

Shire's Mingenew, Morawa, Perenjori, Three Springs



LOCAL RECOVERY PLAN

RESOURCE MANUAL

Version 2012 – V02

NOTE:

THE LOCAL RECOVERY PLAN IS TO BE READ IN CONJUNCTION WITH THE SHIRES MINGENEW, MORAWA, PERENJORI, THREE SPRINGS RECOVERY RESOURCES MANUAL AND THE LOCAL EMERGENCY MANAGEMENT ARRANGEMENTS.

THE RECOVERY RESOURCES MANUAL CONTAINS INFORMATION AND STANDARD FORMS FOR USE BY THE LOCAL RECOVERY COORDINATOR AND THE LOCAL RECOVERY COORDINATING COMMITTEE.

WHERE INFORMATION APPEARS IN ALL THREE DOCUMENTS IT SHOULD BE CROSS REFERENCED.

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| LEMC – Chairperson | | 1 |
| LEMC – Deputy Chairperson | | 1 |
| WA Police | | 1 |
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| Morawa District High School | Morawa | 1 |
| Three Springs Primary School | Three Springs | 1 |
| Mingenew Primary School | Mingenew | 1 |
| Perenjori Primary School | Perenjori | 1 |

Local Recovery Resource Manual

| | | |
|-----------------------|--------|---|
| Latham Primary School | Latham | 1 |
| | | |
| | | |
| | | |
| | | 1 |

The distribution list is included to enable amendments to be distributed at later dates.

RECORD OF AMENDMENTS

Suggestions and comments from the community and stakeholders can help improve this plan and subsequent amendments.

Feedback can include:

- What you do and or don't like about this plan;
- Unclear or incorrect expression;
- Out of date information or practices;
- Inadequacies; and
- Errors, omissions and/or suggested improvements.

To forward feedback, copy the relevant section, mark the proposed changes and forward to:

Chairperson

Shires Mingenew, Morawa, Perenjori, Three Springs

Local Emergency Management Committee

PO Box 117

THREE SPRINGS WA 6519

The Chairperson will refer any correspondence to the LEMC for consideration and/or approval.

Amendments promulgated are to be certified in the following table, when updated.

| Amendment | | Details of Amendment | Amended by |
|-----------|------|----------------------|---------------|
| No. | Date | | *Initial/Date |
| | | | |
| | | | |
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NOTE - *The person receiving the amendments should be responsible for replacing the pages as appropriate and also for completing the amendment record.

APPENDIX 1.

Shires Mingenew, Morawa, Perenjori, Three Springs Recovery Resources Manual

RECOVERY NEEDS ASSESSMENT AND SUPPORT SURVEY
FORM

This needs assessment is being conducted to gather information about your personal circumstances so we can assist you, provide you with information on particular services, or refer you to organisations who can best assist you with your recovery process.

The survey is designed to gather as much relevant information as possible in one interview to avoid having to repeat some details to a number of interviewers. However please note that further contact may be necessary.

You are not obliged to provide any or all of the information requested. You should be aware that the information you provide may be passed to other agencies involved in the recovery process.

Please note that completion of this survey does not guarantee your specific needs will be met immediately, however every effort will be made to obtain the assistance you need as quickly as possible.

If, after completing this survey, you need specific assistance not identified on these forms, or you wish to make enquires about the survey, please ring the following telephone number:

In terms of the Privacy Act should you wish to access, change or amend any information you have given please ring the above telephone number. You can also contact this agency at the following telephone number: _____:

Interview conducted at: _____

(Date)

(Time)

Interview conducted by: _____

This sheet is a receipt of your interview and must be retained for referencing purposes.

NOTES FOR INTERVIEWER

(Please read before commencing the survey)

Introduce yourself to the person being interviewed.

"Hello, my name is (name). I'm here on behalf of the Shires of Mingenew, Morawa, Perenjori and Three Springs Local Recovery Coordination Committee. I would like to talk to you about the recent emergency event to see if there is anything we can help you with or if there are any organisations we may be able to refer you to too assist with your recovery."

- 1) Read through the cover page with the interviewee and complete it. Give the page to the person being interviewed at the completion of the interview as it is their receipt of interview.
- 2) If the interviewee doesn't speak English, refer to the interpretation sheet on the rear of this sheet.
- 3) Start at section one of the survey and work through all sections.
- 4) Texts in grey italic font are points for you to note.
- 5) If the interviewee declines to give information, complete known details if possible.
- 6) On completion of the interview, hand over any relevant information that be of a benefit to the interviewee.

NOTE: some people may take this opportunity to offload any frustrations, Do not take this personally; it is best to listen and then move on to the next question when possible,

Interpretation Sheet

If the interviewee is of a non-English speaking background or has difficulty understanding English, have them identify their spoken language by pointing to one of the languages below.

Once the language has been identified, phone the 'Translating and Interpreting Service (TIS)' on **131 450** for an over the phone interview.

The sentence below states 'I require a (language type) interpreter'.

| | |
|---|-------------------|
| ل-ج.؛ ٥٥٣ (٥٢)؛ ٥٦٥٦ | Arabic |
| lig 5 —tr.VdM ' ' a | Chinese Cantonese |
| IWN—t343M-14NRM* | Chinese Mandarin |
| Ja trebam hrvatskog prevodioca. | Croatian |
| Ik heb een nederlandse tolk nodig. | Dutch |
| Kailangan kop o nang filipino na tagapagsalita. | Filipino |
| J'ai besoin d'un interprete frangais. | French |
| Ich benötige einen Dolmetscher. German (also Swiss & Austrian) | & Austrian) |
| Anarrcir Evav EAArivtc6 51Epprivta. | Greek |
| MUJHE EK HINDI ANUVADAK KI JAROORAT HAI . | Hindi |
| Sziiksegem van magyar tolmbsra. | Hungarian |
| Saya membutuhkan penterjemah Bahasa Indonesia | Indonesian |
| ..AL" L.5..).1...)(LA-JS '.)-4. | Afghan - Dari |
| ١٦١ ٥ ٥٣٣ ١٣ .٥٣ CYa | Iran - Farsi |
| Richiedo un interpreatore italiano. | Italian |
| utt 1E121K0AIR2kRAZ-To | Japanese |
| A tat main tutn s ununitutvi | Khmer |
| L-Ft. t.1 6NII—ms_11-E1- | Korean |
| Mene mi treba preveduva- na Makedonski . | Macedonian |
| Saya perlu juru bahasa Melayu | Malaysian |
| Ie ried interpretu Malti. | Maltese |
| Potrzebuk polskiego ttumacza | Polish |
| Eu requero urn interprete portuguese. | Portuguese |

51Тре6yro pycaroro nepeBotitiriKa.

Russian

Section 1: Principal Occupier and Property Details

1.1 Family Name: _____ First Name(s): _____

1.2 Total number of people residing at this property:

1.3 Names of other people normally residing at this property

Family Name: _____ First Name(s): _____

Family Name: _____ First Name(s): _____

Family Name: _____ First Name(s): _____

Family Name: _____ First Name(s): _____

Family Name: _____ First Name(s): _____

NOTE: Please provide children ages

1.4 Have you registered with the Department for Child Protection by completing a National Registration and Inquiry System (NRIS) registration form?

YES - Go to question 1.4a

NO - Go to question 1.5 (Please circle one)

NOTE: if NO, inform the interviewee that they may require registering to access recovery services. Please explain the process if required

1.4a What is your registration number: _____

1.4b Does anyone in your family have a different NRIS number?

YES / NO (Please circle one)

Write the NRIS number(s): _____

1.5 Address of affected property:

Phone number of affected property:

Alternative phone number(s):

1.5a What is your property Assessment number: (if known) _____

NOTE: if the Assessment number is unknown, check the Property Database after the interview.

1.6 Do you own the property: **YES / NO** (Please circle one)

If **NO**, what are the contact details of the property owner (*if*

known): _____

Name:

Address: _____

Contact number(s):

1.7 Where are you currently living (*Please tick one of the following*)

| | |
|----|--|
| V) | |
| | |
| | |
| | |

| |
|---|
| Living at affected property (<i>Go to Section 2</i>) |
| Temporary accommodation until we can return to affected property (<i>Go to 1.8</i>) |
| Temporary accommodation looking for new permanent accommodation (<i>Go to 1.8</i>) |

1.8 Current address and contact details

Address;

Contact number(s):

2.2a _____

When was the house damaged? Date: _____

2.2b to the best of your knowledge, what caused the damage? *(Please tick one of the following)*

| (✓) | Cause of Damage |
|-----|-----------------------------|
| | Flood water |
| | Storm |
| | Hazardous Material Incident |
| | Earthquake |
| | Fire |
| | Other (please detail) |

2.2c Has the house been inspected by a building inspector?

YES / NO / Don't Know *(Please circle one)*

2.2d Would you like someone to conduct an inspection of your house and property to ensure it is safe to move back into?

