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.

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

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<th>Date</th>
<th>Shelter Name</th>
<th>Contact Information</th>
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A Checklist for Countermeasures Against COVID-19 in Shelters

1. Informing residents of evacuation actions
   - Encouraging residents to bring their necessary supplies to the shelters.

2. Securing a shelter
   - Making sure each shelter is used as possible.
   - Ensuring that some shelters are set up in advance as shelters.
   - Ensuring safety measures, such as evacuation in stages and setting up special medical facilities.

3. Advance preparations for opening a shelter
   - Ensuring sufficient space at the shelters.
   - Establishing a system of consultation and collaboration with local health centers.
   - Ensuring effective supplies and materials for infection prevention measures.
   - Guaranteeing the necessary support for medical and disaster management services.

4. Infection prevention measures in the shelter
   - Ensuring sufficient facilities and personnel to handle the issues that have been raised.
   - Establishing a system of consultation and collaboration with local health centers.
   - Ensuring that the necessary supplies and materials are provided to ensure proper operation.

5. Health care of evacuees
   - Ensuring that medical services are provided to evacuees.
   - Ensuring that the necessary supplies and materials are provided to ensure proper operation.

6. Working with evacuees outside of the shelter, such as those staying in cars
   - Ensuring that the necessary supplies and materials are provided to ensure proper operation.
   - Ensuring that the necessary supplies and materials are provided to ensure proper operation.

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

Source: documents provided by Kumamoto 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 air-conditioning 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, cup-type 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.