Section 6 Response to the Heavy Rain in July and August 2021, and COVID-19 Countermeasures

In the current situation of COVID-19, sufficient attention must be paid to prevent infection of COVID-19, including the avoidance of the three Cs (Closed spaces, Crowded places and Close-contact settings) in shelters. The Cabinet Office has been providing advice and guidance about operation at shelters under the COVID-19 crisis to local governments on (1) securing as many shelters as possible, such as taking safe refuge in homes of relatives and friends in addition to evacuating to shelters, (2) hygiene management in shelters such as preparation of masks and disinfectants, and (3) securing enough space for evacuees by using partitions and others.

The compiled case studies were notified to all local governments in Japan for their disaster responses in the future. The contents covered the experiences and know-how related to the operation at shelters in the affected areas which had been gained from disaster responses during the Heavy Rain in July and August of 2021, including measures against COVID-19.

(1) Compilation of Case Studies

The following measures taken by some local governments were shared with others as references for disaster response in the future.

1. Confirmation by Experts at COVID-19 Countermeasures to Implement at Shelters

Experts (including public health nurses and the Medical Association. The same applies hereinafter) and NPOs with high skills in supporting evacuation life confirmed specific details of COVID-19 countermeasures and the sanitary environment during the ordinary times and the phase just after opening a shelter at every single shelter.

Date	:	year	month	day	Name :	
Shel	ter N	ame:			Contact information :	
_	1			Points to Che	ck	Yes / No
Shelter-General	(1)	Are there places to remove mud and dust before entering the shelter?				TYes T N
	(2)	Should people take off their shoes in a shelter and is the boundary between the inside and the outside of the shelter clear?				□ Yes □ N
	(3)					L Yes L M
	(4)	Are infection prevention posters displayed in prominent places (such as bulletin boards and entrances) in the shelter and in places where the risk of infection is high, such as restrooms?				□ Yes □ N
	(5)	Are areas for pets separated from the one for people? (If pets are accepted)				TYes T N
	(6)	Are hand sanitizers installed in high-traffic areas (entrances, restrooms, cafeterias, etc.)?				
	(7)	Are there rooms reserved in advance in order to isolate people with fever, and respiratory and digestive symptoms? (Isolated restrooms recommended)				□ Yes □ N
	(8)	Are there set persons and frequency of cleaning, and is the shelter regularly ventilated?				□ Yes □ N
	(9)	Are the locations of trash cansiset so that they are not mixed with clean areas, such as eating areas? (Preferably with lids, if possible)				□ Yes □ N
	(10)	Are the storage areas for garbage located in separate areas from living spaces, and are they collected regularly in order not to generate odors, etc.?				⊓Yes ⊓ N
	(11)	Are the expiration dates and storage locations for chemicals used for hand hygiene and environmental disinfection appropriate?				TYes T N
Residence	(12)	Are there 2-meter distances between families? (If it is not possible to keep the distance, use partitions etc.)				□ Yes □ N
	(13)	If each household is sheltered in their own rooms, are they encouraged to ventilate their rooms regularly?				TYes C M
	(14)	Are measures taken to prevent dust inhalation from the floor, such as the use of cardboard beds? (In the case of using matterses, keep them clean thoroughly and take measures not to make ables near sleepers' heads)				□Yes □ N
	(15)	Are the placements of cardboard beds and mattresses arranged alternately to help avoid airborne droplets?				□ Yes □ N
Food	(16)	is the environment to keep hands clean before eating (such as hand washing stations, soap and hand sanitizer)ensured?				□ Yes □ N
	(17)					TYes T N
	(18)					□ Yes □ N
	(19)	Is an environment prepared where people can wipe the table before eating?				□ Yes □ I
	(20)	Are leftover food and garbage collected immediately after meals?				
Restroom	(21)	Are the number of restrooms and their male/female ratio proper for the number of evacuees? (At least one restroom for every 50 people, preferably one for every 20 people and more for wernen than men)				
	(22)	Are soup for hand sanitizer) and paper towels prepared and kept clean for hand washing? (Note that form-type hand sanitizers are difficult for the elderly to distinguish from scap)				⊔ Yes ∟ N
	(23)	Are locations for regular cleaning and general disinfection [i.e. high-frequency contact surfaces] and persons in charge of such tasks set?				TYes T N
	(24)					🗆 Yes 🗆 I
	(25)					TYes T M

