Civil Defence Centre toolkit

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|  | This appendix provides useful information related to the activation, management, and deactivation of Civil Defence Centres (CDCs).  The checklists included in this appendix are intended as prompts only. They include elements that all CDEM Groups must consider, but may be customised according to CDEM Group size, structure, and resources. |
| Shelter and accommodation facilities | The checklists and considerations in this appendix also apply to potential shelter and accommodation facilities for use during or after an emergency. |

1. Assessing potential facilities

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|  | When undertaking an assessment of identified facilities to determine suitability for use as a CDC, consider the basic criteria in Table 1.  **Note**: These criteria should be checked during:   * readiness (to identify and assess potential sites) * response (to ensure that pre-identified facilities are safe and suitable for use). |

Table 1 Basic criteria to consider when assessing facilities

| Consideration | Criteria |
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| Building Code compliance | Must comply with the New Zealand Building Code. |
| Accessibility | Ease of access, including for:   * people with disabilities * vehicles (including buses) * foot traffic * parking |
| Exits | Any building has two exits providing an alternate exit route  Exits are clearly marked |
| Signage | Clear and appropriate signs  Ease of navigation (e.g. some schools are very big and not easy to navigate) |
| Catering | A good sized kitchen (depending on expected capacity)  Serving area  Ample plates, cups, cutlery etc. available (often these are locked away) |
| Furniture/ furnishings | Tables and chairs (for dining or locating welfare services and support)  Seating (comfortable chairs, couches, pews etc.)  Notice boards  Television  Space dividers, screens for privacy |

| Consideration | Criteria |
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| Ablutions/ sanitation | Ample and serviceable toilets, showers, and hand basins that are:   * gender separated * well lit |
| Ventilation | Suitable ventilation and/or access to fresh air |
| Fire safety | Fire safety equipment and facilities in good working order   * smoke alarms * fire extinguishers * fire hoses |
| Security | Suitability for providing and maintaining security and protection |
| Animals | Temporary animal shelter facilities including (in addition to above considerations):   * located close to but separate from the main facility * secure indoor or covered outdoor space * water supply * sanitation and waste disposal/storage area * adequate lighting * space to exercise animals.   For more information, refer to the MPI *Animal Welfare Emergency Management technical reference document [to be published]*, available at [www.mpi.govt.nz](http://www.mpi.govt.nz). |

Considerations for shelter and emergency accommodation

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|  | For facilities that may be used to provide shelter or emergency accommodation, also consider sleeping facilities, including:   * dormitories/bunk rooms (e.g. boarding school, camp, barracks) * communal sleeping area (e.g. marae) * equipment (mattresses, stretchers, bedding), and * private spaces/suitability to screen areas off for privacy. |

Post emergency building management

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|  | After an emergency, a rapid building assessment must be performed by qualified assessors under the direction of the Ministry of Business, Innovation, and Employment (MBIE).  Building assessors provide an informed view on risks on the basis of observed damage, and the circumstances of the emergency such as earthquake, flooding, landslip, or other hazard. They then determine whether a building is safe for continued use.  Detailed resources and information related to the Building Code and ‘post disaster building management’ is available on the MBIE website [www.building.govt.nz](http://www.building.govt.nz). |

