations and other private and public sector partners to coordinate accessible messaging and plan for its dissemination in the event of an incident?
- Have you encouraged community organizations and households to review and update their individual emergency plans to account for COVID-19 factors and incorporate public health guidance and additional supplies in a home emergency kit (e.g., extra face coverings, hand sanitizer)?
- Have you inserted COVID-19-related language into accessible pre-approved messaging to distribute over media or via methods such as the Integrated Public Alert & Warning System (IPAWS) and temporary road signs along evacuation routes?

## 2.5. Tourist Populations

Many communities rely on tourism as part of the local economy. These communities may need to prepare to provide services for this influx of individuals who may have access to limited resources, as they are away from their homes and familiar surroundings.

### Key COVID-19 Questions

- Do you have plans to provide shelter services or other evacuation support to tourist populations that meet COVID-19 social distancing guidelines?

- Do you have the necessary PPE to allow staff to provide additional evacuation services for tourist populations?
- Does your plan include increased COVID-19 screening processes to accommodate a tourist population?
- Have you identified additional resources to assist tourist populations in an evacuation or identified additional shelter space for use while adhering to social distancing in a COVID-19 environment?

## 2.6. Tracking/Evacuee Accountability

Evacuee accountability, or ensuring the safe departure and arrival of evacuees from one facility to another, is important to help a jurisdiction maintain safety at facilities and have a good understanding of the volume of their evacuation and sheltering operation. Using a system to assist with evacuee tracking and accountability can help achieve this goal.

### Key COVID-19 Questions

- Have you incorporated COVID-19 factors (e.g., whether individuals have been screened or tested) into your accountability system?
- Have you updated intake forms for your accountability system to include Health Insurance Portability and Accountability Act (HIPPA) release forms for COVID-19-related testing and/or screening as needed?
- Do your plans and procedures to address the movement and accountability of evacuees between facilities and/or to alternate facilities also meet public health guidelines regarding COVID-19?
- Have you developed procedures to account for evacuee re-entry into an impacted area?

## 2.7. Traffic Management

In facilitating an effective evacuation, traffic management is a critical component. When producing and reviewing a traffic management plan, jurisdictions need to consider several factors, such as anticipated traffic volume, fuel management and availability, impacted roadways, the population of the zones that are being evacuated and anticipated evacuation clearance time.

### Key COVID-19 Questions

- Have you incorporated social distancing considerations when calculating evacuation clearance time (e.g., reduced load capacity, additional vehicles, increased loading time)?
- Have you identified additional or alternate evacuation routes to facilitate an evacuation in a COVID-19 environment before and after an incident? Have you coordinated with relevant law enforcement and transportation personnel to facilitate an evacuation on these routes?

- Have you updated traffic management messaging to incorporate COVID-19 factors, such as sanitation and social distancing?
- Have you identified and coordinated resources for accessible transportation, including ambulance services for individuals requiring medical assistance during an evacuation?
- Have you reviewed clearance times and decision timelines with COVID-19 planning considerations, such as mass care and sheltering plans?
- Have you coordinated with neighboring jurisdictions to discuss COVID-19 impacts on access and re-entry procedures?
- Have you coordinated with passthrough, host and sending jurisdictions to verify that agreements to support and execute potential evacuations will accommodate COVID-19 considerations (or made any necessary updates)?

## 3. Planning Principles

### 3.1. Shelter-In-Place – First/Default Option

Shelter-in-place is appropriate when conditions require that individuals seek protection in their homes, places of employment or other locations when a hazard or threat is imminent or occurring. If applicable, using shelter-in-place as a protective action in a COVID-19 environment may help reduce transmission of the virus.