YES / NO *(Please circle one)*

2.2e Is the house insured? *(Please tick one of the following)*

| | | |
|--|--------------------------------|---------------------|
| | YES | Go to question 2.2f |
| | NO | Go to question 2.3 |
| | Don't own the house | Go to question 3 |
| | Decline to answer the question | Go to question 2.3 |

2.2f Have you lodged an insurance claim?

YES / NO *(Please circle one)*

2.2g What is the name of your insurance company or agent?

2.2h Has an insurance assessor inspected the property?

YES / NO *(Please circle one)*

2.3 Have you experienced damage to the contents in the house? *(Please tick one of the following)*

V)

| | | |
|--|--|---------------------|
| | YES | Go to question 2.3a |
| | NO | Go to question 2.4 |
| | Don't know as haven't seen the contents as | Go to question 2.4 |

2.3a Are the house contents insured? *(Please tick one of the following)*

V)

| | | |
|--|--------------------------------|---------------------|
| | YES | Go to question 2.3b |
| | NO | Go to Section 3 |
| | Decline to answer the question | Go to Section 3 |

2.3b

What _____ is
the name of your insurance company or agent?

2.3c Has an insurance claim been
lodged? **YES / NO** *(Please circle
one)*

2.3d Has an insurance assessor inspected the property?

YES / NO *(Please circle one)*

Section 3: Alternative Accommodation

3.1 Do you need assistance to find alternative accommodation?

YES — Go to question 3.1a

NO — Go to Section 4 *(Please circle one)*

3.1a What kind of accommodation do you require? *(Please tick one of the following)*

v)

| |
|---|
| Temporary (less than a week) |
| Short-term (1-4 weeks) |
| Long-term (more than one month) — please estimate the number of months: |
| Permanent |

3.1b The accommodation is needed to house:

Number of Adults: _____

Number of Children: _____

3.1c Do you have any _____ special needs for your accommodation i.e., access for wheelc

hairs, _____

aged?

3.1d Do you have any pets?

YES / NO *(Please circle one)*

NOTE: If YES, question 4.8 allows for Anther information to be recorded

Section 4: Health and Welfare

House:

4.1 Do you require any clean-up assistance for your house or property? **YES** — Go to question 4.1a

NO — Go to question 4.2 *(Please circle one)*

Don't Know — Go to question 4.2

4.1a

Please _____
provide _____
details _____
of the kind of assistance you would like:

4.2 Are you looking after evacuees at your home

YES — Go to question 4.2a

(Please circle one)

NO — Go to question 4.3

4.2a Would you like to receive information about financial support for hosting the evacuees? **YES / NO** *(Please circle one)*

Personal:

4.3 If you have had contents in your home damaged, would you like to be contacted by agencies that are distributing donated goods?

YES — Go to question 4.3a

(Please circle one)

NO — Go to question 4.4

4.3a What kind of goods do you need?

4.4 Do you have a need for clothing, toiletries or bedding?

YES — Go to question 4.4a

(Please circle one)

NO — Go to question 4.5

4.4a What kind of items do you need?

4.5 Are there any medications which you or your family use that you are unable to get?

YES — Go to question 4.5a

(Please circle one)

NO — Go to question 4.6

4.5a If you would like help you get medication, please describe the medications in as much

d

e

t

ail as possible.

4.5b Is a prescription required for these medications?

YES / NO *(Please circle one)*

4.5c If

YES,

please _____

provide _____

the name and address of your doctor and pharmacist

4.6 Would you like to find out about support or counselling services for you and or your family

members? **YES / NO** *(Please circle one)*

NOTE; This question is included to help the interviewee access services that may be provided by affiliate organisations

4.7 Do you have an affiliation with any community groups in

the area? **YES / NO** *(Please circle one)*

4.7a If YES, please indicate which group. _____

Domestic animals/pets

4.8 Have you got any domestic animals or pets which are in need of care?

YES — Go to question 4.8a

(Please circle one)

NO — Go to Section 5

4.8a What kind of animals are they? *(Please list all animals & the number of animals)*

4.8b

Where are they located?

(Please provide address and location at address)

4.8c

What kind of

care do they need? *(Please detail)*

Section 5: Financial

5.1 Do you require any assistance with income support?

YES - Go to question 5.1a

(Please circle one)

NO - Go to Section 5.2

5.1a Are you already a client of Centrelink?

YES - Please contact Centrelink directly

NO - Please contact Centrelink through the help line and they will advise you on available assistance

(Please circle one)

NOTE: the initial contact number to call Centrelink is 132 050 though a specific contact number may be created by Centrelink for affected persons dependent on the scale of the emergency.

NOTE: there may be relief funds available from other sources such as the Red Cross and the Lord Mayors Appeal Relief Fund. Applications will need to be completed for these grants if available. Please advise the interviewee about any relief funds that have been established and provide them with application forms.

Documents

5.2 Have you lost or do you have access to any of the following documents? *(Please tick all those that apply)*

| Document Type | Lost ✓ | Cannot Access (/) | Who in the house does the document belong to |
|-------------------------|-----------|----------------------|--|
| Bank books | | | |
| Cheque books | | | |
| Credit cards | | | |
| EFTPOS cards | | | |
| Centrelink cards | | | |
| Passport | | | |
| Birth Certificate | | | |
| Marriage Certificate | | | |
| Citizenship Certificate | | | |
| Insurance papers | | | |
| Other (please detail) | | | |

5.3 If you have lost your bank documents, do you have access to a branch of your

bank? **YES / NO / Does not apply** *(Please circle one)*

Administrative information

Person conducting interview: **Name** *(print)*:

Contact details:

Date:

Person being interviewed: I have been given the front page of this survey form and agree to the use of the information I have for the purposes of recovery from this emergency.

Name *(print)*:

Signature:

Date:

FIRE DAMAGE ASSESSMENT FORM

AFFECTED PROPERTY No.....

SHIRE OF
FIRE DAMAGE ASSESSMENT _____ 201__

AIMS OF THIS SURVEY

To assess the level of general damage across the Shire.

To find out your immediate needs.

To provide some specific damage figures to Government, in order to determine the need for financial and / or other aid.

Name: _____

Phone / Fax: _____

Date: _____

What are you immediate needs / how can we help ?

GENERAL

What % of your total farm was affected by the fire? _____ %

What is your total farm area? _____ Ha

House/s ?

Sheds?

Yards?

Plant?

Machinery

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Silos?

Domestic water supply / pipes?

Phone?

Power

Fences

Boundary (Km)

Internal (Km)

DAMAGE TO CROPS

Area of crop damaged _____ Ha.

Type

Wheat

Barley

Oats

Canola

Lupins

Faba Beans

Chick Peas

Other

Pasture / Stock

Total area of pasture / stubble burnt?

Area of Pasture/stubble **not** burnt?

Number of hay bales damaged ?

Number /type stock lost?

Number / type stock left/

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What do you intend doing with those left (agist,? feedlot, ?)

Stock water supply ?

Vegetation

Area remnant bush burnt? (Ha)

-fenced / unfenced ?

-if fenced for how long ?

-was funding body involved , if so what year? (e.g. RVPS, GRF,)

Area of remnant bush left ? (Ha)

REVEGETATION

Number of seedlings per Ha. planted ?

Number of seedlings per Ha burnt ?

Number of seedlings per Ha left ?

ANY OTHER LOSSES

INSURANCE

How do you stand with Insurance

Do you have any comments, questions or requests ?

Please return to your Shire Office A.S.A.P.

APPENDIX 3.

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FLOOD DAMAGE ASSESSMENT FORM

APPENDIX 3.