Safety and security

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|  | Ensuring the safety and security of people using a CDC is paramount. Appropriate security arrangements should be made during readiness by the CDEM Group/local authority. |
| Security arrangements | Engaging the services of a security company is recommended. Detailed security arrangements may involve:   * advising the security provider of the CDC arrangements including the fire safety plan * including a security representative in CDC team meetings/briefings * securing CDC entry and exits but not so that security presence is threatening or unwelcoming, e.g. one security person to be close by at each entrance and exit at all times (providing reassurance for personnel and CDC users) * roving patrols of reception and waiting areas, and all other communal indoor areas * roving patrols of all outdoor areas including car parks and perimeters * identify security hot spots e.g. sanitation areas, areas of poor lighting, areas where personal belongings and equipment are stored * develop security procedures to allow visitors access to the CDC * encourage security to keep their presence discreet when the CDC is running smoothly, and to be more visible during the evening and at night for peace of mind (if the CDC remains open at these times), and * implement arrangements for any necessary after-hours (for example, overnight) access.   Police may also provide support with security. |
| Personnel | All trained personnel working in a CDC setting should be Police vetted.  See *the Welfare Services in an Emergency Director’s Guideline [DGL 11/15]* for more information on the Police Vetting System.  See also the *Volunteer Coordination in CDEM* Director’s Guideline for information about screening for CDEM-trained volunteers. This is available at [www.civildefence.govt.nz](http://www.civildefence.govt.nz) (search for ‘volunteer coordination DGL’).  Ensure all CDC personnel wear identification at all times, and that safety messages are conveyed to all personnel at briefings. |
| CDC layout | Ensure all walkways, toilets and showers are well signed, lit and monitored regularly.  Convey safety messages to people using the CDC via information boards and other methods.  Allow for a designated isolation area to be utilised on advice from Public Health Units (to prevent the spread of communicable diseases). |
| Incidents | Due to the consequences of an emergency, the dynamics of an evacuation and/or the diversity of people using a CDC, it is probable that some incidents may occur in and around the CDC.  Personnel should not put themselves in a position of harm when dealing with incidents.  All decisions and actions related to accidents or incidents should be clearly recorded in shift documentation and a Health and Safety incident form completed.  The CDC Supervisor should keep the coordination centre informed of specific safety concerns about the CDC. Maintain contact with the Police also.  A CDC is not obliged to grant access to persons who present a threat to the safety and wellbeing of other CDC users, or themselves. |
| Fire safety | Document the following preparedness actions:   * develop an emergency evacuation plan based on the facility’s plan * develop procedures for evacuating people with limited mobility * clearly mark locations of fire extinguishers, blankets and other fire equipment * ensure clearly marked emergency exits are not blocked at any time * identify a pre-designated emergency assembly point * ensure fire alarms are functional, and * restrict smoking to designated areas outside the facility. |
|  | Much of this safety and security information is based on the *Australian Red Cross Evacuation Centre Fieldguide*. The field guide is available for purchase at [www.redcross.org.au](http://www.redcross.org.au). |

Children and young people

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|  | Particular consideration must be given when children and young people are present in a CDC, whether in the care of parents, legal guardians, or usual caregivers, or if they are separated from them. |
| Separated children and young people in a CDC | In a CDC setting, separated children and young people must be cared for and kept safe and the following actions taken:   * an unaccompanied child/young person must be registered in the *CDEM EMIS Welfare Registration System*. Record as much useful information about the child/young person and their parents, legal guardian or usual caregiver to support timely and safe reunification * care for and keep the child/young person safe. Police vetted personnel with appropriate experience should be identified and available for this activity * use the *CDEM EMIS Welfare Registration System* (using the inquiry and matching processes) to help locate the child/young person’s parent, legal guardian, or usual caregiver * other attempts to locate the child/young person’s parent, legal guardian or usual caregiver should be made if resources allow, and * liaise with Police and Child, Youth and Family as soon as possible to agree next steps for the care and protection of the child/young person.   See the *Welfare Services in an Emergency Director’s Guideline [DGL 11/15]* for more information on care and protection services for children and young people ([www.civildefence.govt.nz](http://www.civildefence.govt.nz)). |
| Personnel safety checks | CDEM Groups/local authorities must ensure that CDEM personnel (including CDEM-trained volunteers) who work with children and young people are trained and screened as safe to do so.  Standard safety checks for working with children and young people are outlined in the *Vulnerable Children Act 2014*.  Safety checking involves:   * identity verification – proof people are who they say they are, including former identities * information requirement:   + reliable data about history and behaviour, and   + Police vetting * risk assessment – judgement-based assessment * periodic re-assessment – information should be updated and reassessed every three years. |
|  | The *Vulnerable Children Act 2014* is available at the New Zealand Legislation website: [www.legislation.govt.nz](http://www.legislation.govt.nz). For more information, refer to the *Children’s Action Plan* website: [www.childrensactionplan.govt.nz](http://www.childrensactionplan.govt.nz). |
| Trained personnel | A pool of trained and pre-approved personnel is required to work with children and young people in an emergency.  People working with children and young people in a CDC need to be:   * pre-screened and Police vetted to work with children * specifically trained in working with children * trained in scheduling age appropriate activities and in providing sensitive information, and * able to advocate for children’s needs and services.   Save the Children New Zealand and New Zealand Red Cross may be able to assist with trained staff to work with children in an emergency. |
| Child Friendly Spaces | *Child Friendly Spaces* is a Save the Children emergency response programme that helps ensure children are safe and protected in shelters and other locations where families congregate during emergencies.  *Child Friendly Spaces* may be established in a CDC. This will:   * provide children with a safe, designated area where they can play and socialise under the supervision of trained and background checked adults * enable parents to have time to rest, or register for emergency assistance * give children a sense of normalcy and community when their lives are disrupted * help children interact with peers, build self-esteem, and begin the recovery process, and * provide a setting for sharing valuable child safety and recovery information with families.   Save the Children can provide facilitators, as well as all the resources, to run a Child Friendly Space in a CDC.  *Child Friendly Spaces* is a **national resource**. Any request for this service is to be made to the National Controller.  For more information about *Child Friendly Spaces* refer to the Save the Children NZ website at [www.savethechildren.org.nz](http://www.savethechildren.org.nz) (search for ‘child friendly spaces programme’). |
| Shelter and accommodation | The provision of appropriate shelter and accommodation for children and young people must give consideration to:   * physical layout of the centre/house * separate space for children/young people * access to water, bathrooms with separate toilet and bathroom facilities, and * age appropriate bedding, food, and care arrangements (prioritise young children). |
| Resources and considerations | Consider the following when planning for children and young people in a CDC:   * identity badges for all personnel * identification for children e.g. wrist bands including the child’s name and any other identifying information * systems for recording information, including the *CDEM EMIS Welfare Registration System*. * preventing unnecessary sibling separation * systems for attending to children’s physical needs e.g. food, clothing, toiletries * age appropriate supplies to attend to children’s’ physical needs e.g. food (including infant food, feeding equipment, and supplies), water, clothing, sanitation (including nappies and nappy changing facilities) * age appropriate games and activities, and * access to psychosocial support for children who exhibit signs of emotional stress. |

