



# LOCAL EMERGENCY MANAGEMENT COMMITTEE

## HEALTH AND WELL-BEING SUB-PLAN

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## Amendment List

Amendment No	Amendment Date	Details of Amendment	Amended By (Initials)	Date
1	3/05/2017	Formatting and document changes	AM, CH & AD	3/05/2017
2	24/08/2017	DCPFS, Department for Child Protection & Family Support to DoC, Department of Communities	CM	24/08/2017
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## Disclaimer

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The City of Kalgoorlie-Boulder Emergency Management Arrangements have been prepared and endorsed by the City of Kalgoorlie-Boulder Local Emergency Management Committee pursuant to s41(1) of the *Emergency Management Act 2005*. A copy has been submitted to the State Emergency Management Committee pursuant to s41(5) of the *Emergency Management Act 2005* and a copy has been submitted to the Eastern Goldfields District Emergency Management Committee in accordance with Item 31 of the State Emergency Management Policy Statement 2.5.

## Glossary of Terms and Acronyms

The following terms apply throughout these arrangements:

**COMBAT** – to take steps to eliminate or reduce the effects of a hazard on the community.

**COMBAT AGENCY** – an organisation which, because of its expertise and resources, is responsible for performing a task or activity such as firefighting, rescue, temporary building restoration, evacuation, containment of oil spills, monitoring of radioactive materials. An emergency operation may involve a number of Combat Agencies.

**COMMAND** – the direction of members and resources of an organisation in the performance of the organisation's role and tasks. Authority to command is established in legislation, policy statements, and cabinet minutes and/or by agreement within an organisation. COMMAND relates to ORGANISATIONS and operates VERTICALLY within an ORGANISATION

**CONTROL** – the overall direction of emergency management activities in a designated emergency or disaster situation. Authority for control is established in legislation, policy statements, and cabinet minutes or in an emergency management plan and carries with it the responsibility for tasking and coordinating other organisations in accordance with the needs of the situation. CONTROL relates to SITUATIONS and operates HORIZONTALLY across ORGANISATIONS.

**CONTROL CENTRE** – a facility where the Incident Controller is located and from which the control and management of emergency operations is conducted. It is usually prefixed by the nature of the emergency, e.g. Fire Control Centre, Cyclone Control Centre, Forward Command Unit, etc.

**CONTROLLING AGENCY** – An agency nominated to control the response activities to a specified type of emergency

**CO-ORDINATION** – the bringing together of organisations and elements to ensure an effective response, primarily concerned with the systematic acquisition and application of resources (organisation, human resources and equipment) in accordance with the requirements imposed by the threat or impact of an emergency

**DISASTER/EMERGENCY** – an event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which is beyond the resources of a single organisation or which requires the coordinator of a number of significant emergency management activities. NOTE: The terms “emergency” and “disaster” are used nationally and internationally to describe events that require special arrangements to manage the situation. “Emergencies” or “disasters” are characterised by the need to deal with the hazard and its impact on the community. The term “emergency” is used on the understanding that it also includes any meaning of the word “disaster”.

**DISTRICT EMERGENCY MANAGEMENT COMMITTEE**– is responsible for assisting in the establishment and maintenance of effective emergency management arrangements for the district for which it is constituted and has such other functions as are prescribed by the Regulations.

**EMERGENCY MANAGEMENT** – is a range of measures to manage risks to communities and the environment. It involves the development and maintenance of arrangements to prevent or mitigate, prepare for, respond to, and recover from emergencies and disasters in both peace and war.

**EMERGENCY MANAGEMENT CONCEPTS**– Emergency Management means the management of the adverse effects of an emergency including –

1. Prevention – the mitigation or prevention of the probability of the occurrence of, and the potential adverse effects of, an emergency;
2. Preparedness – preparation for response to an emergency;
3. Response – the combatting of the effects of an emergency, provision of emergency assistance for casualties, reduction of further damage, and help to speed recovery; and
4. Recovery – the support of emergency affected communities in the reconstruction and restoration of physical infrastructure, the environment and community, psychosocial and economic wellbeing.

**EMERGENCY RISK MANAGEMENT** – Coordinated activities of an organisation or a government to direct and control risk. The risk management process includes the activities of:

- Communication and consultation
- Establishing the context
- Risk assessment which includes
  - Risk identification
  - Risk analysis
  - Risk evaluation
- Risk treatment
- Monitoring and review

(Ref. National Emergency Risk Assessment Guidelines AEM Manual Series Handbook 10)

**EMERGENCY OPERATION CENTRE** – a facility, where the area coordinator is located and from which coordination of all support to the Incident Manager is managed. There are four types of coordination centres State, Region, Local and Forward Coordination Centres

**EMERGENCY COORDINATOR** – the person appointed by the State Emergency Coordinator to assist the hazard management agency in the provision of a coordinated response during an emergency

**FUNCTION SUPPORT COORDINATOR** – that person appointed by an organisation or committee to be the Coordinator of all activities associated with a particular support function, e.g. Welfare Coordinator, Medical Coordinator, etc., and includes coordinating the functions of other organisations that support that particular function, e.g. Red Cross in the State Welfare Plan.

