

# Towards a Resilient Wellington; Civil Defence Centres - A Discussion Document

## Background

During various forums over the last month, it has become apparent that there are some challenges with the existing model for Civil Defence Centres in Wellington City. Some of these challenges include:

On the books there are 35 CDCs<sup>1</sup>. If all 35 CDCs were activated, the volume of radio traffic and information being exchanged is likely to be extensive, and it is questionable if the current communications systems and staff could cope with the volume of information. This has never been tested.

Whilst there are 35 CDCs on the books, only just over half of these could be described as operational. At the last managers meeting only 12 CDCs were represented, this has been the consistent level of engagement over the last few years. Additionally, active CDCs don't correlate with the density of population. Whilst population is just one driver for the establishment of a CDC, it is a benchmark to assure that resources roughly match the need:

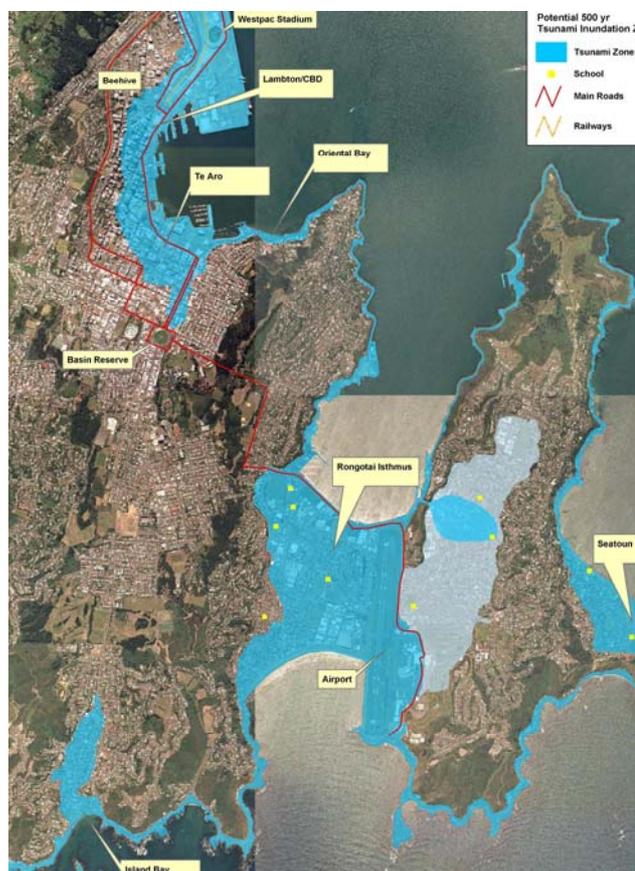
Ward	Population	Current CDCs (books)	Ratio CDCs/Population	Current CDCs (operational)	Ratio Operational CDCs/population
Northern	42,400	10	4,240	8	5,300
Onslow/Western	40,250	7	5,750	5	8,050
Lambton	40,350	7	5,764	5	8,070
Eastern	37,180	8	4,648	2	18,590
Southern	24,920	3	8,307	1	24,920
Total	185,100	35		21	

Clearly there is a need to focus on the Eastern and Southern Wards. This is exacerbated when these areas are superimposed with earthquake and tsunami hazard maps, and it becomes evident that our areas of greatest risk have the lowest operational CDC coverage.

Whilst the Lambton Ward appears reasonably well covered from a CDC perspective, this does not take account of the people who are in the area on a regular basis but do not live in the area. This is mainly commuters and people who visit the CBD for social reasons.

The current framework is just adequate and needs to be improved in order to strengthen resilience into key parts of the City, primarily the South, East and CBD.

Additionally, CDC Managers have expressed frustration that:



Tsunami Inundation Zones

<sup>1</sup> See Enclosure 1 for the full list

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- There is a disconnect between many CDCs and WEMO.
- CDC Managers and volunteers are not engaged in planning or training exercises.
- The training programme could be better matched to training needs. Training needs to recognise the need for advanced training for CDC Managers.
- There is a lack of clarity around responsibility for welfare and how this will be delivered.
- The \$500 grant to CDCs, whilst gratefully received, does not go far in raising resilience.
- Increasingly, some schools are reluctant to be used as CDCs.
- There is now telecommunications technology available that could be better exploited in building resilience.
- It is difficult to attract and retain volunteers.