Shires Mingenew, Morawa, Perenjori, Three Springs Recovery Plan

LOCAL RECOVERY COORDINATOR**ACTION CHECKLIST**

| Task Description | OK |
|--|-----------|
| • Liaise with relevant response agencies regarding location, size, type and potential impact of event. | |
| • Contact and alert key staff. | |
| • Determine likely human effects. | |
| • Establish if event proclaimed and eligible natural disaster under the WANDRRA | |
| • Contact other relevant response and recovery agencies. | |
| • Activate and brief relevant agency staff. | |
| • Activate appropriate inter-agency liaison mechanisms. | |
| • Locate liaison officer at emergency operations centre (if appropriate). | |
| • Determine immediate short-term needs (e.g. accommodation, financial assistance and personal support). | |
| • Manage offers of assistance, including volunteers, material aid and donated money. | |
| • Assess impact of the event through information/data from local government, geographic data and relevant response agencies. | |
| • Meet with specific agencies involved with recovery operations to determine strategies. | |
| • Report to organisational hierarchy on likely costs/impact of involvement in recovery activities. | |
| • Organise briefing and debriefing processes for staff. | |
| • Activate outreach program to meet immediate needs and determine ongoing needs. Issues to be considered should include the need for specialist counselling, material aid, accommodation, financial assistance and social, recreational and domestic facilities. | |
| • Establish a 'one-stop shop' recovery centre to provide the affected community with access to all recovery services. | |
| • Manage restoration of essential infrastructure/utilities. | |
| • Manage the public appeal/private donations process. | |
| • Brief media on the recovery program. | |
| • Assess reports gathered through an outreach program to assess community needs. | |
| • Identify special needs groups or individuals. | |
| • Meet with other recovery agencies to consider full assessment of the impact of the event. Determine the best means of involving the affected community and determine action required from specific agencies. | |
| • Activate community (specific) recovery committees, ensuring active participation of members of the affected community. | |
| • Develop a community information process, including consideration of public meetings and newsletters. | |
| • Monitor staffing arrangements. | |
| • Review resources and services on an ongoing basis. | |
| • Determine longer-term recovery measures. | |
| • Provide newsletters to the affected community and information to the media as required. | |
| • Continue to monitor agency activities and reduce/withdraw services when appropriate. | |

| | |
|---------------------------------|--|
| • Debrief recovery agencies. | |
| • Recognise agency/staff input. | |

ANNEX 3 LOCAL RECOVERY COORDINATING COMMITTEE- ACTIONS CHECKLIST

| Transition From Response: | OK |
|---|-----------|
| IC shall include the LRC in critical response briefings | |
| LRCC shall ensure the Incident Controller aware of recovery requirements and tasks prior to the termination of the state of emergency | |
| LRCC shall ensure that agencies with response and recovery obligations are aware of their continuing role | |
| LRCC to confirm whether the event has been proclaimed an eligible natural disaster under the WA Natural Disaster Relief and Recovery Arrangements and if so what assistance measures are available. | |
| LRC shall initiate key recovery arrangements and ensure formalisation of handover takes place | |
| Management Structure (the LRCC Shall): | |
| Ensure of the appointment of an LRC has occurred | |
| Activate a recovery coordination centre if required | |
| Facilitate representative sub-committees to coordinate and action recovery tasks and disseminate decisions, as required | |
| Ensure and facilitate the completion of the impact assessment | |
| Assume public information responsibilities from response agency and provide information to the impacted area and to public and media | |
| Facilitate and advise on State/Federal disaster relief funding, facilitate and advise on private aid and funding. | |
| Prepare oral and written financial and non-financial reports and briefs. | |
| Promote Community Involvement (the LRCC shall): | |
| Work within existing community organizations | |
| Recruit representatives of the affected community into recovery planning | |
| Establish strategies for uniting the community behind agreed objectives | |
| Provide information centres for advice, information and assistance during the recovery period | |
| Establish mechanisms for sharing information and reporting local initiatives (e.g. regular community meetings and local newsletters). | |
| Impact Assessment -managerial issues (the LRCC shall): | |
| Use intelligence/planning information from the response operation, and set up a recovery liaison person in the EOC/ECC | |
| Confirm the total area of impact for determination of survey focus | |
| Set out the immediate information needs: infrastructure problems & status, damage impact and pattern, and welfare issues | |
| Link with parallel data-gathering work | |
| Identify and close information gaps (establish the "big picture") | |
| Assess the financial and insurance requirements of affected parties | |
| Gather evidence to support requests for government assistance. | |
| Ensure all relevant information is strictly confidential to avoid use for commercial gain | |
| Inspections and Needs Assessments - technical focus (the LRCC shall): | |
| Establish and define the purpose of inspection/assessment and expected outcomes | |
| Consistently apply agreed criteria (requiring a common understanding by the people | |

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| | |
|--|--|
| undertaking the survey process) | |
| Collect and analyse data | |
| Establish a method/process to determine the type of information needed for this recovery operation, defining: <ul style="list-style-type: none"> • how and who will gather the information (single comprehensive survey) • how information will be shared • how information will be processed and analysed • how the data will be verified (accuracy, currency and relevance) | |
| Manage the process to minimise calling back | |
| Select and brief staff | |
| Maintain confidentiality and privacy of assessment data | |
| Data Management (the LRCC shall): | |
| Define who is responsible for which part of the data management task and ensure proper process of relevant data transfer | |
| Create templates for impact assessment and for tracking assistance provided. | |
| State Government Involvement (the LRCC shall): | |
| Establish strong relationships with key regional government agency representatives, and appoint them to appropriate ERC Sub-committees, as appropriate | |
| Gain familiarity with the recovery claim process, Relief Fund applications, and reduction plan proposals | |
| Establish a system for recording all expenditure during recovery, in line with the requirements of the Local Recovery Plan (includes logging expenditure, keeping receipts and providing timesheets for paid labour) | |
| Answer requests for information from government agencies. | |
| Public Information (the LRCC shall): | |
| Appoint spokespeople to deal with the media | |
| Manage public information following the handover from response to recovery by the HMA | |
| Identify priority information needs | |
| Develop a comprehensive media/communication strategy | |
| Coordinate public information through: <ul style="list-style-type: none"> • Recovery Coordination centre • spokesperson/s • identifying and adopting key message priorities • using a single publicised website for all press releases | |
| Develop processes for: <ul style="list-style-type: none"> • media liaison and management (all forms e.g. print, and electronic) • briefing politicians • alternative means of communication e.g. public meetings, mailbox fliers, advertising • communicating with community groups • meeting specialist needs • formatting press releases • developing and maintaining a website • ensuring feedback is sought, integrated and acknowledged | |
| Monitor print and broadcast media, and counter misinformation. | |
| Rehabilitation and Assistance LRCC Shall: | |
| Establish a mechanism for receiving expert technical advice from lifeline groups | |
| Monitor and assist rehabilitation of critical infrastructure | |

| | |
|---|--|
| Prioritise recovery assistance | |
| Prioritise public health to restore health services and infrastructure | |
| Assist and liaise with businesses to re-establish and reopen | |
| Restore community and cultural infrastructure (including education facilities) | |
| Restore basic community amenities for meetings and entertainment | |
| Facilitate emergency financial assistance through the Department for Child protection | |
| Adjust capital works and maintenance programs. | |
| Implementation of Reduction Measures LRC shall plan to: | |
| Take the opportunity, while doing the hazard analysis, to: <ul style="list-style-type: none"> • identify essential services and facilities in high-risk areas • consider the restoration options in the event of their becoming dysfunctional | |
| Identify options based on research and consultation | |
| Undertake urgent hazard reassessment based on new (event) information adhere to an ERM Plan. | |
| Financial Management LRCC shall to: | |
| Review financial strategies | |
| Communicate with financial agencies, including insurance companies | |
| Keep financial processes transparent. | |
| Reporting LRCC Shall Plan to: | |
| Provide a simple, flexible and succinct reporting system | |
| Provide adequate administrative support | |
| Managed Withdrawal LRCC Shall Plan to: | |
| Continually review the recovery management process with a view to withdrawing as the community takes over | |
| Identify long term recovery activities and agency responsible for management | |
| Establish arrangements for ongoing public information and communications including avenue for reporting and management of unresolved community recovery issues | |
| Stage a public event of acknowledgement and community closure. | |
| Conduct a debrief of participants with community input to identify lessons learnt and strategies for enhancing community recovery arrangements and processes for future events | |

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LRCC – ATTENDANCE ROSTER

The following roster has been endorsed by the Local Recovery Coordination Committee (LRCC) and distributed to the relevant employee and work area.

| Date On | Date Off | Time On | Time Off | Employee Name | LRCC Position |
|----------------|-----------------|----------------|-----------------|----------------------|----------------------|
| | | 0800hrs | 1630hrs | | |
| | | 1600hrs | 2430hrs | | |
| | | 2400hrs | 0800hrs | | |
| | | | | | |
| | | 0800hrs | 1630hrs | | |
| | | 1600hrs | 2430hrs | | |
| | | 2400hrs | 0800hrs | | |
| | | | | | |
| | | 0800hrs | 1630hrs | | |
| | | 1600hrs | 2430hrs | | |

| | | | | | |
|--|--|---------|---------|--|--|
| | | 2400hrs | 0800hrs | | |
|--|--|---------|---------|--|--|

The following criteria have been considered by the LRCC while developing the roster.

| | | |
|---------------------|-----------------------------|---------------------------------|
| Shifts per day: | 3 | Occupational Health and Safety: |
| Shifts per week: | 5 days on, 2 days off | - Fatigue Management |
| Length of Shift: | 8.5 hours | - Work life balance |
| Hand over period: | 30 minutes | - Employment commitments |
| Rotation of Roster: | Every 2 days | - Employee welfare |
| Rest Period: | Minimum 10 hour rest period | |

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LRCC – ATTENDANCE FORM (TIME SHEET)

On activation of the Local Recovery Coordination Committee, this form is to be completed by ALL Shire employees who are involved in Emergency Management operations as requested by the Local Recovery Coordinator or the Local Recovery Coordination Committee.