#### **Key COVID-19 Questions**

- Have you identified if the severity and specificity of the hazard or threat allows the implementation of shelter-in-place actions?
- Have you identified what types of threats or hazards would make implementing shelter-in-place operations impossible (e.g., wildfires, flood)?
- If needed, are accessible methods of communication in place to clearly inform survivors they may need to move from a shelter-in-place posture and evacuate depending on the severity of the anticipated hazard or threat (e.g., hurricane, storm)?
- Have you established protocols to identify and prioritize the evacuation of individuals with disabilities and others with access and functional needs who require medical assistance post-incident after sheltering-in-place?
- Is pre-scripted messaging available that clearly informs the community that the reason for shelter-in-place activities, or subsequent evacuation, is due to a non-COVID-19-related threat or hazard (e.g., hurricane, storm)?

### 3.2. Unified Coordination Process

Evacuations frequently require coordination with entities beyond jurisdictional boundaries, and pre-existing relationships are key in planning for such events. Communicating and coordinating with partner jurisdictions and associated community organizations is crucial. A coordinated review of current mutual aid agreements, memoranda of understanding (MOUs) or memoranda of agreement (MOAs), and other contracts can help identify any emerging gaps, complications or resource shortfalls resulting from the constraints and impacts of COVID-19.

#### Key COVID-19 Questions

- Have you coordinated with passthrough, host and sending jurisdictional partners to verify that agreements to support and execute potential evacuations remain in place, given the impacts of COVID-19? Are any updates or revisions necessary?
- Have you reviewed (and updated) host jurisdiction agreements or established new agreements?
- Do your mutual aid partners have adequate personnel to support your evacuation plan? Do you have enough personnel to support their plans or those of other impacted jurisdictions?
- Have you coordinated with private sector and community partners to identify the necessary resources to support evacuation operations?
- Have you coordinated with mutual aid partners regarding receipt or movement of potential evacuees with COVID-19 symptoms? As a result, are additional planning courses of action required?
- Do the constraints and impacts of COVID-19 within your, and neighboring, jurisdictions warrant expanding mutual agreements with new partners?
- Have you, your partner jurisdictions and community organizations exercised evacuation plans and MOUs/MOAs in a COVID-19 environment?

### 3.3. Critical Transportation Needs

Communities have populations that rely on mass transportation or sources for transportation other than their own personal vehicles. These can include daily commuters, some of whom may be individuals with disabilities or others with access and functional needs who require accessible transportation assistance to evacuate.

#### Key COVID-19 Questions

- Do you have the resources necessary to re-establish accessible critical mass transportation hubs (e.g., airports, train stations, local mass transit stations) consistent with public health guidance and social distancing considerations?

- Do you have a mechanism to increase public transportation capabilities, if necessary, to offset the increased time to evacuate a community to screen individuals for COVID-19 (e.g., temperature screening, social distancing considerations)?
- Have you identified additional accessible transportation facilities and vehicles that would allow timely mass transit while accommodating social distancing practices?
- Do you have additional PPE resources to support Critical Transportation Needs evacuees?
- Do established procedures address the safety of staff and align with public health guidance?
- Do your plans to conduct re-entry critical transportation services take COVID-19 conditions of the jurisdiction into account?
- Do your facilities and jurisdictions have adequate transportation agreements to accommodate medical evacuations within required timelines?
- Are patient tracking mechanisms in place to account for separations resulting from COVID-19 operations and evacuations?

### 3.4. Utilizing Transportation Models

During an evacuation, jurisdictions may utilize one of two transportation models:

- The **Point-to-Point** model involves evacuees utilizing their personal vehicles, mass transit or some other type of independently sourced transportation to go directly to an evacuation center or shelter.
- A **Hub and Spoke** model involves evacuees moving to an assembly point where they are provided transportation or directed to an evacuation center or shelter.

#### Key COVID-19 Questions

- Point-to-point evacuation relies heavily on individual vehicle transportation. If necessary, do you have the capabilities to screen for COVID-19 on highways/roadways during an evacuation?
- Have you accounted for additional time needed for potential checkpoints during an evacuation?
- Do you have the ability to screen passengers upon arrival to assembly areas or evacuation centers for COVID-19 symptoms during a hub and spoke evacuation?
- Have you established additional procedures to deal with individuals who are exhibiting COVID-19-related symptoms?