### **Purpose**

The purpose of this document is to stimulate discussion with a view to improving Wellington City's Civil Defence Centre structure.

### **What is the Role of CDCs?**

The role of the CDC is to plan, co-ordinate and lead suburban CDEM readiness and response so that Wellington City is resilient.

The main tasks include:

- **Readiness.** Ensuring communities are aware of their hazards and that people know what to do when faced with those hazards.
- **Response.** Reconnaissance; providing information to WEMO so that sound and timely decisions can be made regarding resource allocation and prioritisation.
- Public information through the provision of a public space where updates and messages can be posted and received.
- **Welfare.** Co-ordinating local food, shelter and water distribution, and registration facilities.

### **Resources**

In order to successfully achieve these tasks, CDCs require resources, mainly:

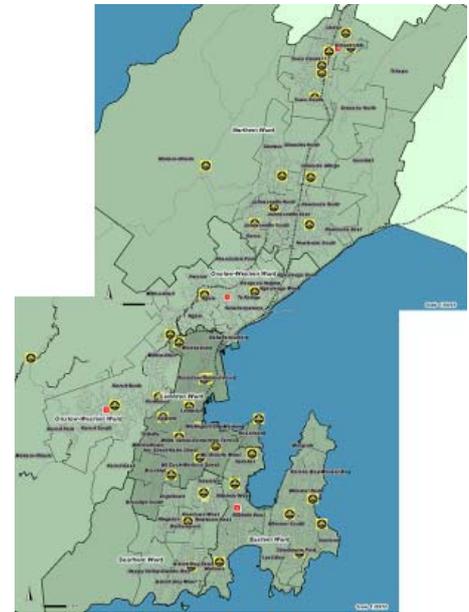
- Plans and maps of the relevant areas and infrastructure where reconnaissance needs to be undertaken, for example the state of tunnels, collapsed buildings, water reservoirs and estimates of casualties and fatalities.
- Trained staff who understand the structures and equipment, and who are able to tell other people what needs to be done and get them to do it.
- Dedicated and reliable communications equipment, this underpins all activities and the City's response is blind without this compatibility.
- Mobility, in the worst case this can be by foot, in the best case by vehicle.

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### Number and Locations of CDCs

Currently we have 35 CDCs that are designed to deliver the tasks above. In recent years, this has not been working because:

- Some CDCs have been reliant on the strength of a single person – where that person has moved on or decided not to remain involved, the CDC has simply faded into obscurity.
- With a couple of notable exceptions, traditional volunteers have not been attracted to CDCs.
- Operational CDCs do not exist in the places where they are most needed.
- Many CDCs do not have the ability to oversee welfare facilities.
- CD is a local government responsibility but most of our CD assets are colocated with Ministry of Education sites rather than Council sites. This provides a number of challenges:
  - ⇒ If a disaster happens during school hours there will be some obvious issues with large numbers of distressed children and families in the same place as the response focal point.
  - ⇒ Many people assume that a CDC is a welfare centre and are likely to go to the school which might already be overwhelmed.
  - ⇒ Some schools are now not happy with being used as CDCs are starting to express reluctance.
  - ⇒ There is no guarantee that school buildings will survive an earthquake, and many CDCs and equipment are based underneath school buildings.



There is no apparent imperative for CDCs to be based in schools, other than that they are dispersed and there are plenty of them.

### Proposal

It is proposed that we make some changes to our CDC structure as follows:

- We have fewer, better resourced centres, effectively ‘local Emergency Operations Centres<sup>2</sup>’ that are focal points for suburban readiness and response. LEOCs would have links and communications within their areas, but would provide the focal point for readiness and response in their areas. To a large extent, this is the model that is already in place in Tawa and Karori.
- Where practical, that LEOCs not be located in schools but rather in Council owned and controlled buildings. Council staff who work in those buildings and facilities will provide support to the LEOC.
- LEOCs have dedicated PCs, radio base stations and generators that are part of the building’s day to day operations, and radio communications can be augmented or complemented by data transfer capability.