Recovery Attendance Form (Time Sheet)

| | | | | | |
|--------------|--|--|------------------------|--|--|
| Date: | | | Emergency Name: | | |
|--------------|--|--|------------------------|--|--|

| Employee Name | LRCC Position | TIME | | TIME | | TIME | | Authorisation | |
|---------------|---------------|------|-----|------|-----|------|-----|---------------|-----------|
| | | In | Out | In | Out | In | Out | Officer | Signature |
| | | | | | | | | | |
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VOLUNTEER INFORMATION FORM (VIF)

| | | | | | |
|---|---------------------------|--|------------------------|--|--|
| Incident No: | | Incident Name: | | | |
| V.I.F. REFERENCE NUMBER: | | | | | |
| TITLE/PREFIX | Mr / Mrs/ Miss/ Dr/ Other | | | | |
| First Name | | | Preferred Name: | | |
| Surname: | | | | | |
| ADDRESS: | | | | | |
| PHONE: | B | AH: | MOB: | | |
| Email: | | | | | |
| AGE: | | | DOB (OPTIONAL): | | |
| Next of Kin: | | | | | |
| Relationship: | | | | | |
| PHONE: | B | AH: | MOB: | | |
| AVAILABILITY | Day (0800-1630hrs) | | Evening (1600-0030hrs) | | |
| | Morning (0000-8300hrs) | | Other | | |
| <u>TYPE OF ASSISTANCE OFFERED:</u> | | | | | |
| | ACCOMMODATION: | e.g. | supply of | | |
| | CHILD CARE: | | | | |
| | CLERICAL: | e.g. word processing, document collation | | | |
| | DOMESTIC: | e.g. cleaning, washing, ironing | | | |
| | FOOD: | e.g. meals, catering | | | |

| | | | | | |
|---|---------------|--------|-------------|--------|------------|
| HEALTH: e.g. massage, relaxation | | | | | |
| MANUAL LABOUR: e.g. gardening, lifting | | | | | |
| PERSONAL SUPPORT: e.g. counselling, interpreter | | | | | |
| PHOTOGRAPHY: | | | | | |
| PROFESSIONAL ADVISE e.g. architect, builder | | | | | |
| TOOLS/EQUIPMENT: e.g. loader, truck | | | | | |
| TRANSPORT e.g. bus, car | | | | | |
| OTHER: | | | | | |
| DATE: | | R: | O F F I C E | | SIGNATURE: |
| | - | | | | |
| <p>To be signed by the volunteer when initially accepting tasking to acknowledge the above information is true and correct and to verify that any information that is acquired while undertaking tasks allocated may be confidential and must kept confidential.</p> | | | | | |
| DATE: | | | SIGNATURE: | | |
| | | | | | |
| TASK ALLOCATED: | VTF Ref. No.: | 1) VTF | 2) VTF | 3) VTF | |
| | | | | | |
| LOG SHEET:: | VLF Ref No.: | 1) VLF | 2) VLF | 3) VLF | |
| | | | | | |

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VOLUNTEER LOG FORM (VLF)

| VLF REFERENCE NUMBER: _____ | | | | | | |
|-----------------------------|---------------------------------------|----------------|-----------------|---------------------------------------|--------------------------------|---|
| Volunteer Name | V.I.F Reference Number | Time In | Time Out | V.T.F Reference Number | Volunteer Signature | Authorised Officer Signature |
| | VIF | | | VTF | | |
| | VIF | | | VTF | | |
| | VIF | | | VTF | | |
| | VIF | | | VTF | | |
| | VIF | | | VTF | | |
| | VIF | | | VTF | | |
| | VIF | | | VTF | | |

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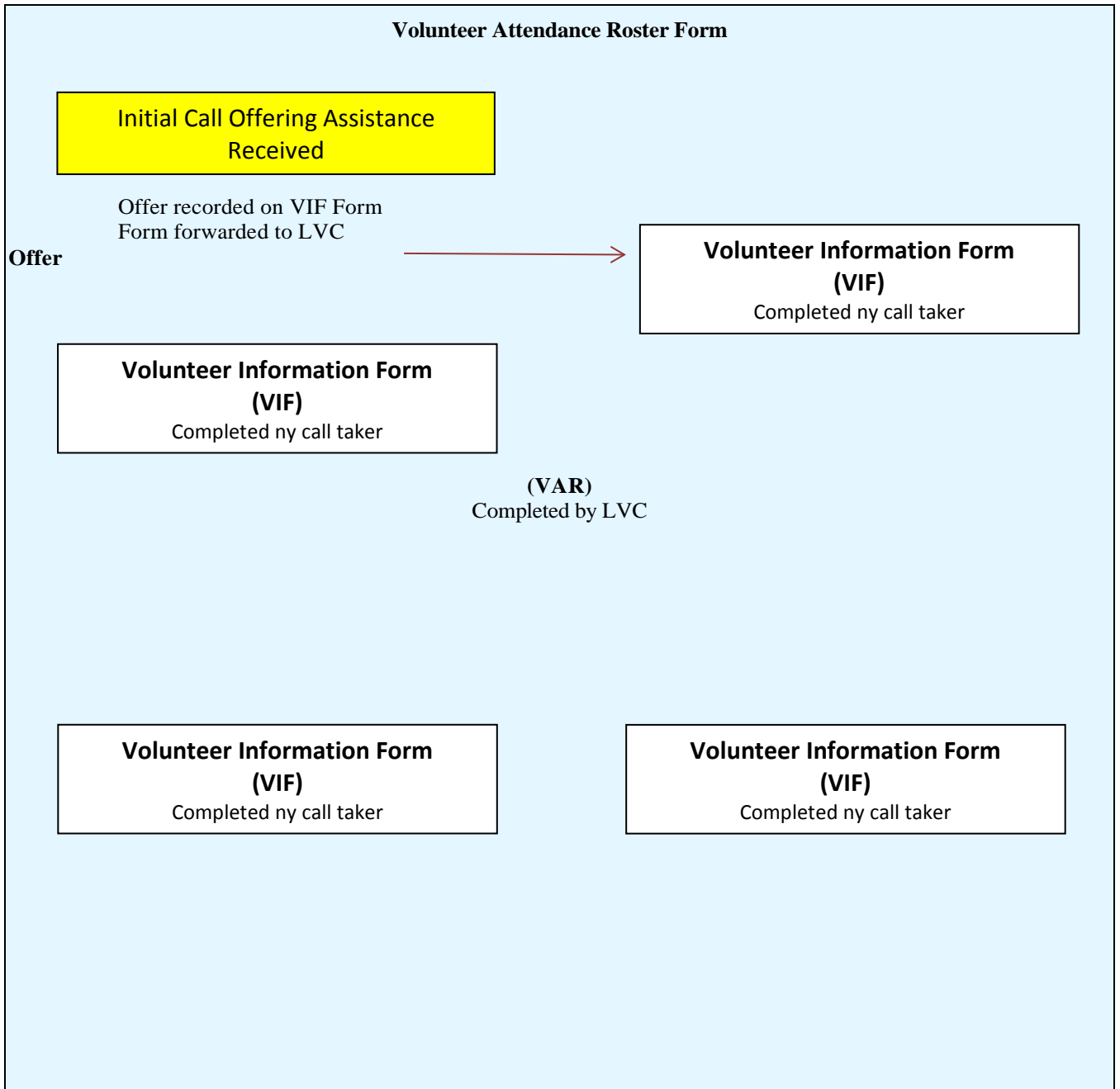
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VOLUNTEER TASK ALLOCATION FORM

| | |
|-----------------------------------|--|
| VTF Registration Number: | |
| | |
| | |
| Task Name: | |
| | |
| Coordinator's Name: | |
| Coordinator's Phone No: | |
| Coordinator's Email: | |
| Alternative Contact No: | |
| <u>Task Description:</u> | |
| | |
| <u>Other Comments:</u> | |
| | |
| <u>Task Authorised By:</u> | |
| Name: | |
| Signature: | |
| Date: | |
| ALTERNATIVE DESCRITON: | |
| | |

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VOLUNTEER ATTENDANCE ROSTER

The following roster has been endorsed by the Local Recovery Coordination Committee (LRCC) and distributed to the relevant employee and work area.

| Date On | Date Off | Time On | Time Off | Volunteer Name | VIF Number | VTF Number |
|----------------|-----------------|----------------|-----------------|-----------------------|-------------------|-------------------|
| | | 0800hrs | 1630hrs | | | |
| | | 1600hrs | 2430hrs | | | |
| | | 2400hrs | 0800hrs | | | |
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| | | | | | | |
| | | 0800hrs | 1630hrs | | | |
| | | 1600hrs | 2430hrs | | | |
| | | 2400hrs | 0800hrs | | | |
| | | | | | | |
| | | | | | | |
| | | 0800hrs | 1630hrs | | | |
| | | 1600hrs | 2430hrs | | | |
| | | 2400hrs | 0800hrs | | | |
| | | | | | | |