**HAZARD** - a situation or condition with potential for loss or harm to the community or the environment.

**HEALTH** - a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

**HAZARD MANAGEMENT AGENCY** – that organisation which, because of its legislative responsibility or specialised knowledge, expertise and resources, is responsible for ensuring that all emergency management activities pertaining to the prevention of, preparedness for, response to and recovery from, a specific hazard are undertaken. Such organisations are either designated by legislation or detailed in State level emergency management plans.

**INCIDENT** – an emergency, which impacts upon a localized community or geographical area but not requiring the coordination and significant multi–agency emergency management activities at a district or State level.

**INCIDENT AREA** – the area defined by the Incident Controller for which they have responsibility for the overall management and control of an incident.

**INCIDENT SUPPORT GROUP** – a group of agency/organisation liaison officers, including the designated Emergency Coordinator, convened and chaired by a person appointed by the Controlling Agency to provide agency specific expert advice and support in relation to operational response to the incident.

**INCIDENT MANAGEMENT GROUP** – the group that may be convened by an Incident Manager in consultation with the relevant Local Emergency Coordinator to assist in the overall management of an Incident. The IMG includes representation from key agencies involved in the response.

**INCIDENT CONTROLLER** – the person designated by the relevant Controlling Agency, responsible for the overall management and control of an incident within an incident area and the tasking of agencies in accordance with the needs of the situation. [Note: Agencies may use different terminology however the function remains the same].

**LOCAL EMERGENCY COORDINATOR** – that person designated by the Commissioner of Police to be the District or Local Emergency Coordinator with responsibility for ensuring that the roles and functions of the respective District or Local Emergency Management Committee are performed, and assisting the Hazard Management Agency in the provision of a coordinated multi-agency response during Incidents and Operations. At the State level this is the Commissioner of Police. At the District level it is the District Police Officer. At the local level it is the Senior Police Officer responsible for the police sub-district.

**LOCAL EMERGENCY MANAGEMENT COMMITTEE** - is established by the local government consists of a chairperson and other members appointed by the relevant local government with the Shire President/Mayor or person appointed by the Local Government as the chairperson of the committee. Functions of the Local Emergency Management Committee to advise and assist the local government in ensuring that local emergency management arrangements are established for its district, to liaise with public authorities and other persons in the development, review and testing of local emergency management arrangements, and to carry out other emergency management activities as directed by the SEMC or prescribed by the regulations. ONE-STOP-SHOP -An effective method of providing the affected community with access to information and assistance is through the establishment of a One Stop Shop/Recovery Information Centre.

**LOCAL EMERGENCY MANAGEMENT ARRANGEMENTS** – refers to this document and may also be referred to as ‘these arrangements’ or ‘local arrangements’.

**LOCAL WELFARE COORDINATOR-** is the nominated officer of the of Communities, located in the Local Government Authority area. The Local Welfare Coordinator will coordinate the provision of emergency welfare services during response and recovery phases of an emergency and represents the Department on the Incident Management Group when requested.

**OPERATION** – an Incident or multiple Incidents which impact, or is likely to impact, beyond a localised community or geographical

**OPERATIONS AREA** – that area, defined by the Operations Area Manager, incorporating the entire community or geographical area impacted, or likely to be impacted, by an Operation and incorporating a single or multiple Incident Areas.

**OPERATIONAL AREA SUPPORT GROUP** - a group of agency / organisation liaison officers, including the designated Emergency Coordinator, convened by the Operational Area Manager/Incident Controller to provide agency specific expert advice and support in relation to strategic management of the incident/s.

**OPERATIONAL AREA MANAGER** - the person designated by the relevant Controlling Agency, responsible for the overall management of an Emergency within a defined Operational Area and the provision of strategic direction and operational coordination to agencies and Incident Controller(s) in accordance with the needs of the situation.

**PERSONAL SUPPORT SERVICES** - The process of assisting the diverse, immediate as well as long term personal needs of people affected by an emergency, including the provision of information services, advice and counselling services to ensure that affected persons receive the necessary personal support to cope with the effects of loss, stress, confusion, trauma and family disruption.

**RECOVERY** - includes all activities to support affected communities in the reconstruction of physical infrastructure and restoration of emotional, social, economical and physical well-being.

**RISK** -a concept used to describe the likelihood of harmful consequences, arising from the interaction of hazards, communities and the environment.

**RISK MANAGEMENT** – The systematic application of management policies, procedures and practices to the task of identifying, analysing, evaluating, treating and monitoring risk. Refer to ISO 3100 (Risk Management – Principles and Guidelines) and the National Emergency Risk Assessment Guidelines (2010).

**COMMUNITY EMERGENCY RISK MANAGEMENT**- a systematic process that produces a range of measures which contribute to the well-being of communities and the environment. (See also – RISK MANAGEMENT)

**STATE EMERGENCY COORDINATION GROUP** – a group that may be established at State level, by the State Emergency Coordinator, at the request of, or in consultation with, the Hazard Management Agency, to assist in the provision of a coordinated multi-agency response to and recovery from the emergency. The SECG includes representation, at State level, from key agencies involved in the response and recovery for the emergency.

**SUPPORT ORGANISATION** -that organisation whose response in an emergency is either to restore essential lifeline services (e.g., Western Power, Water Corporation of W.A, Main Roads W.A. etc) or to provide such support functions such as welfare, medical and health, transport, communications, engineering etc.

**UNDEFINED HAZARD** - any occurrence or imminent occurrence of a hazard which is of such a nature or magnitude that it requires a significant and coordinated response but is not readily identified as a hazard within the *Emergency Management Act 2005*.