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<sup>2</sup> For the purposes of discussion, ‘Local Emergency Operations Centres’ - LEOCs

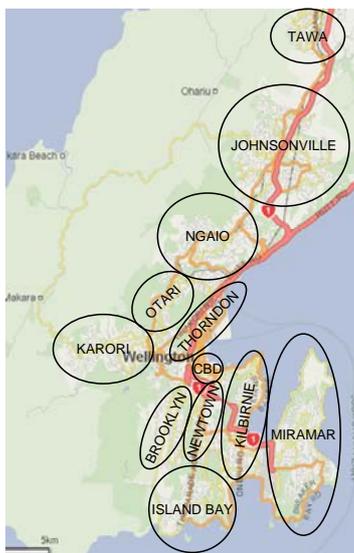
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- Existing CDCs would not disappear, they would be expected to feed into the LEOCs (see below) and LEOCs would be based on the CIMS structure although *they do not need to be identical*.
- LEOCs have been sited so that they are away from inundation zones. This is why the Kilbirnie Aquatic Centre has not been nominated, and why Miramar is not at a more substantial Council facility.
- LEOCs would provide key advice and links with the community for issues such as tsunami evacuation zones and routes, and welfare provision.

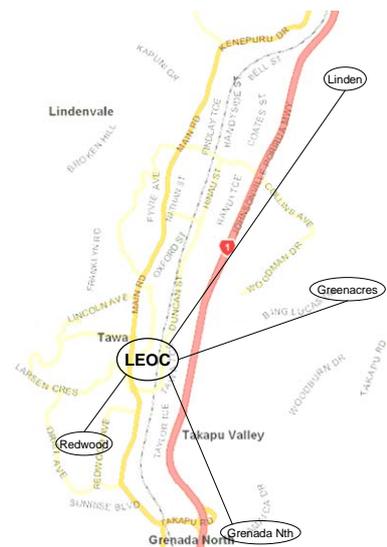
This proposal would see 12 CDCs, potentially based at the following locations:

Ward	Suburbs	Location
N	Tawa	Tawa Library
N	Johnsonville	J'ville Community Centre
O	Ngaio/Khandallah	Nairnville Park
O	Wadestown/Wilton	Wadestown Library
O	Karori	St Ninians
L	Thorndon	Carter Observatory
L	CBD	Basin Reserve
L	Brooklyn	Brooklyn Library
S	Island Bay/South Coast	Berhampore Golf Club
S	Newtown	Newtown Park Clubrooms
E	Hataitai/Kilbirnie	Velodrome
E	Miramar	Centennial Park

This sees two LEOCs per ward, with the exceptions of Lambton (because of the CBD population and Onslow/Western due to the geographic size). Please note: none of these locations has been confirmed, **these are ideas only**. Communications checks are also required.



Each LEOC would have its own eyes and ears in the community, as determined by the LEOC, as per the example on the right. These eyes and ears could be based on the existing CDCs. Whilst these facilities do not need to be identical, is it important that there is a degree of interoperability so that all people involved understand the operational requirement and the equipment.



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### **Communications**

Fewer LEOCs would enable greater effort to be placed into data and voice communications that better exploit modern technology. It is proposed that satellite communications be investigated to augment the existing network, and that PRS links be improved to enable LEOCs to operate in a way that is smarter than at present.

All emergency services are changing to UHF over the next 5-10 years, and CDEM will need to follow suit. It is important that planning and decision making take account of this.

### **What Constitutes a Volunteer?**

We are struggling to recruit and retain current volunteers. Whilst there are more than 350 volunteers 'on the books' the truth is that only half of those are actually engaged with CDEM.

The temptation is to accept any person who wishes to be a volunteer, however there are some risks associated with this. A Civil Defence volunteer has a responsibility during a time of stress that cannot be undertaken by just anyone. It is important that recruitment and training continues to recognise this; this is even more important for the LEOC or CDC Manager.