Health management

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|  | The requirement for a health response at a CDC will be dependent on the emergency. Likely health requirements are as follows:   * public health issues (water, sanitation, emerging infectious diseases, outbreaks etc.) * aged care * mental health care * disability support * minor trauma or medical issues * management of pre-existing conditions * the replacement of lost medication and medical appliances, and * support for infant feeding. |
| Responsibility | Responsibility for a health response at a CDC will be with the local DHB.  Public Health Units, in conjunction with Environmental Health Officers, will coordinate and manage communicable disease and environmental health issues, and advise and promote public health messages (to CDEM, and within CDCs). Public Health Units will be able to provide expert advice on matters such as disease outbreak control, safe drinking water, hygiene, and sewage disposal.  Ambulance services will continue to be responsible for emergency transport of patients.  A number of health service providers may also provide services at a CDC. Health services, where possible, will continue to operate from their existing facilities. |
| CDC Health Coordinator | The appointment of a Health Coordinator may be necessary to manage the health care response in a CDC.  The role of the Health Coordinator will depend on the emergency. The Health Coordinator will liaise with other agencies represented in the CDC, and manage any health-focused roles within the CDC. |
| Cleaning | A cleaning procedure and schedule should be developed. Specific advice can be provided by Public Health Units or Environmental Health Officers. |
| More information | See the *Welfare Services in an Emergency Director’s Guideline [DGL 11/15]* for more information on minimum health standards and other human rights considerations ([www.civildefence.govt.nz](http://www.civildefence.govt.nz)). |

Accessibility

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|  | National and international standards for accessible shelters and accommodation should be followed. Consider the following when planning for CDCs:   * ensure cultural appropriateness * age and mobility friendly layout (allows older people and people with disabilities to enter and exit easily) * non-slip floors and handrails * access to raised beds.   See the *Welfare Services in an Emergency Director’s Guideline [DGL 11/15]* for more information on considerations for accessibility ([www.civildefence.govt.nz](http://www.civildefence.govt.nz)). |

1. Procedures

Activating a CDC

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|  | The decision to activate one or more CDCs will be made by the Controller in conjunction with the Welfare Manager. The Welfare Manager initiates the CDC activation procedure as per the coordination centre Welfare Action Plan. |
| Resourcing | The decision to activate a CDC should be made according to the resources available. Controllers and Welfare Managers must work closely with the Logistics function to ensure that the opening of each CDC is logistically supportable, and is able to be maintained. |
| Activation tasks | The following procedure provides guidance on the activation of a CDC.  Note that CDEM Groups may make changes to these procedures to suit their size, structure, or capacity. |

Table CDC activation procedure

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| Step | Action |
| 1 | Welfare Manager notifies (as required):   * CDC Supervisor/personnel * Responsible/key agency members of WCG/local welfare committee. |
| 2 | Welfare Manager ensures Welfare team is briefed on: (as information is available):   * Description of emergency * Location/area of emergency * Estimated duration of activation * Expected number of affected/displaced people * Welfare services required * Other services/additional resources/personnel required * Contact details of coordination centre. |
| 3 | Welfare Manager:   * Ensures building and safety checks have taken place. * Arranges establishment of welfare services at CDC with responsible agencies and supporting agencies as required. * Works with coordination centre Logistics function to address CDC requirements. * Ensures Controller is informed of Welfare activities. |
| 4 | CDC Supervisor:   * Notifies CDC personnel * Estimates timing that CDC will be operational * Supervises set-up of CDC * Liaises with Welfare Manager and notifies coordination centre when CDC operational (ready to receive affected people). |
| 5 | Welfare Manager works with PIM in coordination centre to develop public information. |
| 6 | Coordination centre PIM to communicate location of CDC, services available and hours of operation. |
| 7 | CDC Supervisor begins reporting cycle to coordination centre as per SOP.  See the *Welfare Centre Report* in the *CDEM EMIS Welfare Registration System*. |