**WELL-BEING** -The state of being healthy, happy, or prosperous; welfare.

Acronyms Used in these Arrangements

BoM	Bureau of Meteorology
CA	Controlling Agency
CEO	Chief Executive Officer
CKB	City of Kalgoorlie–Boulder
CoE	Coordinator of Energy
DA	District Advisor
DAFWA	Department of Agriculture and Food WA
DCD	Department of Community Development
DoC	Department of Communities
DEC	District Emergency Coordinator
DEMC	District Emergency Management Committee

DER	Department of Environment Regulation
DET	Department of Education and Training
DFES	Department of Fire and Emergency Services
DFES– FRS	Fire Rescue Service
DFES–BFS	Bush Fire Service
DFES–SES	State Emergency Service
DoE	Department of Education
DoH	Department of Housing
DoT	Department of Transport
DPaW:	Department of Parks and Wildlife
ECC	Emergency Coordination Centre
EM	Emergency Management
EOC	Emergency Operations Centre
ERM	Emergency Risk Management
HEAT	HAZMAT Emergency Advisory Team
HMA	Hazard Management Agency
IAP	Incident Action Plan
IC	Incident Controller
ICC	Incident Control Centre
IMT	Incident Management Team
ISG	Incident Support Group
KBERC	Kalgoorlie-Boulder Emergency Recovery Committee
KBERP	Kalgoorlie-Boulder Emergency Recovery Plan
KBERTSP	Kalgoorlie-Boulder Emergency Risk Treatment & Strategies Plans
KBRCC	Kalgoorlie-Boulder Recovery Coordination Centre
LEC	Local Emergency Coordinator
LEMA	Local Emergency Management Arrangements
LEMC	Local Emergency Management Committee
LG	Local Government
LGA	Local Government Authority
LGWLO	Local Government Welfare Liaison Officer
LO	Liaison Officer
LRC	Local Recovery Coordinator
LRCC	Local Recovery Coordinating Committee
LRCG	Local Recovery Coordinating Group
MOU	Memorandum of Understanding
NDRRA	National Disaster Relief and Recovery Arrangements
OAM	Operational Area Manager
OASG:	Operations Area Support Group
OEM	Office of Emergency Management
OIC	Officer in Charge
PPRR	Prevention, Preparedness, Response and Recovery
RC	Recovery Coordinator
SECG	State Emergency Coordination Group
SEMC	State Emergency Management Committee
SEMC PS	State Emergency Management Committee Policy Statement
SEMCS	State Emergency management Committee Secretariat
SEMP	State Emergency Management Policy
SJA	St John Ambulance
SRCC	State Recovery Coordinating Committee
WANDARRA	WA National Disaster Relief and Recovery Arrangements
WAPol	Western Australia Police Service

## Distribution List

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WAPOL Goldfields District Office	
DFES Goldfields District Office	
Other committees	
Goldfields–Esperance District Emergency Management Committee	1
State Emergency Management Committee	1

## Introduction

Welfare is defined as providing immediate and ongoing supportive services, to alleviate as far as practicable the effects on persons affected by an emergency. It incorporates the provision of immediate and continuing care of emergency affected persons who may be threatened, distressed, disadvantaged, homeless or evacuated and ensures the maintenance of health, well-being and prosperity of such persons with access to all available community resources until their rehabilitation is achieved.

Recovery is defined as the coordinated support given to disaster affected communities in the reconstruction and restoration of physical infrastructure, the environment and community, psychosocial and economic well-being. The purpose of this Sub-plan is to ensure that welfare recovery is managed and planned for in a structured manner. For the sub-plan to be effective, members of the LEMC, the LRCC, relevant CKB staff and the community require an understanding of the recovery process. LEMC and LRCC members and CKB staff who participate in recovery training should familiarise themselves with relevant materials that will benefit highly with their overall contribution to the recovery process.

This will ultimately result in a higher level of awareness and knowledge in the community. As prevention of all hazards in a community is not possible, there is a need for environmental recovery activities to ensure a timely and coordinated restoration of the environment to its previous status as a minimum. However, recovery is more than simply replacing what has been destroyed and the rehabilitation of those affected. It is a complex and developmental process rather than just a remedial process. The manner in which the recovery processes are undertaken is critical to their success

Recovery is best achieved when the effected community is able to exercise a high degree of self-determination.

### Recovery Purpose

The purpose of providing recovery services is to assist the affected community towards management of its own recovery. It is recognised that where a community experiences a significant emergency there is a need to supplement the personal, family and community structures which have been disrupted.

### Recovery Principles

- When management arrangements recognise that recovery from disaster is a complex, dynamic and protracted process;
- When agreed plans and management arrangements are well understood by the community and all disaster management agencies;
- When recovery agencies are properly integrated into disaster management arrangements;
- When community service and reconstruction agencies have input to key decision-making;
- When conducted with the active participation of the affected community;
- When recovery managers are involved from initial briefings onwards;
- When recovery services are provided in a timely, fair, equitable and flexible manner;
- When supported by training programs and exercises.