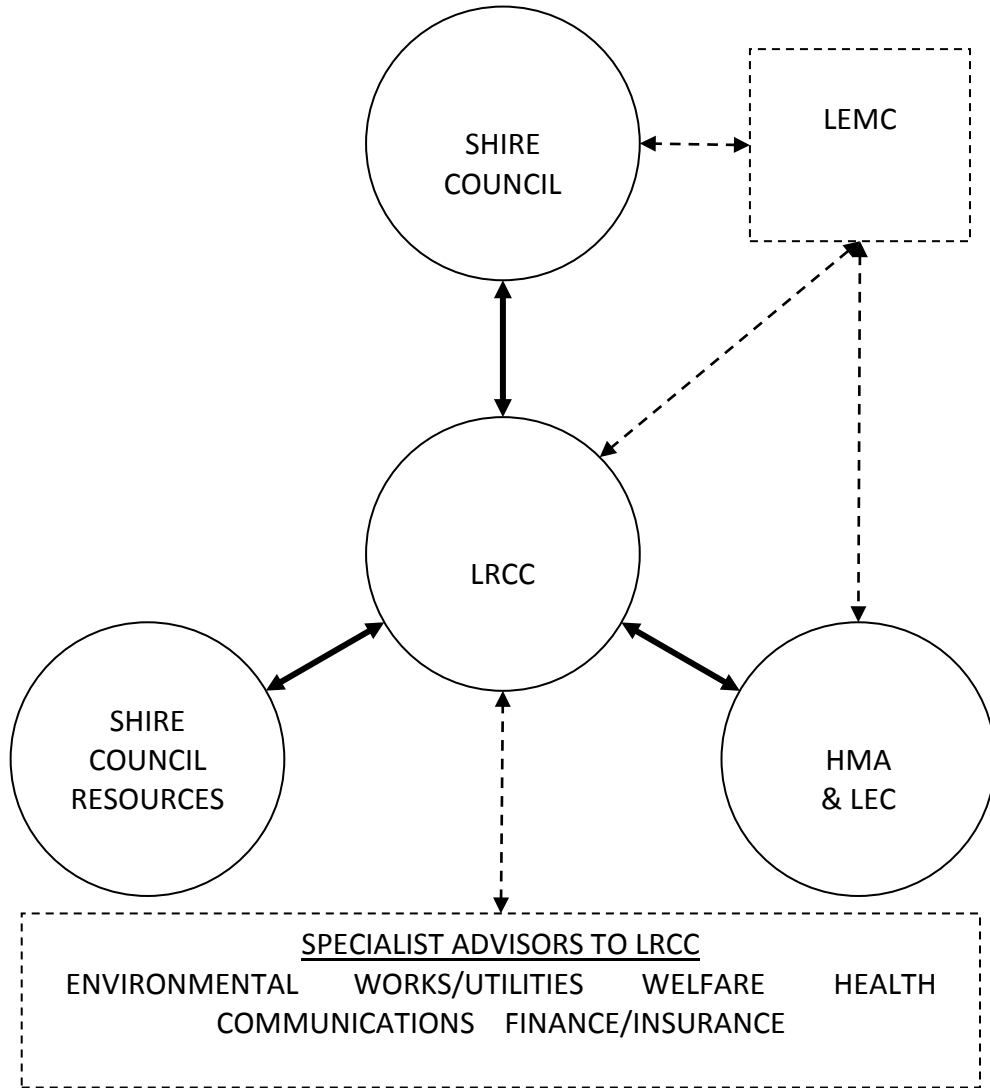
The following criteria have been considered by the LRCC while developing the roster:

| | | |
|---------------------|-----------------------------|---------------------------------|
| Shifts per day: | 3 | Occupational Health and Safety: |
| Shifts per week: | 5 days on, 2 days off | - Fatigue Management |
| Length of Shift: | 8.5 hours | - Work life balance |
| Hand over period: | 30 minutes | - Employment commitments |
| Rotation of Roster: | Every 2 days | - Employee welfare |
| Rest Period: | Minimum 10 hour rest period | |

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LRCC STRUCTURE



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LRCC APPOINTMENT LIST

| APPOINTMENT | PRIMARY | ALTERNATE |
|-------------|---|---------------------------|
| CHAIR | Shire COUNCILLOR from SHIRES OF Mingenew Morawa, Perenjori or Three Springs | SHIRE PRESIDENT |
| LRC/XO | CEO affected Shire | CEO of Second Shire |
| DEPUTY | DEPUTY CEO | EXECUTIVE SUPPORT OFFICER |
| SCRIBE | EXECUTIVE SUPPORT OFFICER | APPOINTED AS REQUIRED |

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EMERGENCY ACTIVATION LOG

| Notification taken by: | | | Time: | | |
|--|--|------------------|-------|--------|----|
| Notification provided by: | | | | | |
| QUESTIONS | | DETAILS | | | |
| What is the nature of the emergency? | | | | | |
| Number of people involved? | | | | | |
| What happened? | | | | | |
| Where? | | | | | |
| When? | | | | | |
| Assistance requested? | | | | | |
| Are all personnel accounted for? | | Yes / No | | | |
| What are the injuries and damage? | | | | | |
| Injuries | | | | | |
| Fatalities | | | | | |
| Equipment damage | | | | | |
| HMA Contact Details? | | Agency: | | POC: | |
| | | Contact Details: | | | |
| Have these state emergency services been notified? | | Contacted | | Onsite | |
| | | Yes | No | Yes | No |
| DFES | | | | | |
| St John Ambulance | | | | | |
| WA Police | | | | | |
| LG Rangers | | | | | |
| Who else is in attendance at the emergency scene? | | | | | |
| | | | | | |
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| Have these people been notified? | Contacted | | Onsite | |
|--|-----------|----|--------|----|
| | Yes | No | Yes | No |
| President | | | | |
| LRC | | | | |
| Shire offices | | | | |
| | | | | |
| | | | | |
| Has the LRCC Chair activated the LRCC? | | | Time: | |
| When are staff to meet at the ECC? | | | | |
| Who else has been notified or is aware of the situation? | | | | |
| What continuing hazards exist? | | | | |
| Is the situation escalating? How? | Yes / No | | | |
| Site or area evacuated | Yes / No | | | |
| Has there been any media involvement? If so, what? | Yes / No | | | |

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RECOVERY COORDINATING CENTRE EQUIPMENT CHECKLIST

Suggested Items for RCC

- Communications:
 - Land line phones
 - Mobile phones
 - Extra mobile phone batteries, with chargers
 - Two-way radios, extra batteries and chargers
 - Internet/intranet access points
 - Dedicated e-mail address
 - Fax Machine (2 – in/out), Copier, Computer(s), Printer, Projection unit, Projection screen
 - Digital camera
 - Digital video camera
 - Clock
 - AM/FM radio
 - Tape/Voice recorder
- TV with reception and with VCR and DVD, preferably with pay TV news available
- LRCC Status boards – either large hard copy, or electronic if sufficient projectors and PCs are available
- Extension cords and power boards
- General office supplies:
 - Paper, pencils and pens
 - Files and folders
 - In/out baskets
 - Flip charts
 - Markers
 - Masking tape
- Storage/filing containers
- Supply of forms (activity log sheets and telephone message pads)
- Reference material:
 - Phone book (site, corporate, white/yellow pages)
 - Manuals
 - Applicable contingency plans (ie. state, federal)
 - Incident related maps, charts, drawings etc.
 - Tables and chairs
- Rubbish bins, shredders and classified waste bags
- Food and drink supplies.

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RCC RECOVERY COORDINATING CENTRE SET-UP GUIDE

The first person(s) to arrive at the RCC should commence setting-up the room (until the RC Coordinator arrives).

To set-up the RCC, the following must be done:

- Open and clear the room
- Set-up relevant maps and photographs
- Locate and lay-out copies of the EMA's relevant references
- Ensure that computers, printers, fax machines and data projectors are switched on and logged-on
- Ensure that status boards are set-up, cleaned and ready for use
- Ensure an adequate supply of stationery is available

Inform the LRCC Chair and Deputy that the RCC is now functional.