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| Ongoing CDC management tasks | The following ongoing tasks are required during the operation of a CDC: |

Table Ongoing CDC tasks

| Step | Action |
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| 1 | CDC Supervisor continues with the reporting cycle to coordination centre as per SOP.  See the *Welfare Centre Report* in the *CDEM EMIS Welfare Registration System*. |
| 2 | Welfare Manager supports CDC. |
| 3 | Resource provision is coordinated via coordination centre Logistics function. |
| 4 | Welfare Manager reviews and updates PIM messages related to each CDC regularly, as per the coordination centre Welfare Action Plan. |
| 5 | Welfare Manager and CDC Supervisor regularly review requirements of people at CDC; welfare service provision, personnel, resources, hours of operation. |
| 6 | Regular inspections of CDCs are undertaken by Public Health Units or Environmental Health Officers, and recommendations implemented. |
| 7 | CDC Supervisor develops a cleaning procedure and schedule for the CDC (with advice from Public Health Units or Environmental Health Officers, as required).  Welfare Manager/CDC Supervisor ensures schedule is followed. |
| 8 | Welfare Manager and CDC Supervisor develop a strategy for closing the CDC, in conjunction with the facility owner/manager and key welfare services agencies. |

Closing a CDC

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|  | The closure of a CDC can be a challenging aspect of CDC management. There may be a small number of people who have developed a level of dependency on the welfare services offered at a CDC. It is important to identify people who may require further assistance in the community once the CDC is closed, to work towards an early solution.  An announcement of intended closure of a CDC will change the focus of both personnel and people using the CDC. CDC closure may disrupt the routine and predictability that people have come to expect, and may cause a downturn in mood or increase in stress in people who may be tired following a long and complex process. There may be uncertainty about the future as attention turns to recovery services.  As much as possible, closing the CDC should involve WCG member agencies. |

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| Focus of a closing strategy | A closing strategy should ensure:   * limited disruption to social networks in the transition * basic social services such as access to health and education are available * restoring livelihood assistance is available * family units are kept together and arrangements are made for possessions * people with particular requirements are identified and supported, and * people using the CDC are actively involved in the decision to return home or to temporary accommodation. |
| Deactivation procedure | Having a deactivation procedure for a CDC will allow a smoother process and transition for people back to their homes (or temporary accommodation) and communities.  CDC Supervisors/coordination centre Welfare function may follow the deactivation procedure on the next page, or use it to prepare their own procedure. |

Table CDC deactivation procedure

| Step | Action |
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| 1 | Identify and coordinate CDC closure based on demand and other CDCs operating in the community/adjacent communities. |
| 2 | Once identified for closure, work with the CDC Supervisor and management team to develop a plan to close the CDC, including internal communication and logistical support plans. |
| 3 | Determine if people using the CDC have specific requirements that need to be addressed to enable them to support themselves in the community, or require ongoing support. |
| 4 | Ensure that clear recovery information is available e.g. regarding temporary accommodation, financial or legal assistance. |
| 5 | Handover information for any ongoing support cases to the relevant agencies. |
| 6 | Communicate the confirmed CDC closing date and time to people using the CDC, and CDC personnel e.g. via announcements and information boards. |
| 7 | Clearly communicate information about the areas/districts that are safe to return to and areas which remain unsafe/cordoned/out of bounds. |
| 8 | Request assistance with transport from the coordination centre Logistics function if required. |
| 9 | Update Welfare registrations: record residential/temporary addresses and update other contact information for people with an ongoing requirement for welfare services in recovery. |
| 10 | Facilitate a debrief for all onsite personnel including agencies providing welfare services. |
| 11 | Ensure all personnel sign off at the end of their final shift. |
| 12 | Ensure all hard copy documentation is collated, and electronic information is updated and transferred to the coordination centre Welfare function. |
| 13 | Have a procedure for dealing with lost property/items left behind, refuse and recycling; clear, pack away, transport and dispose of items as appropriate. |
| 14 | Pack and transport equipment as required. |
| 15 | Complete a final CDC report for the coordination centre Welfare function.. |