## Concepts

Underpinning the above recovery management principles are the following concepts, which provide the basis for effective recovery management:

**Community involvement:** Recovery processes are most effective when affected communities actively participate in their own recovery;

**Local level management:** Recovery services should be managed to the extent possible at the local level;

**Affected community:** The identification of the affected community needs to include all those affected in any significant way whether defined by geographical location or as a dispersed population;

**Differing effects:** The ability of individuals, families and communities to recover depends upon capacity, specific circumstances of the event and its effects;

**Empowerment:** Recovery services should empower communities to manage their own recovery through support and maintenance of identity, dignity and autonomy;

**Resourcefulness:** Recognition needs to be given to the level of resourcefulness evident within an affected community and self-help should be encouraged;

**Responsiveness, flexibility, adaptability and accountability:** Recovery services need to be responsive, flexible and adaptable to meet the rapidly changing environment, as well as being accountable;

**Integrated services:** Integration of recovery service agencies, as well as with response agencies, is essential to avoid overlapping services and resource wastage.

**Coordination:** Recovery services are most effective when coordinated by a single agency; and

**Planned withdrawal:** Planned and managed withdrawal of external services is essential to avoid gaps in service delivery and the perception of leaving before the task has been completed.

## Health and Well-being Principles

Health and Well-being recovery from emergencies is most effective when:

- Response and recovery actions actively support the recovery of individuals, families and businesses;
- Health and Well-being group representatives and the community participate in community recovery decision-making;
- The overall needs of individuals and families are assessed as early as possible;
- Personal support strategies are an integral part of the overall recovery management process;
- Measures are taken to mitigate the impacts of future emergencies on individuals, families and businesses; and,
- There is coordination of all recovery programs to support and enhance individuals, families and businesses.

## Strategies

Strategies to implement the principles of Health and Well-being recovery following an emergency are shown in conceptual, management and service delivery classifications. They are proposed as examples, rather than as an exclusive listing of strategies that might be invoked in all circumstances.

### Conceptual

- Encourage emergency service agencies to implement procedures to support personal support services (e.g. identify potential welfare needs etc.);
- Support and promote individuals, families and businesses of the affected community;
- Support and promote community improvements;
- Purchase replacement goods and services locally via local businesses and trades people wherever practical;
- Maintain the integrity of local community groups and experts and their capabilities;
- Build on existing organisations and networks through activation of available systems within the community;
- Encourage support of local community groups and experts;
- Encourage agencies to employ local residents;
- Source government grants, appeal distribution and charitable payments to assist in supporting the needs of individuals and families during the recovery process; and,
- Avoid duplication of services and identify gaps.

### Management

- Identify all aspects of Health and Well-being that may be required;
- Establish dialogue between Health and Well-being groups, community and government agencies in the community;
- Establish the Health and Well-being Sub-Committee which is representative of Health and Well-being groups, the community and government agencies;
- Provide the community with information about the recovery process and resources available through the Recovery Welfare Sub-Committee and or other appropriate mechanisms;
- Ensure community participation in the Health and Well-being Sub-Committee;
- Conduct inter-agency briefings and feedback sessions on the effectiveness and progress of the welfare recovery process;
- Identify gaps in Health and Well-being services for consideration in the risk management processes; and,
- Develop risk management assessments aimed at minimising future Health and Well-being requirements.

### Service Delivery

- Ensure service delivery personnel have an awareness of the range of services available and appropriate referral processes;
- Ensure service delivery personnel are aware of the local welfare circumstances pre and post-emergency;
- Ensure service delivery personnel have good interpersonal skills and understanding of the local community;
- Provide Health and Well-being services in a timely, fair, equitable and flexible manner.
- Ensure services and/or information is coordinated and provided by a variety of means:
  - one-stop shops;
  - newsletters;
  - outreach;
  - internet;
  - telephone; and,
- Ensure availability and accessibility to Health and Well-being and recovery information and services.

## Community Recovery

The environment in which the recovery of communities is conducted is most usually one of physical damage, psychological need and financial loss, as well as the disruption caused by the response and rebuilding processes. While the physical reconstruction of the community is dealt with by the LRCC or the other sub-committees if convened, there are many other factors that affect the recovery environment that must be addressed by the LRCC. The prevailing environment is one of intense media activity, visits by very important persons (VIPs), needs, desires and demands of the affected community and, in particular, special needs groups.

### Media

During emergencies the media have a legitimate interest in obtaining prompt and accurate information. If media access to accurate information is restricted, rumour and speculation may be substituted for fact. Consequently, there is nothing to be gained by attempting to restrict media access. The media are also a vital link between recovery agencies and the public, and provide an effective means of disseminating information. It is recommended that regular and scheduled media briefings be negotiated to suit the publishing and broadcasting timetables of the media. Due to the fact that the recovery process will generally involve a range of different organisations, there is a need for coordination of information to the media to avoid confusion or conflict. The most effective means of dealing with this issue is through the nomination of a media liaison officer to represent the overall recovery process.

All media releases prepared by the Recovery Community Sub-committee will be forwarded to the LRCC for release by the Chairperson. If the recovery process is of such a nature that State involvement is involved, reference should be made to SEMP WESTPLAN Public Information to ensure appropriate processes are followed and adhered to. SEMP WESTPLAN Recovery notes that State arrangements do not set out to restrict local governments from releasing media statements on recovery matters and issues being dealt with at the local level. However, it is expected that all relevant media releases will be provided to the SRCC for comment prior to the dissemination.