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LRCC INITIAL BRIEF GUIDE

The first formal meeting of the LRCC should be held as soon as possible after the team has been activated. This key briefing will set the initial focus of the LRCC. The primary outcomes of this briefing are that all key members of the LRCC will understand the situation, an initial response plan will be mapped out, and initial group tasks will be allocated by the LRCC Chair.

| STEP | ELEMENTS | WHO | OUTPUT |
|------------------------------|---|--|---|
| SITUATIONAL AWARENESS | Who, What, Where, When and Why | LRCC Chair, HMA Incident Manager | Common understanding across LRCC |
| LRCC INTENT | What is the focus of the LRCC actions? | LRCC Chair | Team direction set |
| PRIORITIES | Priority objectives Priority actions Priority stakeholders Emergency Information Requirements (EIRs) | LRCC Chair LRCC Deputy | Initial response plan scoped and planning focus confirmed |
| TASKS | Confirm tasks allocated so far Assign tasks to each group manager | LRCC Chair | Organisational needs identified (personnel, etc) |
| RESOURCES | Currently committed to the incident Additional resources required | All | Administration and logistics |
| QUESTIONS | Questions Confirmatory questions for the meeting | All | Clarification |
| TIMINGS | Critical known timings Initial response timeline Next meeting | LRCC Chair LRCC Deputy | LRCC coordination |

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LRCC UPDATE BRIEFING GUIDE

This brief provides the framework for each LRCC meeting.

| FOCUS | ELEMENT | WHO |
|---|--|------------|
| What has changed? (Consider how the situation has changed since the last report) | Update on incident/issue | LRCC Chair |
| | LRCC update | LRC |
| | LRCC update | |
| What's been done? (Consider personnel, assets, environment, business continuity and reputation) | Key actions over preceding period | |
| | LRCC | |
| | Sub Committee updates | |
| What's going to be done? (Consider personnel, assets, environment, business continuity and reputation) | Response activities planned | |
| | Other group activities planned | |
| | LRCC Chairs guidance | |
| Priority issues | Identify critical operational and business issues | |
| | Prioritise issues | |
| | Allocated tasks | |
| Information required | Identify critical information requirements | |
| | Allocate responsibility for seeking this information | |

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SITUATION REPORTS

From: To: Date: Time:

| SITREP | |
|---|--|
| What has changed? (Consider how the situation has changed since the last report) | |
| What's been done? (Consider personnel, assets, environment, business continuity and reputation) | |
| What's going to be done? (Consider personnel, assets, environment, business continuity and reputation) | |
| Priority issues | |
| Information required | |

LRCC STATUS BOARDS

STATUS BOARD 1

SITUATION BOARD

LAST UPDATED:

| | | | | | | |
|-------------------|----------------------|---------------------------|-------|--------------------------|------------|----------------|
| Location: | | INCIDENT REPORT STATUS: | | AGENCY | POC | DETAILS |
| Description: | | | | HMA: | | |
| | | | | Support Agencies: | | |
| Time of incident: | Time LRCC activated: | Time HMA assumed control: | local | | | |

| INFORMATION REQUIREMENTS | RESPONSIBLE | DUE | COMPLETED | TASKS | PRIORITY | RESPONSIBLE | DUE | COMPLETED |
|--------------------------|-------------|-----|--------------------------|-------|----------|-------------|-----|--------------------------|
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STATUS BOARD 2

OBJECTIVES BOARD

LAST UPDATED:

| OBJECTIVES | | |
|---------------|-----------------|----------------------|
| <u>Social</u> | <u>Economic</u> | <u>Environmental</u> |
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| IMPACTS (CURRENT AND POTENTIAL) | | |
|---------------------------------|-----------------|----------------------|
| <u>Social</u> | <u>Economic</u> | <u>Environmental</u> |
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STATUS BOARD 3

CASUALTY BOARD

LAST UPDATED:

| CASUALTIES (FATALITIES/INJURIES/MISSING PERSONS) | | |
|--|--|--|
| | | |

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| Name | Organisation | Condition | Verified | Current location | Responsible Combat Agency | Next of kin notified | Next-of-kin support | Remarks |
|------|--------------|-----------|----------|------------------|---------------------------|----------------------|---------------------|---------|
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STATUS BOARD 4 - LOGISTICS BOARD

Last updated:

| RESOURCES | | | |
|-------------------|--------|--------|---------|
| Resource required | Source | Status | Remarks |
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STATUS BOARD 5 - KEY ACTIVITIES AND TIMINGS

Last updated:

| <u>LRCC Internal</u> | <u>Communications and Media</u> | <u>Other</u> |
|------------------------------|--|--------------------------|
| Next SITREPs due from field: | Next Communications Team Meeting: | Next Transport to _____: |
| Next LRCC update brief: | Next Community Information Brief: | |
| Next LRCC shift change | Next Media Conference/Statement: | |

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INDIVIDUAL ACTION LOG

| NAME | ROLE | DATE |
|------|----------------|------|
| TIME | ACTIVITY/EVENT | |
| | | |
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APPENDIX 3J – POST EMERGENCY REVIEW GUIDE

| A | B | C | D | E |
|------|----------------|-------------------|-------------------------------|--------|
| Time | Event / Action | Decision / Effect | Could it be done better? How? | Action |
| | | | | |
| | | | | |
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APPENDIX 3K - POST EMERGENCY DEBRIEF FORM

| | | |
|---|---------------------------|---------------------------------------|
| Date: | Time start: | Time finish: |
| Employee: | | |
| De-briefing Officer: | | |
| Role or involvement in emergency: | | |
| Medical check-up conducted: | | Yes / No |
| Date: | Time: | Contact: |
| Further treatment required: | | Yes / No |
| Date: | Time: | Contact: |
| Counselling: | | Offered / Arranged / Conducted |
| Date: | Time: | Contact: |
| Name of support person to be contacted (next-of-kin, family/friend): | | |
| Phone: | | |
| Issues / concerns: | | |
| Question: | | |
| Answer: | | |
| Signed (Employee): | | Date: |
| Signed (Debriefing Officer): | | Date: |
| For review by: | Reviewed: Yes / No | Date: |
| Comment/action: | | |

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RECOMMENDED PIA HEADINGS

1. TERMS OF REFERENCE

2. SEQUENCE OF EVENTS

- a. Pre-impact considerations
- b. Weather
- c. Notification and deployment
- d. Incident appreciation, assessment and first response actions
- e. Containment, control and combat strategies
- f. Incident control (including structure), command and coordination
- g. Incident objectives, strategies and tactics utilised
- h. Communications and communications planning
- i. Issues concerning Prevention and Preparedness strategies and resources
- j. Emergency management planning issues
- k. Evacuation
- l. Recovery issues

3. OCCUPATIONAL HEALTH AND SAFETY ISSUES

- a. Injuries (who, how, what & when)
- b. Type of injuries
- c. Classification of injured (career, registered volunteer [Y/N], general public)
- d. Training records of injured
- e. Operating from Brigade/Unit or private vehicle
- f. Near miss(es) (who, how, what & when)

4. INCIDENT MANAGEMENT EVALUATION

- a. Both expected and unexpected outcomes
- b. Effectiveness of IMT
- c. Effectiveness of strategies and tactics (against minimising impact of hazard)
- d. Operational effectiveness
- e. Effectiveness of response (mobilising, equipment, individual or group)
- f. Compliance with Policy Statements and Support Plans

5. LESSONS LEARNED

- a. List – strengths & weaknesses (weaknesses require recommendations)
- b. Community safety issues
- c. Community preparedness (emergency plans in place)
- d. Effectiveness of community recovery

6. ACTION AND IMPLEMENTATION SCHEDULE (for improving service delivery)

7. ENDORSEMENTS

8. ATTACHMENTS

- a. List of participants at the information gathering session
- b. List of all documentation
- c. Other

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DETAILS OF AVAILABLE GRANTS & HARDSHIP PAYMENTS

WANDRRA OVERVIEW

WESTERN AUSTRALIAN NATURAL DISASTER RELIEF ARRANGEMENTS OVERVIEW (May 2006)

Introduction

Communities in Western Australia are affected by a range of natural disasters each year. Although significant efforts are undertaken by the emergency services, state and local government agencies, communities and individuals to mitigate the impact of such events it is not possible to prevent such events from occurring and impacting on Western Australian communities. Whilst primary responsibility for safeguarding and restoring public and private assets affected by natural disasters rests with the owner, who should always plan for the vagaries of nature, the State Government recognises that disaster affected communities do not always have the resources to provide for their own recovery.

Commonwealth Natural Disaster Relief Arrangements

The Commonwealth Natural Disaster Relief Arrangements (NDRA) do not apply directly to disaster affected communities. The Commonwealth NDRA Determination sets down the principles, guidelines, practices and processes under which the Commonwealth provides financial assistance to the States and Territories for the provision of natural disaster relief payments and infrastructure restoration.

Western Australian Natural Disaster Relief Arrangements (WANDRA)

To assist the recovery of communities whose social, financial and economic well-being has been severely affected by a natural disaster event, the State Government has established a range of relief measures designed to help those within disaster affected communities that do not have the resources to provide for their own recovery. The various schemes address specific needs that may exist within a stricken community as well as providing a 'safety net' for disaster victims. Assistance is NOT provided as compensation for damage/losses sustained or as a disincentive to self help by way of commercial insurance and/or other appropriate strategies of disaster mitigation.

