25 October 2012

Dear Participant,

My name is Sonali Weerasekara and I am a master’s student studying Hazard and Disaster Management at University of Canterbury. For my thesis, I am looking at the potential risk of gastroenteritis after an earthquake. I am also interested in understanding the successful processes carried out at the welfare centres in Christchurch that prevented a gastroenteritis outbreak. The results of this project can add to existing knowledge about coping in a disaster and can be used as advice for other welfare centres around New Zealand. Volunteers’ contact details were obtained from the welfare ward co-ordinator. Because you were a welfare centre volunteer at the time of the February 22, 2011 and September 4, 2010 earthquakes, I am inviting you to participate in this research study. This will involve taking part in an interview within a focus group (in a group interview with up to 5 participants).

The interview will take approximately an hour to complete. There is no compensation for responding nor is there any known risk. The interview will be audio-recorded as taking notes will be difficult for me while I am asking questions. A transcript of your interview is available to you upon request. All information will remain strictly anonymous and confidential where material will remain in a password-protected file, encrypted on a locked laptop. A password-protected back-up copy will be stored in a locked file cabinet at a secured office at University of Canterbury.

If you are not satisfied with the manner in which this study is conducted, please report (anonymously if you so choose) directly to my supervisor. The interview can be ended any time and copies of my completed project will be available to participants via University of Canterbury library repository website.

Thank you for taking the time to assist me in my research; it is much appreciated. The data collected will provide useful information to help me understand the successful steps that were taken to prevent outbreaks of gastroenteritis at a welfare centre. If you require any further information or have any questions, please don’t hesitate to contact me.

Once again, thank you for your time and I look forward to your response.

Sonali Weerasekara

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Supervisors

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Participant Information Sheet

For Research Project on

“Gastroenteritis Risk Modelling Following Canterbury Earthquakes in New Zealand: Preliminary Analysis of Exposure and Mitigating Factors”

Purpose of the Study

As part of the requirements for my Master of Disaster and Hazard Management at University of Canterbury, I have to carry out a research study. The purpose of this study is to understand the potential risk of gastroenteritis (especially in relation to damaged infrastructure water and sewerage networks) using a risk assessment methodology. Part of this study involves understanding the successful steps taken at to prevent spread of gastroenteritis at welfare centers. This is important, as there were no large-scale gastroenteritis outbreaks that were recorded after the Canterbury Earthquakes (September 4 2010 and February 22 2011). Successful approaches identified and lessons learnt will be highly useful to improve welfare center operations across the country and supplement future disaster management plans.

What will the study involve?

The study will involve a single one-off interview in a focus group (up to 5 participants in a group interview). The interview will be an hour in length. During the interview, you will be asked a series of discussion focused questions about welfare centre operations and practical methods carried out to prevent the spreading of gastroenteritis within a welfare centre.

What is my role in the project?

You have been asked because you were a welfare centre volunteer at Burnside High School and/or Cowles Stadium during the Canterbury earthquakes. Hence, you are particularly well-placed to provide data for the study. The study questionnaire is attached with this information sheet.

Do I have to take part?

Participation is voluntary and requires your agreement to take part by completing a consent form. You can keep the information sheet and a copy of the consent form. You have the option of withdrawing before the interview begins (even if you have agreed to take part), during the interview, or discontinuing after the interview has been completed.
Will my participation in the study be kept confidential?

Yes. I will ensure that your identity will not appear in the thesis and any contents will remain anonymous. Participants’ confidentiality will be protected by ensuring that all the material will remain in a password-protected file, encrypted on a locked laptop. A password-protected back-up copy will be stored in a locked file cabinet at a secured office at University of Canterbury.

What will happen to the information you give?

The interview will be audio-recorded. This is because it will be difficult for me to take study notes while I am asking questions. The material will be kept strictly confidential and anonymous in a secured room during the course of the study. No one will have access to any material except me and my senior supervisors. Upon thesis completion, data will be retained for a further 5 years in a secured location and then destroyed (including the back-up copy). During this time, only the senior supervisors will have access to this material.

What will happen to the results?

Your responses to the interview questions will be anonymously used in the final thesis and in any journal articles. You can request a transcript of your interview. The results will be brought together in the thesis to represent the overall successful steps taken to prevent gastroenteritis outbreaks at welfare centres after the Canterbury Earthquakes. My supervisors, a second marker and the external examiner will see them.

What are the possible disadvantages of taking part?

There should be no negative consequences for you in taking part. If you do experience any distress, please feel free to end the interview and if you wish, use services such as Earthquake Support and Counselling Line on 0800 777 846, or your health professional.

What if there is a problem?