### Information Services

The community recovery information services provided to affected people aim to lower anxiety levels and to restore a sense of predictability through accurate and credible information. Information services must be made available to assist and hasten recovery as well as the means of accessing those services. The information provided should advise:

- The support, psychological, development and resource services available;
- Where, when and how to access those services; and
- The psychological reactions commonly experienced by affected people.

The information should be available as soon as possible and provided and repeated through a range of information means. The means commonly used are:

- Leaflets;
- Posters;
- Newsletters;
- Information centres;
- Recovery centres;
- Community agencies;
- Radio;
- Newspapers;
- Television;
- Outreach visitation; and,
- Public meetings.

The accessibility of the information to the people affected by the emergency is a major issue and actions need to ensure it is available to:

- The whole of the affected area;
- Non-English speaking people;
- Secondary victims;
- Special needs groups and individuals; and
- Isolated people and communities.

## Visiting VIPs

In addition to the level of media interest, there is also likely to be a number of visits to the affected area and a high level of interest in the recovery process from VIPs from government and a range of other agencies. There are a number of issues that need to be considered by the recovery manager involved with, or responsible for hosting, such visits.

- Effective briefings should be provided. These should include accurate and up-to-date information about estimated losses, assistance programs and financial assistance packages. This will ensure that any information relayed to the affected community or the media is accurate, reducing the risk of falsely raising expectations regarding such things as assistance measures, and reducing the risk of embarrassment. Some pre-visit briefing is also desirable to ensure that the visitor is well informed of the necessary information prior to arrival.
- Briefing of any visitors should also include details about the current state of the community, including the various emotions they may be experiencing as a result of the event, as well as identification of any existing sensitivities. • Visitors should have a clear understanding of emergency management arrangements and protocols.
- Visitors should also be clearly briefed on the potential impact of their visit and their subsequent role in the recovery process. In particular, it should be emphasised that any information provided must be accurate, as the effects of inaccurate or ill-founded information on an affected community may reinforce the impact of the event.
- In the case of a disaster affecting more than one geographic area, care should be taken to ensure that communities are treated impartially and visits are arranged accordingly. Visits by Commonwealth and State Parliamentarians (including Ministers) should be discussed in advance with the LRCC to ensure the visits are the most effective for both the community and the Member of Parliament.

## Public Meetings

Various forms of public meetings provide an important part of the recovery process. Public meetings may be held soon after an emergency has taken place as a means of communicating information to an affected community regarding such things as the extent of the damage caused by the event and the services available through the range of recovery agencies. Representation of the various recovery agencies at a public meeting also gives the affected community an opportunity to identify those agencies providing services and to clarify important issues.

Further public meetings may be held throughout the recovery process as the need arises. Public meetings also provide the opportunity for members of an affected community to meet together and for rumours, which are inevitable in the early part of the recovery process, to be dispelled. However, given the volatility that may be evident immediately following an emergency, it is critical that public meetings be carefully timed and managed by a facilitator skilled in dealing with any problems which may arise. Public forums may also be organised to provide practical advice and discussion on a range of issues from personal needs to housing and rebuilding issues.

The need for such forums is best identified by workers who have a direct understanding of emerging needs within a community. Community recovery committees also provide an affected community with a mechanism to have an input into the management of the recovery process. These committees provide an important forum, ensuring local participation in the management of the recovery process.

## Community Activities

Amounts of time spent on recovery activities such as rebuilding and repair to houses and properties may undermine the equally important recovery issues of family and community interaction. To address this problem, the organisation of activities such as community, cultural and sporting events has proven very effective.

## Cultural and Spiritual Factors

Cultural and spiritual symbols provide an essential dimension to the recovery process. They provide a framework for meaning and evaluation of the emergency experience. These need to be managed as an integral part of recovery activities. The community will present its own symbols and rituals, probably beginning in the immediate aftermath. If these are recognised, supported and coordinated as part of the recovery process, which is owned by the community, they will provide the focus for cultural and spiritual activities. These activities will assist in the long-term integration of the emergency into the history of the community. Often these activities can be conducted on anniversaries or other significant community occasions.

## Recovery Information Centre/One Stop Shop

An effective method of providing the affected community with access to information and assistance is through the establishment of a One Stop Shop. The Centre will include representatives from all the recovery service providers relevant to the event, e.g. government agencies, health and welfare services, small business and primary producer associations if available.

A Recovery Information Centre/One Stop Shop will be established, when required, by the LRCC to provide information and advice to the community on the progress of recovery, special arrangements and services. The location and contact details of the One Stop Shop will be disseminated to the community when it is established. The One Stop Shop may be established at a welfare centre, in the Recovery Coordination Centre or in identified CKB buildings (e.g. libraries).

## Welfare

Welfare can be described, as “the provision of both physical and psychological needs of a community affected by an emergency”. This includes the functional areas of personal services, emergency accommodation, financial assistance, registration and enquiry services, and personal requisites and emergency catering. State welfare activities are the responsibility of the DoC who will coordinate resources and undertake other functions as found in the following documents: • WESTPLAN – Welfare; • Local Welfare Emergency Management Support Plan – Goldfields-Esperance. Refer to the Local Welfare Emergency Management Support Plan – Goldfields-Esperance District.

### Department of Communities

**Local Welfare Coordinator:** The DoC shall appoint a Local Welfare Coordinator who will liaise with the Local Welfare Liaison Officer, if one has been appointed by the LGA, and coordinate the provision of resources detailed in the Local Welfare Emergency Management Support Plan – Midland District.