Eligible Events

The WANDRA only apply for those events resulting from any one, or a combination of the following natural hazards:

Bushfire; Earthquake; Storm; Cyclone; Storm Surge; Landslide; Tsunami; Meteorite Strike or Tornado

Eligible Measures

The WANDRA comprises a range of measures that have been approved by the State Government. The measures are designed to address the following community impacts:

- Individuals and families
- Business and residential
- Rural industry; and
- Local government.

The individual measures are listed at Annex A together with details of the eligibility criteria and the agency responsible for their management.

Administration and Management of the WANDRA

The Fire and Emergency Services Authority (DFES) is responsible for the overall administration of the WANDRA. DFES is assisted by a number of State Government agencies that manage specific components of the WANDRA (eg Personal Hardship and Distress measures by the Department for Community Development). The responsible agencies are detailed at Annex A.

Declaration of Eligible Disasters

An event must be proclaimed a “Natural Disaster” in accordance with the criteria specified under the WANDRA before all relief measures can be accessed.

Assistance under Personal Hardship and Distress Categories 1 – Emergency Assistance and 2 – Temporary Accommodation are exempt from this requirement and can be accessed for any eligible event.

The WANDRA criteria for the proclamation of a natural disaster are as follows:

- Must be an eligible event; and
- The anticipated cost of the event must exceed \$240 000.

In order to ensure that an event satisfies these criteria DFES will undertake an assessment of the impact of an event through various agencies including Local Government.

Once it has been confirmed that an event meets the above criteria with the endorsement of the DFES Commissioner a “*WANDRA Eligible Disaster Proclamation Notification*” will be issued by DFES to all relevant State Government agencies and affected Local Governments, and through the media.

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WA NATURAL DISASTER RELIEF ARRANGEMENTS**SUMMARY OF ASSISTANCE MEASURES**

| SUPPORT DETAILS | COMMUNITY IMPACT | AGENCY RESPONSIBLE |
|--|--|---|
| <p>Accommodation: ranging from short term emergency shelter (e.g., evacuation centre) to medium term overnight accommodation.</p> <p>Food: provision of meals in emergency shelters and accommodation or financial assistance to help people buy food.</p> <p>Clothing and personal items: e.g., toiletries and pharmaceuticals.</p> <p>Personal support: including practical assistance, information, referral, advocacy, counselling, child care and psychological services</p> <p>Financial assistance including personal hardship and distress relief payments where applicable: includes emergency assistance for immediate essential items and emergency accommodation assistance.</p> <p>Registration and inquiry: of persons evacuated or affected by the disaster; providing a means for people to locate family members and reunite.</p> | <p>Individuals and families</p> | <p>Department for Child Protection</p> <p>Free call: 1800 032 965</p> |

| | | |
|---|---|--|
| <p>Up to \$5,000 To assist with the reconnection of electricity.</p> <p>Up to \$10,000 For replacement of white goods and floors coverings.</p> | <p>Individuals and families</p> | <p>Department for Child Protection</p> <p>Free call: 1800 032 965</p> |
| <p><u>Loan Interest Subsidy Scheme</u> Scheme available for those affected and involves Approved Deposit Taking Institutions. Interest subsidy of 4% provided. Maximum loan of \$150,000 for a period of 10 years. Client may opt to defer principal repayments for the first two years. Authority pays the ADTI subsidy annually in advance based on return submission at anniversary of loan disbursement.</p> | <p>Small Businesses</p> <p>Applicants must:</p> <ul style="list-style-type: none"> a) Be a registered small business with an ABN. b) Employ fewer than 20 full-time equivalent staff. c) Demonstrate to the satisfaction of Government that the business has been directly affected by the natural disaster event. d) Demonstrate to the satisfaction of Government that the business operates locally. Public companies are not eligible. e) Must be actively engaged in the operation of their businesses and derive the main source of his/her/their income from the local business. | <p>Department of Fire and Emergency Services of Western Australia</p> <p>phone: +61 8 9323 9552</p> <p>email: wandrra@DFES.wa.gov.au</p> <p>Western Australia Natural Disaster Relief & Recovery Arrangements (WANDRRA) is available by clicking on the 'Natural Disaster Relief & Recovery Assistance' button located on DFES's web page - http://www.dfes.wa.gov.au/</p> |
| <p>Up to \$15,000 Small Business Recovery Grant Reimbursement for the clean-up and immediate restoration costs as a result of the floods 15 – 21 Dec 2010.</p> <p>Payment will only occur on production of tax invoices or receipts which must be received by the DFES prior to the end of the financial year.</p> <p>Please be advised that applicants can apply for either a Small Business Recovery Grant or a Primary</p> | <p>Small Businesses</p> <p>(As above)</p> | <p>Department of Fire and Emergency Services of Western Australia</p> <p>phone: +61 8 9323 9552</p> <p>email: wandrra@dfes.wa.gov.au</p> <p>Western Australia Natural Disaster Relief & Recovery</p> |

| | | |
|---|---|---|
| <p>Producers Recovery Grant, <u>NOT BOTH</u>.</p> <p><u>Refer information sheet for more details.</u></p> | | <p>Arrangements (WANDRRA) is available by clicking on the 'Natural Disaster Relief & Recovery Assistance' button located on DFES's web page - http://www.dfes.wa.gov.au/</p> |
| <p><u>Loan Interest Subsidy Scheme</u> Scheme available for those affected and involves Approved Deposit Taking Institutions. Interest subsidy of 4% provided. Maximum loan of \$150,000 for a period of 10 years. Client may opt to defer principal repayments for the first two years. Authority pays the ADTI subsidy annually in advance based on return submission at anniversary of loan disbursement.</p> <p>Boundary Fences Consideration will be given to the provision of assistance for the restoration/replacement of fencing where the fencing has been:</p> <ul style="list-style-type: none"> • deliberately dismantled or damaged in operational activities to combat the flood; or • damaged as a direct result of the flood 15 – 21 Dec 2010. <p>Freight Costs This assistance reimburses the primary producer a maximum of 50% of the costs to the producer of transporting any of the following as a direct result of the flood:</p> <ul style="list-style-type: none"> • Livestock; • Fodder or water for livestock; or • Building or fencing equipment or machinery. | <p>Primary Producers</p> <p>Applicants must:</p> <p>(a) Operate a commercial scale farming, fishing or pastoral business and be affected by the declared natural disaster.</p> <p>(b) Have been operating the business for at least 1 year.</p> <p>(c) Either own the farm land or hold a minimum five (5) year agreement to share-farm or lease the property, OR own and operate under a fishing licence or have a three (3) year lease of a fishing licence.</p> <p>(d) Devote at least 75% of their labour to the primary production business.</p> <p>(e) Confirm that the applicant's business generates at least 50% of its income from the affected enterprise.</p> <p>(f) Application should be made within 6 months of the declaration date of the disaster.</p> <p>(g) Demonstrate that own resources are not available to the business to recover from the disaster.</p> <p>(h) Demonstrate the impact of the event on the business.</p> <p>(i) Sign a Statutory Declaration certifying the above.</p> | <p>Department of Agriculture and Food</p> <p>Free call: 1800 198 231</p> |

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| | | |
|--|---|---|
| <p>Grants to obtain Professional Advice Reimbursement of fees to a limit of \$1,500 to obtain professional advice.</p> | | |
| <p>Up to \$15,000 Primary Producers Recovery Grant Reimbursement for the clean-up and immediate restoration costs as a result of the floods 15 – 21 Dec 2010.</p> <p>Payment will only occur on production of tax invoices or receipts which must be received by the DAFWA prior to the end of the financial year.</p> <p>Please be advised that applicants can apply for either a Small Business Recovery Grant or a Primary Producers Recovery Grant, <u>NOT BOTH</u>.</p> <p><u>Refer information sheet for more details.</u></p> | <p>Primary Producers (As Above)</p> | <p>Department of Agriculture and Food</p> <p>Free call: 1800 198 231</p> |

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TRANSITION FROM RESPONSE TO RECOVERY FORM

1: Incident details

| | |
|---|-----------------|
| Incident Name: | |
| Incident Number: | |
| Hazard Management Agency: | |
| Local Government Affected: | |
| Other Local Government Areas Affected: | |
| Last Incident Report: | YES / NO |
| Maps Attached: | YES / NO |

- Have essential services been restored to an acceptable standard **YES / NO**
 - If **NO** which ones have not?

- Is the area been made safe for the community to return? **YES / NO**

- Have all rescues been completed? **YES / NO**

- Are there any road blocks in place? **YES / NO**

2: Impact Assessment

1. Number of **residential** properties **destroyed**?
2. Number of **residential** properties **damaged**?
3. Number of **commercial or industrial** properties **destroyed**?
4. Number of **commercial or industrial** properties **damaged**?
5. Number of **rural, pastoral or primary producer** properties **destroyed**?