Examples of a Checklist for countermeasures against COVID-19 in shelters

A Checklist for Countermeasures Against COVID-19 in Shelters
1. Informing residents of evacuation actions
Trying to let the residents know the selection of proper evacuation locations.
Encouraging residents to bring their necessary supplies to the shelter.
2. Securing a shelter
Securing as many shelters as possible.
Reviewing spaces to be utilized as shelters.
Securing places to receive persons requiring special care
3. Advance preparations for opening a shelter
Considering to ensure enough space at the shelter.
Establishing a system of consultation and collaboration with local health centers.
Securing effective supplies and materials for infection prevention measures.
Considering taking care of persons requiring special care
Conducting training and drills for staff in charge of shelter operations.
4. Infection prevention measures in the shelter
Upon entry, hand sanitization and temperature measurement are conducted, and health conditions are carefully confirmed through answering items on the reception sheet and through interviewing.
Regular ventilation is conducted and enough space between evacuees are kept by partitions or other means.
In principle, masks are worn in the shelter, and basic infection countermeasures such as hand washing and cough etiquette are thoroughly implemented.
Hand sanitizers are equipped at entrances and exits of evacuation centers and around restrooms, etc., to ensure that hands are thoroughly disinfected.
The shelter is regularly cleaned, and items, etc. are cleaned regularly or when they are visibly dirty by using household detergent to maintain a sanitary environment in the shelter.
Crowding and close-contact are avoided within the shelter by making it careful to coordinate the time of distribution of supplies and the like.
The shelter is divided into areas for inside shoes and outside shoes.
Posters and other materials related to infection prevention measures are displayed in the shelter to raise awareness.
5. Health care of evacuees
Public health nurses, etc. are stationed at or visit the shelter to regularly check the health status of evacuees.
6. Working with evacuees outside of the shelter, such as those staying in cars
Working to secure a centralized location and establish an efficient system for identifying evacuee
Source: documents provided by Kumamoto Prefecture

Source: documents provided by Infection Control Practice and Conference Saga Prefecture

2. COVID-19 Countermeasures in Shelters

- Evacuees with fever and other symptoms in shelters were separated in an extra room, and health checks were provided in cooperation with health care centers and local medical institutions.
- Cots made of polycarbonate or other materials were used in shelters to facilitate disinfection and cleaning.

3. Improvement of Living Environment in Shelters

- From the viewpoint of measures against heatstroke and cold weather, shelters fully equipped with airconditioning and heating facilities were provided on a priority basis. In schools where the gymnasiums were not equipped with air conditioning and heating facilities, classrooms with those facilities were used according to circumstances.
- Even in facilities that were normally used with shoes on, when they were utilized as shelters, the flow lines between outdoor and indoor zones were separated from the perspective of hygiene management. For instance, entering shelters with shoes on was prohibited and shoes boxes (such as simple ones made of cardboard) were installed. In the restrooms, special slippers were provided to ensure thorough hygiene management.
- In order to secure the cardboard beds needed in shelters where persons requiring special care stayed, the prefectural government arranged for the procurement of these beds through other cities in the same prefecture.
- Immediately after a disaster strikes, evacuees normally sleep on cushions or simple mats on top of cardboard beds, but when evacuation life was prolonged, extra mattresses, futons, linen goods were arranged later on.
- For evacuees, immediately after a disaster, stockpiled foods (e.g. instant steamed rice called alpha rice, cuptype instant noodle, etc.) are mainly provided at shelters, but when evacuation life was prolonged, lunch boxes were supplied in cooperation with local restaurants out of consideration for nutritional aspects.

(2) Coordination among Relevant Departments and Information Sharing with Home Care Patients and People who Have a Close Contact with an Infected Person

In light of the current infection status of COVID-19, it is particularly important that the relevant departments of prefectures and municipalities cooperate with each other from ordinary times, consider how they provide information for home care patients and people who have a close contact with an infected person (hereinafter referred to as "patients at home care, etc."), and take any necessary measures.

Therefore, based on notices issued in the past, in preparation for patients at home care, etc. to be affected, disaster management bureaus, health and welfare departments, and health care centers in prefectures and municipalities were notified that they should have a detailed set of contents and methods for information sharing. This can be done by these parties cooperating with each other from ordinary times and by determining the responsible parties and division of roles for securing evacuation sites for patients at home care, etc. and informing evacuation procedures. In addition, they were also notified that they must determine in advance what to do for patients at home care, etc. and how to help them evacuate in the event of a disaster and inform them of these issues.

(3) Evacuation of People Who Have a Close Contact with an Infected Person

An additional notice was sent on the evacuation of people who have a close contact with an infected person: When such persons are evacuated, they are to be kept in private rooms as much as possible. If it is difficult to keep them in private rooms, special spaces are to be ensured, and if it is unavoidable to keep them in the same room, partitions are to be used to separate them. Also, in light of the current infection status of COVID-19, a notice was sent to consider to set up shelters dedicated for people who have a close contact with an infected person.

(4) Management of Compartmentalization Between Households in a Shelter

A notice was sent that in case a positive case of COVID-19 occurs in shelters, the compartments where each household stayed were to be managed by numbering so that it could be used to identify people who have a close contact with an infected person.