### City of Kalgoorlie-Boulder

**Local Welfare Liaison Officer:** The CKB will provide a Local Welfare Liaison Officer who will coordinate the local welfare response during emergencies in consultation with the Local Welfare Coordinator from the DoC. If the evacuation process is of such a nature that it can be dealt with solely by the Local Welfare Liaison Officer, all duties performed by the Local Government Officer shall be performed by the Local Welfare Liaison Officer. If the Local Welfare Liaison Officer believes the evacuation process requires the attendance of the Local Government Officer, the Local Government officer will be appointed to perform the duties of the Local Government Officer. Refer to **ANNEXURE A** to view the role of the Local Welfare Liaison Officer.

**Local Government Officer:** The CKB will provide an officer in addition to the Local Welfare Liaison Officer as liaison/support between DoC and the CKB at any welfare centre that has been established with the LGA district, if requested by the Local Welfare Liaison Officer. Refer to **ANNEXURE B** to view the role of the Local Government Officer.

### Community and Personal Support Services

Individuals and communities affected by emergencies and disasters have particular needs, which require the provision of specialised services. Individually, people will require information about both the cause and effects of the event, the availability and accessibility of services, and the capacity to regain control. Service delivery may range from availability of personnel at emergency welfare centres to coordinated visitation programs and organisation of community activities. It is critical that personal support services be provided for individuals and communities throughout the recovery process, and be developed and managed in consultation with the affected community.

### Definitions

The term ‘personal support services’ refers to the process of assisting the diverse immediate and longer-term personal needs of those people affected. Such needs may encompass provision of information, practical advice on a range of issues and emotional support. These services may be required in the short-term as part of an evacuation process or longer-term through home visits and at recovery centres. All agencies in the recovery process contribute to these services.

The term ‘community support services’ refers to a broad range of tasks undertaken within an affected community to ensure that it is given the support to recover effectively. Activities may include a range of practical assistance, organisation of public forums on current topics and development of a range of community activities.

## Personal Support Services

Personal support services are most often provided on a one-to-one basis and comprise the full range of immediate needs following the provision of shelter, food and clothing. The range of services that may be provided at emergency welfare and recovery centres includes the following:

- Information;
  - What's happened?
  - Services available; and,
  - What plans are in place?
- Practical advice;
- Comfort and reception;
- Referral to other agencies;
- Reassurance and security;
- Material aid;
- Time away for families;
- Child-minding;
- Child/aged care;
- Transport;
- Advocacy, legal aid, insurance;
- Pet care;
- Clean-up;
- Meetings/forums;
- Interpreters and translated information;
- Organising funerals; medication and medical care;
- Practical assistance; and,
- Tracing of relatives and loved ones.

## Outreach/Visitation Programs

An effective means of delivering many personal support services is by outreach or visitation programs. These programs usually comprise home visits by representatives of the recovery program to offer support and information and, concurrently, to make an assessment of people's current circumstances. Home visits also provide an opportunity for people to talk about the event and be reassured that their experiences are likely to have been shared by other members of the affected community.

Although the majority of these visits will be undertaken within or close to the affected area, it is essential that people affected by the disaster who have left the area also be included in this process. These may include evacuees who have lodged with relatives or injured people transferred to hospital. Management staff must ensure that close liaison and coordination is maintained with all staff from all the various agencies undertaking home visits. Their contact is important for support, assessment of claims and specific needs, or for other forms of material/financial assistance.

Intrusion into people's lives must be minimised or additional stresses will be caused. This is done by coordinated and planned visits that limit the number of times people have to tell their story. Conjoint visits by small groups of community services personnel and mental health workers, teamed with staff from other agencies (e.g. agricultural, commercial association, insurance or other financial visitors) should be considered.

- Cross-referral and sharing of information creates efficiency provided it is with the concurrence of the people concerned and meets usual professional practice standards. In managing an outreach or visitation program, account should be taken of the following:
  - A clear understanding of the objectives of the program;
  - Adequate briefing;
  - Home visits should be undertaken by workers in teams of at least two;
  - Interpreters should be provided where necessary;
  - Visits should only be undertaken during daylight hours;
  - Liaison should be undertaken with police to determine residences that should not be visited;
  - Workers should be debriefed at the end of each shift; and,
  - Training and supervision should be provided by workers experienced in recovery activities.

Visits generally occur immediately after the event and may be repeated as a part of the ongoing recovery process as required. They may also be conducted towards the end of the recovery process as a means of advising the community that external services are being withdrawn and to provide information regarding the availability of ongoing services within the community.

### Personnel

The personnel required to deliver personal support services are provided by a wide range of government and non-government agencies. The personnel comprise both employed and trained volunteer personnel who have the capacity and personal skills to support and listen to people in distress. These personnel do not provide counselling or psychological services but should be able to recognise people with these needs and refer them to the appropriate service providers.

### Assessment

The following section provides guidelines on assessment procedures for specific social groups. It should be noted that the Recovery Welfare Sub-committee may also be addressing some of the communities needs with close consultation between the sub-committees required. It should also be noted that the underlying intention is to assess needs at any given time at any given level so as to specifically match them with appropriate interventions. This can only be an approximation as both phases and social systems overlap and impact on each other in a dynamic system. For instance, events in one phase influence those in subsequent ones and social systems impact on each other.