You can withdraw from the study at any time during the interview sessions and do not need to give any reason for your decision. If you withdraw from the study, you can have your responses to the interview questions removed from the thesis and from all electronic storage devices (USB Drives and Hard Disk Drives). If you subsequently feel distressed by the manner in which this study was conducted, you should contact senior supervisors:

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Who has reviewed this study?

Before commencing interviews, University of Canterbury Human Ethics Committee (HEC) has granted approval to carry out the interviews. The contact details for University of Canterbury HEC are shown below:

General Enquiries:  
Okeover House  
Telephone: +64 3 364 2987  
Office Hours:  
Monday 8.30am – 2.30pm  
Wednesday 8.30am – 5.00pm  
Friday 8.15am - 2.00pm  
human-ethics@canterbury.ac.nz

Further queries  
If you have any further questions or need any additional information, please don’t hesitate to contact me:  
Sonali Weerasekara  
Cell: +64 21 0789800  
Email: sew71@uclive.ac.nz

If you agree to take part in the study, please sign the consent form overleaf. Thank you for taking part in this study. Your time is truly appreciated and highly valued.
Consent Form

I. I agree to participate in “Gastroenteritis Risk Modelling Following Canterbury Earthquakes in New Zealand: Preliminary Analysis of Exposure and Mitigating Factors” research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Sonali Weerasekara to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be assured in the write-up by disguising my identity.

I understand that the project has been reviewed and approved by the University of Canterbury Human Ethics Committee.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box :)  
I agree to quotation/publication of extracts from my interview   □  
I do not agree to quotation/publication of extracts from my interview   □

Signed........................................... Date.....
WELFARE CENTRE QUESTIONNAIRE

This questionnaire is for focus group interviews. The purpose of this questionnaire is to understand the successful processes carried out at the welfare centres that prevented a gastroenteritis outbreak after the Canterbury Earthquakes. The results of this project can add to existing knowledge about coping in a disaster and can be used as advice for other welfare centres around New Zealand.

The following questions are based on the Canterbury Earthquakes (September 4, 2010 and February 22, 2011 earthquakes). The questions are only applicable when the welfare centre was operational and open to the public. Please provide as much information and detail where possible.

WELFARE VOLUNTEER QUESTIONS

1) What was your role at the welfare centre?

2) What other organisations did you work with (e.g. Red Cross) and how was the information relayed between organisations?

3) How many volunteers were needed per shift to run the welfare centre?

4) Did your role change while the welfare centre was operational?
   • If so, what was the nature of the change and how long were you in the new role?
   • Did you receive any training prior to starting your new role?
   • Was there any unexpected work you that you had to do? If so please provide detail.

5) How long have you been volunteering at the welfare centre?

6) How long was your shift each day and how many days did you work?
   • Did your hours vary during the time the welfare centre was operational?

7) How was information relayed to volunteer staff arriving for the next shift?

WELFARE OPERATIONAL SERVICES:

8) What type of building was used for the welfare centre (a school, sports stadium, community hall)?

9) How many days/hours after the earthquake did the welfare centre open to the public?
   • Approximately how many people were housed during the course of the time the welfare centre was open?
10) When did the welfare centre close after the September 4, 2010 earthquake and the February 22, 2011 earthquake?

11) Was any section of the welfare buildings not operational owing to earthquake damage?

12) What was the general floor plan of the welfare centre?
   - Did this floor plan differ from the Standard Operation Procedures? If so, why?
   - Sleeping areas: were designated sleeping areas available for welfare users?
     Were there:
     - Adequate numbers of cots/beds/mattresses? How was this achieved?
     - Adequate supplies of bedding that was changed regularly. How was this provided?

   - How and where in the welfare centre were the following areas accommodated within the welfare centre?
     - Seating areas
     - Eating areas
       - How were the meals provided to welfare users?
     - Was there adequate ventilation
     - Special Needs:
       - Were there any people with special medical requirements such as people requiring dialysis?
       - Could people with a physical disability access all parts of the welfare centre?
     - Animal welfare: residents arriving with pets
       - Were there any specific protocols carried out to cater to animal welfare?
     - Were there a childcare area?
     - Was there a health clinic? How many people staffed this facility?
     - Were there any counselling services available?

13) Were there any additional operational services or emergency and health personnel available while the welfare centre was operational?
ESSENTIAL LIFELINE SERVICES

14) Water Supply- Drinking water
   - What type of drinking water supply was available at the welfare centre? (portable containers/ pipe supply etc)
   - Where were the drinking water stations located within the welfare centre?
   - How was the drinking water standard monitored? How often was this carried out?
   - Was there an occasion(s) when drinking water was unavailable?
     - If so, how was this rectified and how often did this occur while the welfare centre was operational?