6. Number of **rural, pastoral or primary producer** properties **damaged**?

3: Relocation/Welfare

7. Was a **Relocation** undertaken? **YES / NO**

8. Location of Relocation Centre (s)

9. Estimated number of people relocated?

4: Confirmation

HANDED OVER BY:
Incident Controller

Name: _____

Contact Details: _____

Date: _____

Time: _____

Signature: _____

HANDED OVER TO:
Local Recovery Coordinator

Name: _____

Contact Details: _____

Date: _____

Time: _____

Signature: _____

NOTE:

The purpose of this form is to document the effect the emergency has had on the community at the time of handover from Response to Recovery.

The document is regarded as the official handover from Incident Management Team to the Local Recovery Coordination Committee (LRCC) and will assist the (LRCC) in the commencement of the recovery process.

Section 3: Evacuation/Welfare

10. Was an evacuation or relocation undertaken?

Yes – Go to question 6a

No – Go to question 10

6a. Has a welfare centre(s) been established?

Yes – Go to question 6b

No – Go to question 7

6b. Details of welfare centre(s):

Address:

Estimated number of evacuees:

Notes:

11. How many properties were evacuated?

12. When will evacuees be allowed back into the affected area?

13. Is there any other relevant information regarding the evacuation of people within the area?

Section 4: Confirmation

14. Transition report details:

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Report prepared by: _____

Date: _____

Time: _____

Signature: _____

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| Situation | Organisation/Action |
|---|--|
| <p>ALERT (Transition)</p> <p>On receipt of advice of an emergency which has the potential to require Local coordination of recovery activities</p> | <p>HMA</p> <ul style="list-style-type: none"> • Ensure that the Local Emergency Coordinator (LEC) and affected local government(s) are advised of the extent of potential recovery support requirements. • Include Local Recovery Coordinators/local governments in briefings/Incident Management Group. <p>LOCAL GOVERNMENT</p> <ul style="list-style-type: none"> • Establish liaison with Local Recovery Coordinator/Committee (LRC) chairperson and appropriate core members to consider possible requirement for Local level coordination of recovery support. • Advise and liaise with LRCC members. |
| <p>ACTIVATION</p> <p>Requirement for Local level coordination of recovery identified/requested</p> | <p>LOCAL GOVERNMENT</p> <ul style="list-style-type: none"> • When requested by or on the advice of the HMA or the Incident Management Group, convene the LRCC and, where required, establish a Reconstruction/Restoration Group and/or Community/Support Services Group or other sub-committees. <p>LRC</p> <ul style="list-style-type: none"> • Arrange for conduct of on-site assessment, if appropriate. • Maintain links with affected organisations for the identification and coordination of the provision of recovery support. |
| <p>STAND DOWN</p> <p>On completion of Local coordinated recovery activities.</p> | <p>LOCAL GOVERNMENT/LRC</p> <ul style="list-style-type: none"> • Ensure handover of responsibility for ongoing recovery activities to a managing agency. • Advise LEC and LRC members of stand-down • Conduct debrief/post operations review and prepare report to the LEMC, with copies to the DEMC, the HMA and the Chair SEMC Recovery Services Group • Manage the implementation of post operations report recommendations and revision of Local Recovery Emergency Management Plan as required. |

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ANNEX 6 ACTION RECOVERY PLAN TEMPLATE

Action Recovery Plan

(Suggested composition/layout following a major emergency)

The <insert City/Town> has prepared local recovery arrangements that encompass all of the elements of WESTPLAN - RECOVERY COORDINATION as a general recovery management plan however, following a major emergency where substantial damage has occurred to residential, commercial and government buildings and other community infrastructure and where significant reconstruction and restoration is required, an Operational Recovery Plan should be prepared by the LRCC.

The Operational Recovery Plan should provide a full description of the extent of the damage, both physical and human and detail plans for restoration and reconstruction of the affected community.

Each Operational Recovery Plan will be different depending upon the nature of the emergency and the severity of the destruction and disruption however, the following is a guide to those elements that should be included, although it is not intended to be prescriptive

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(Name of community) Local Recovery Coordinating Committee

Action Recovery Plan

Emergency: (*type* *and* *location*)
.....

Date **of** **Emergency:**
.....

Section 1

Introduction

- Background on the nature of the emergency or incident
- Aim or purpose of the plan
- Authority for plan

Section 2

Assessment of Recovery Requirements

- Details of loss and damage to residential, commercial and industrial buildings, transport, essential services (including state and local government infrastructure)
- Estimates of costs of damage
- Temporary accommodation requirements (includes details of evacuation centres)
- Additional personnel requirements (general and specialist)
- Human services (personal and psychological support) requirements
- Other health issues

Section 3

Organisational Aspects

- Details the composition, structure and reporting lines of the groups/committees and sub-committees set up to manage the recovery process
- Details the inter-agency relationships and responsibilities
- Details the roles, key tasks and responsibilities of the various groups/committees and those appointed to various positions including the Recovery Coordinator.

Section 4

Operational Aspects

- Details resources available and required
- Redevelopment Plans (includes mitigation proposals)
- Reconstruction restoration programme and priorities, (including estimated timeframes)

- Includes programs and strategies of government agencies to restore essential services and policies for mitigation against future emergencies
- Includes the local government program for community services restoration
- Financial arrangements (assistance programs (NDRA), insurance, public appeals and donations (see also Section 4 below)
- Public information dissemination.

Section 5

Administrative Arrangements

- Administration of recovery funding and other general financial issues
- Public appeals policy and administration (including policies and strategies for office and living accommodation, furniture and equipment details for additional temporary personnel).

Section 6

Conclusion

Summarises goals, priorities and timetable of plan.

Signed by: _____
Chairperson, Local Recovery Coordinating Committee

Date: _____

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EX 7 LOCAL RECOVERY COMMITTEE STANDARD REPORTING

**LOCAL RECOVERY COORDINATING COMMITTEE
RECOVERY REPORT – <Emergency Situation>**

*Mingenew, Morawa, Perenjori, Three Springs Local Recovery Coordinating Committee
Report No:*

To: Chairman, SRCC/State Recovery Coordinator

Situation Update: *Should include: full damage report (once only) and estimated amount in \$, work in progress including estimated completion dates, details of difficulties or problems being experienced.*

Proposed Activities: *Should include plans and strategies for resumption of normal services (where appropriate), plans for mitigation works, dates of commencement and completion of reconstruction works, possible disruption of activities of other agencies.*

Special Assistance:

Requirements: *Includes support from other agencies, LRCC intervention with priorities.*

Financial Issues: *May include support from LRCC for additional funding from Treasury.*

Recommendations:

Name & Signature:

Title:

Date:

ANNEX 8 POST INCIDENT ANALYSIS PRO FORMA

| ISSUE | <u>YES/NO</u> <u>POSITIVE/NEGATIVE</u> Comments | What Requires attention <u>RECOMMENDATIONS</u> |
|---|--|---|
| <u>MANAGEMENT EXAMPLE</u> | | |
| Was notification/mobilisation satisfactory/appropriate? | Yes | |
| Was the Management/Administration structure effective. | Meetings were run well and right amount of people. | |
| Reporting relationships clear ? <i>(Did you know who to report to?)</i> | Needs work | |
| Was the transition from Response Phase to Recovery Phase clearly established? | Yes/No | |
| Were Recovery Objectives/Actions clearly defined? | No | |
| Were Recovery Arrangements useful or require review/upgrade | Yes however review required. | |
| Inter-agency liaison Were there any issues working/liasing with other organisations? | No | |
| Emergency Management Recovery Support Arrangements Are relevant Agency/Organisation arrangements established/current? | Meetings were run well and right amount of people. | |

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Local Recovery Coordinating Committee

Initial Recovery Meeting Agenda

Meeting Opened:

1. Controlling Agency (CA)/Hazard Management Agency (HMA):
 - a. Overview of Incident
 - b. Overview of outstanding matters/Request for Assistance (RFA's)
 - c. Overview of contentious issues
 - d. Handover of Response to Recovery Document (discuss detail and timing)
 - e. Status of WANDDRRA
 - f. Forecast weather patterns
2. Local Government:
 - a. Identification of Local Recovery Coordinator
 - b. Recovery Committee composition
 - i. Chairperson
 - ii. Admin Support and Record Keeping
 - iii. Required agencies
3. Review of members / agencies present
4. Round table discussion from agencies – who is doing what?
5. Identification of key issues requiring action and allocation of responsibilities and priorities, with timeframes
6. Development of key contact list for agencies
7. Public Information / Media Management:
 - a. who is doing what?
 - b. handover process
 - c. can the CA/HMA provide some intermediate support?
 - d. can a CA/HMA Public Info Officer (PIO) / Media Liaison Officer (MLO) stay and provide assistance?
 - e. is a public meeting required – if so, when and who will run it?
8. Community Welfare – DCP

Next Meeting – date, time, location?