### Community

Community-level assessment is a complex process taking into account multiple dynamic factors and their interaction. There are many groups in most emergencies. Community identity can be confusing because people can belong to multiple groups and have multiple roles (such as a person being a firefighter, local community member and father of a family). For the purposes of assessment in an emergency context, communities may be identified in a number of ways. These include:

- Geographic groupings;
- Cultural affinities;
- Special interest groups -ethnic, religious, school, aged etc
- Various socio-economic groupings;
- Isolated, marginalised, vulnerable groups; and
- Communities of association -retirement villages, nursing homes, caravan parks, schools etc.

Critical to effective assessment of community need is a determination of the nature of networks, leadership and hierarchies to ascertain how information is processed and transmitted, and the interaction between groups, their role within the community and the capacity of that particular group to respond and recover.

The underlying intention is to match interventions appropriate to the community's needs at any given time. When assessing communities, it is important not to assume that any one individual is responding the same way as the community as a whole or is subsumed into the group. Individual reactions need to be differentiated from the group process. It is also important to develop an assessment style that is relevant to the particular community being assessed (such as civilian, military, urban or rural). Community assessment can involve:

- Assessing tone/mood of community (cohesion, morale, anger etc.); and
- Assessing common psychological problems that are experienced by many individuals in the community. These two features will require different interventions at a community level.

## Environmental Health

Hazards will inevitably cause stress and extra load for health facilities. Hazards are often associated with injuries and death. The aftermath of a hazard may lead to an increase or a perception that there will be an increase in disease. Hazards and associated risks include:

- Earthquakes—deaths and injuries, mainly due to building collapse;
- Flooding—drowning and injuries;
- Storms and cyclones—deaths and injuries due to debris impact or building collapse, drowning;
- Fire—deaths and injuries due to burns, smoke-inhalation or respiratory failure in vulnerable people;
- Explosions—deaths and injuries due to building collapse, burns;
- Chemical spills or leaks may cause a range of injuries from burns to respiratory problems;
- The perceived risk of epidemics will place significant extra load on health-care facilities in some cases;
- Primary health-care services must be maintained while the stress levels associated with an emergency may actually increase normal rates of heart attacks, strokes, childbirths, psychological effects etc. immediately after the event; and,
- Lack of power may increase loads on health systems by:
  - Use of naked flames for heating or lighting, with increased fire risk and respiratory problems;
  - Use of generators with inadequate ventilation may cause suffocation or respiratory problems.
  - Handling generator fuel may cause fire risks;
  - Eating contaminated foods or out-of-date foods may lead to gastric disorders; and,
  - Lack of power for in-home care of disabled or ill people may lead to these people seeking in-hospital care.

As well as increased loading on the health-care system, the hazard itself may have reduced the capacity of the system to provide its service. This can be due to the following:

- Damage to buildings housing the facilities that makes them unsafe for continuing service;
- Water damage, cladding damage or smoke damage that makes the facility unserviceable.
- Equipment may have been damaged, records lost or cleanliness compromised; and,
- While most hospitals have emergency power generation facilities, some hazards may damage the back-up generators.

Other health-care facilities may not have emergency power and may be unable to provide services;

- Staff shortages can sometimes follow hazards, as casualties elsewhere in the community, damage to transportation and general community disruption may mean that normal staff cannot come to work;
- Some equipment may have been affected by the hazard itself. Mobile or portable equipment is vulnerable to damage in earthquakes. Equipment that makes use of gas or gases may be compromised by leaks in pipes or lack of supply.

Some equipment (e.g. boilers and autoclaves) may have emergency shut-out valves or switches. In the event of the hazard, such equipment may have been shut down, and restarting it may be a lengthy process or require specialist staff that may not be available; and many of these effects have the added complication that the staff and patients of these facilities must be evacuated, placing extra load on surrounding facilities, and also risking the safety of people who require continuous care or specialised equipment.

Quick restoration of basic sanitary facilities may reduce risk of infectious disease outbreak or spread. (Bodies rarely pose a health threat.) Disposal of waste is an important activity after many hazards and includes:

- Disposal of food waste and wasted food. After power loss, refrigerators must be emptied. This can be complicated by:
  - Access to the building. Where the owner or operator is not available, it may be difficult to gain entry to remove food;
  - Access to the food; partial building collapse may make it difficult to open the refrigerator;
  - Disposal of contaminated materials. Contamination from the rotting food may have also affected soft furnishings, papers, even building materials. All of this must be disposed of as though it was rotting food;
  - Staff to perform the work. Disposing of rotting food is a particularly unpleasant job. It can only be sustained for short periods; and
  - Disposal areas. The disposal of food can be by burning or burial. This requires an appropriate area where the smell is not a problem, where supervision is provided to prevent food removal by rodents or feral animals, and where equipment is available to cover the remains;
- Disposal of building waste. Building waste is generally benign and can be put into landfill quite close to residential or commercial areas. It requires equipment to compact the materials and cover them;
- Disposal of water, ponded effluent and backed-up storm water. Ponded liquids can harbour insects that can act as vectors for disease. The liquids can either be removed, or the vectors killed by use of various insecticides;
- Disposal of human bodies. This is covered by legislation and may require involvement of the coroner. Death certificates and identification will require coordination with other professionals. Medical experts say that there is little likelihood of the spread of infection from dead bodies. They should therefore be handled with the care that you would bestow on one of your own loved ones; and
- Disposal of dead animals. In many respects, pets, which can be much-loved family members, should be treated with similar respect. Death of farm animals may require mass burials or burnings. Caution must be exercised where the deaths are a result of contagious diseases.