It is proposed that the focus of training attention be the LEOC Managers in the first instance. Leadership is vital in both peacetime and when activated, and without competent and trained LEOC Managers our job will be much harder. It is proposed that:

- LEOC Managers and their alternates be carefully selected.
- LEOC Managers be trained to CIMS 4 - to a level higher than they require to do their tasks. This recognises that effective LEOC Managers need to understand the strategic level of thinking so that they know what to do in the absence of clear directions.
- LEOC Managers 'own' the local emergency plan, and understand who is expected to do what in case of emergency. (This does not mean that they need to write the plan – WEMO can assist with that - however LEOC Manager input will be critical).
- LEOC Managers form closer relationships with WCC staff who operate within their zones.
- LEOC Managers receive a greater level of administrative and logistic support from WEMO. This would see the \$500 grant replaced by direct support through the provision of radios equipment, catering, signage medical supplies or other support.
- LEOC Managers meet regularly to discuss high level CDEM issues.
- LEOC Managers need to have extensive local knowledge of their zone and its infrastructure, access to maps and knowledge of other resources such as engineers and medical professionals who might reside or work locally.

For other volunteers, it is proposed that:

- It is not necessary to attend regular ongoing training to be a volunteer – some induction will be necessary but thereafter it is satisfactory to remain 'on the books' and to receive periodic newsletters from the LEOC or WEMO.
- Must be capable of basic radio operations and elementary first aid.
- Must have a basic understanding of how CIMS is supposed to work.

Recently, the Police have recognised that there is a close link between the principles of CDEM and resilience intended through the Neighbourhood Support programme. It is further proposed that we examine the links between CDEM and NS to determine the potential strength in working together closer.

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### **Conclusion**

This memo proposes a major overhaul of CDEM in Wellington City. **It is a discussion document** that is designed to stimulate debate on how we can all improve the model that we acknowledge is struggling.

I welcome any feedback you might have, any suggestions, criticisms or guidance that you might think make our beautiful City more resilient.

Please feel free to email or call, and I would like to suggest that we call a special meeting of CDC Managers in July to discuss the way ahead.

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For the purposes of this paper, the following is the CDCs operational as at June 2009. 14 of the 35 are non-operational, measured by the attendance at CDC Managers meetings (it is acknowledge that this is not a scientific measure).

<b>Ward</b>	<b>CDC</b>	<b>Location</b>	<b>Operational</b>
<i>Northern</i>	Greenacres	Greenacres School	<i>Yes</i>
	Linden	Linden School	<i>Yes</i>
	Tawa	Tawa Primary School	<i>Yes</i>
	Redwood	Redwood school	<i>Yes</i>
	Grenada North	Service Building at Park	<i>Yes</i>
	Churton Park	Churton Park School	<i>Yes</i>
	Newlands	Newlands School	<i>Yes</i>
	Johnsonville North	Johnsonville School	<i>No</i>
	Johnsonville South	West Park School	<i>No</i>
	Ohariu Valley	Ohariu Valley Hall	<i>Yes</i>
<i>Onslow/ Western</i>	Khandallah	Cashmere School	<i>Yes</i>
	Ngaio	Ngaio School	<i>No</i>
	Chartwell	Chartwell School	<i>Yes</i>
	Wadestown	Wadestown School	<i>No</i>
	Karori	St Ninians Church, Karori Rd	<i>Yes</i>
	Northland	Northland School	<i>Yes</i>
	Makara	Makara School	<i>Yes</i>
<i>Lambton</i>	Thorndon	Thorndon Primary School	<i>No</i>
	Clifton Terrace	Clifton Terrace School	<i>Yes</i>
	Kelburn	Kelburn School	<i>No</i>
	Te Aro	Te Aro Primary School	<i>Yes</i>
	Clyde Quay	Clyde Quay School	<i>Yes</i>
	Mount Cook	S.D.A. Church, Tasman St	<i>Yes</i>
	Brooklyn	Brooklyn School	<i>Yes</i>
<i>Eastern</i>	Roseneath	Roseneath School	<i>No</i>
	Hataitai	Hataitai School	<i>No</i>
	Kilbirnie	Kilbirnie School	<i>No</i>
	Houghton Bay	Houghton Valley School	<i>No</i>
	Worser Bay	Worser Bay School	<i>Yes</i>
	Miramar	Comm Centre, Chelsea St	<i>Yes</i>
	Seatoun	Seatoun School	<i>No</i>
	Strathmore	Comm Centre, S'more Ave	<i>No</i>
<i>Southern</i>	Berhampore	Berhampore School	<i>No</i>
	Newtown	Newtown School	<i>No</i>
	Island Bay	Island Bay School	<i>Yes</i>