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| Final CDC report | A final CDC report on CDC operations should consider information on:   * activation * deployment * work undertaken * staff who worked in the CDC (to enable recognition at a later stage) * adequacy of the facility * communication * issues   + with welfare service provision   + with people using the facility/services, and * recommendations for future activations. |
|  | This information on CDC closure is based on the *Australian Red Cross Evacuation Centre Fieldguide*. The field guide is available for purchase at [www.redcross.org.au](http://www.redcross.org.au). |

1. Checklists

These checklists are available are available as separate downloads at [www.civildefence.govt.nz](http://www.civildefence.govt.nz)

CDC resource kit checklists

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| A resource kit containing basic portable materials for operation should be available for each potential CDC. Suggested contents of this kit are shown in the checklist below. | |
| Portable resources |  |
| CDC signage |  |
| Signage for all areas, desks, or teams within the CDC (include adhesive or mounting materials such as tape, glue, staples, twine etc) |  |
| ID badges and vests for CDC staff |  |
| Laptops, printers, and equipment for enabling remote internet access |  |
| Printed versions of procedures, checklists, and relevant forms |  |
| Electronic versions of procedures, checklists, and relevant forms |  |
| Stationery items (pens, clipboards, folders, printer paper) |  |
| First aid kit |  |
| Civil defence or survival kit items, such as torches, portable radios, and batteries |  |

*Note that rows may be added to include more detail, such as quantity and specific item type.*

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| A range of resources related to the facility also need to be identified, located, and (if possible) stockpiled for use in each CDC.  If these resources are centralised (rather than stored at each potential facility), a transport and distribution plan may need to be developed. |

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| Facility resources |  |
| Desks and chairs |  |
| Stored water |  |
| Catering items (hot water urns, kitchen utensils, gas cookers, supplies of non-perishable food) |  |
| Other household goods (toilet paper, cleaning products) |  |

*Add or delete rows/items as necessary*

CDC Supervisor’s checklist

These tasks are performed by the CDC Supervisor, who activates, manages, and closes a CDC in consultation with coordination centre personnel, including the Group or Local Welfare Manager. For large responses, or at larger CDCs, the role of CDC Supervisor may be performed by more than one person. Alternatively, a CDC Supervisor may appoint Assistant CDC Supervisors, and delegate specific tasks to them.

| Activation tasks |  |
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| Liaise with the owner/operator of the facility to ensure that the building is safe, and that all utilities are switched on and operational. |  |
| Activate CDC staff, providing them with an initial situation overview and relevant access information for the CDC facility. |  |
| Activate and/or brief security personnel, as required. |  |
| Brief staff as they arrive, including any health and safety procedures. |  |
| Provide staff with initial resources, including ID badges or vests. |  |
| Establish the CDC layout according to plans and available resources. |  |
| Allocate staff to set up designated areas according to plans and the directions of the Controller, which may include:   * a meet-and-greet area (attended by CDC staff who can direct people to the right areas) * public information area (set up and managed under the direction of the PIM team) * volunteer coordination (set up and managed under the direction of the Volunteer Coordination or Operations team) * catering areas (set up and managed by the Logistics team, or a team from another agency or organisation) * the welfare services sub-functions (set up under the direction of the Group or Local Welfare Manager, and representatives of the agencies responsible for each sub-function) |  |
| Ensure that each area has appropriate and accessible signage. |  |
| Ensure that communications systems and equipment are set up and operational. |  |
| Advise the Group or Local Welfare Manager that the CDC is operational, and provide an initial situation report. |  |
| Advise the Local Welfare Manager of any resourcing or staffing shortfalls. |  |
| Liaise with additional CDC staff as they arrive, as well as representatives of other welfare services agencies. |  |

| Ongoing tasks |  |
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| Maintain regular contact with the Group or Local Welfare Manager. |  |
| Liaise regularly with all function and sub-function representatives that are active in the CDC. May include:   * representatives of welfare services agencies * Volunteer Coordination personnel * Members of other CIMS function teams, including PIM, Operations, or Logistics * Representatives of NGOs or community-based organisations. |  |
| Liaise with other activated CDC supervisors. |  |
| Oversee rostering, breaks, and appropriate record-keeping for CDC staff. |  |
| Ensure that CDC staff are fed (liaise with Logistics personnel). |  |
| Brief or debrief CDC staff as appropriate. |  |

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| Final tasks |  |
| Ensure all CDC staff have been debriefed and stood down. |  |
| Ensure all documentation and records have been collected and stored appropriately. |  |
| Ensure that resources have been returned to their original locations, or to their original owners. |  |
| Ensure the facility is left clean, tidy, and secure. |  |