## Animals

The CKB through the City's Ranger Services and as part of the Animal Emergency Group will make arrangements for the care of domestic pets brought to a welfare centre including the management of and registration of animals brought in and found during an evacuation or emergency. Provision will be made for the immediate welfare of displaced and distressed animals. Stray animals will be impounded for their safety, the safety of road users and the safety of emergency personnel. Refuge will also be provided for animals for collection by their owners dependant on the stage of the emergency at the time.

### Animal Emergency Group

In a large emergency the RSPCA is to be notified if the use of the Animal Emergency Group (AEG) is required. The RSPCA in partnership with the State Emergency Service and the WA Rangers Association will assist to activate the Animal Emergency Group.

## ANNEXURE A Local Welfare Liaison Officer

The State Welfare Emergency Management Support Plan (WESTPLAN – Welfare) states that a Local Welfare Liaison Officer is the nominated representative of the Local Government Authority with the responsibility to coordinate the welfare response during emergencies and liaise with the Local Welfare Coordinator of the DoC.

Provision is given to the Local Welfare Liaison Officer requesting activation of the Local Welfare Emergency Management Support Plan – Goldfields-Esperance (Local Welfare Support Plan) or components thereof. The Local Welfare Liaison Officer appointed by the City of Kalgoorlie-Boulder (CKB) will assist the Local Welfare Coordinator from the DoC in carrying out the requirements of the Local Welfare Support Plan and duties as required by the CKB

### Duties

- Report directly to the Local Recovery Coordinator and or, if established and requested, the Health and Well-being Sub-committee chairperson;
- Meet all requirements as per the Local Welfare Emergency Management Support Plan
- Continue monitoring and ensuring welfare matters are addressed after the DoC close the centre until formally handed over to the Local Recovery Coordinator;
- Advise the Local Recovery Coordinator and or, if established and requested, the Health and Well-being Sub-committee on all matters pertaining to welfare;
- Attend all Local Recovery Coordination Committee or, if established, the Health and Well-being Sub-committee meetings, briefings or debriefings;
- Manage any conflict which may arise in the centre;
- Ensure that the centre and its staff operate with sensitivity and empathy;
- Monitor safety and security within the centre;
- Refer any media inquiries or activities to the Local Recovery Coordination Committee or, if established, the Health and Well-being Sub-committee meeting;
- Be available at all times to make a decision and coordinate resourcing requirements;
- Coordinate all CKB staff who are appointed to the centre whilst ensuring the staff are tasked appropriately and stood down when the task is complete;
- Coordinate all volunteers tasked by the CKB through the respective volunteer coordinator;
- Ensure all CKB staff and volunteers and all other agency staff and volunteers have adequate and appropriate identification badges;
- Coordinate the Local Government Officer duties;
- De-brief all CKB staff and volunteers after all meetings and seek input from all CKB staff and volunteers prior to attending any meeting.
- Carry out the duties of the Local Government Officer if the emergency is not of such a nature where the role can be undertaken by the Local Welfare Liaison Officer;
- If the emergency is of such an extent where the roles of the Local Government Coordinator cannot be undertaken by the Local Welfare Liaison Officer, upon request the CKB will provide a Local Government Officer and a handover of duties with a full debrief on matters pertaining to the emergency will be given by the Local Welfare Liaison Officer to the incoming officer;
- A log of activities will be kept by the Local Welfare Liaison Officer to ensure accurate records are maintained as a record of the recovery process.
- Liaise with welfare and community groups during the recovery process to ensure needs are met;
- Identify and organise personnel through the Local Recovery Coordinator as required.

## ANNEXURE B Local Government Officer

The Local Welfare Emergency Management Support Plan –designates the provision of a Local Government Officer to be provided by the Local Government at welfare centres as a liaison/support between the Department of Communities and the Local Government.

### Duties

- Report to the Local Welfare Liaison Officer;
- Ensure all users who are booked to use a building that is being used for welfare purposes are notified of the situation, and through the CKB Community Services service area, organise an alternative venue if required by the building user;
- Oversee the set-up and layout of the centre;
- Organise all cleaning and building maintenance requirements for the centre through the CKB building maintenance officer;
- Liaise with all key support agencies located at the building to ensure that all needs, where possible, are met;
- Liaise and assist organisations present at the centre as requested by the Local Welfare Liaison Officer;
- Coordinate and source resources (e.g. tables, chairs, paper, computers) as requested by the Local Welfare Liaison Officer;
- Manage vehicle access and general traffic / parking issues at the centre, requesting resources if required through the Local Welfare Liaison Officer;
- Assist the Local Welfare Liaison Officer in managing conflict which may arise at the centre;
- Monitor safety and security within the centre;
- Attend briefings and de-briefings as requested by the Local Welfare Liaison Officer;
- A log of activities will be kept by the Local Welfare Liaison Officer to ensure accurate records are maintained as a log of the recovery process.
- Oversee the Local Welfare Liaison Officers role in the absence of the officer (e.g. while at meetings, etc); and,
- Carry out other duties as requested by the Local Welfare Liaison Officer.