15) Water Supply- Hand Washing
   - Were there designated locations throughout the welfare centre for hand-washing with an adequate water supply? If so, how many hand-washing stations were there?
   - What was the water supply for washing hands (e.g. Pipe network)?
   - Was there a time when water for hand washing was unavailable?
   - What other sources of hand washing water were available at the welfare centre?
     - Where were these alternate sources located (e.g. location of hand sanitisers)?
     - Were hand-washing resources (e.g. soap) unavailable or depleted at any anytime during the time the welfare centre was operational? If so, how often did this happen and were there any alternatives provided?

16) Water Supply- Bathing and Laundry
   - Was hot water available for bathing facilities (e.g. showers)? When did these services become available (e.g. before or after the welfare centre was operational)?
     - Describe the facilities that were available to users.
       - What type of bathing facilities were present (e.g. communal showers)?
       - How many of these bathing facilities were available? And where were they located at the welfare centre?
   - Describe the type of laundry services that were available?
     - What type of laundry services were available (washing machines, dryers etc)?
     - How many of these services were present?
     - When did these services become available?

17) Sewage Services:
   - Were there any functioning water closets/ WC’s available when the welfare centre opened for the public?
   - What type of sewage system was available for the welfare centre after the earthquake (toilets in the building, portaloos, chemical toilets or a combination)?
• How often were the toilets cleaned while the welfare centre was open to the public?

• If sanitation facilities such as toilets inside the building were not functioning, when did other sanitation facilities such as portable toilets become available for use?
  o How many portable/chemical toilets were there at the welfare centre?
  o Where were these located?
  o What was the ratio of portable toilets to user?
  o How often were they cleaned or emptied?

18) Solid Waste Disposal:
• Describe the rubbish disposal option that was available at the welfare centre.
  o Was there any hazardous material that needed to be disposed? (Hazardous material can be medical waste, toxic substances etc.)
• How was the rubbish removed from the welfare site?
• How often did this occur?

19) Power Supply & Communications:
• What type of power supply (normal power grid or generator) and communication systems were available and utilised during welfare centre operations?
  o Were these services available intermittently or continually?
  o Was there any power outage during shifts? If so, for how long?
    ▪ Was there a generator on the premises?

INFECTION PREVENTATIVE MEASURES

20) Infectious Disease Surveillance:

Welfare Centre Entrance:
• What surveillance protocols were established for people entering the welfare centre? If so please explain.
  o Was this service conducted by welfare centre staff?

• What surveillance protocols were established for people entering the welfare centre showing symptoms of illness or infectious disease (like gastroenteritis)? If so please describe them.
  o Did any people arrive at the welfare centre showing symptoms of gastroenteritis?
  o How was this information passed on to public health officials?
  o How often did this happen?
Inside The Welfare Centre:

- Describe the surveillance systems that were carried out once people were inside the welfare centre.
  - If there were such systems, how often were these surveillance checks carried out (staff shift change\ daily)\?
    Please describe with as much details as you can.

- What were the major illness symptoms you were looking for?
  - Were there people showing symptoms of gastroenteritis after they spent time at the welfare centre? If so please give details.
  - What measures were taken to prevent further spread of infection?
    - How often these measures were conducted (hourly, daily etc)\?
    - Were these conducted by welfare staff?
  - How was this information passed on to public health officials?

- Were there any isolation units available on the day the welfare centre opened?
  - If so, how many isolation units were allocated and where were they located?
    How long did people remain in isolation rooms?
  - Were these isolation rooms allocated before the Canterbury earthquakes?
  - Why was this specific location chosen and what advantages did this particular space provide while the welfare centre was open?

- What was the process for reporting any form of illness (including gastroenteritis) to public health officials while the welfare centre was operational?
Education:

• What types of educational programmes/guidance were available to promote personal hygiene (covering coughs, and sneezes, and disposing of tissues) at the welfare centre?
  o Were any specific tools or resources used? If so what were they (e.g. banners or leaflets, word of mouth).
    ▪ If so, where in the welfare centre were these resources put on display/handed out?

• When did these educational messages commence and for how long? Was this service conducted by welfare staff?

• What measures were put in place to protect welfare centre staff from gastroenteritis?

21) What other practical measures/guidelines were in place that helped to prevent the spread of infectious disease at the welfare centre? Please describe with as much details as possible.

22) Are there any future improvements that you could suggest to prevent infectious disease spread at a welfare centre? Please provide as much details as possible.

END OF QUESTIONNAIRE

Many thanks for taking the time to participate in my research. Your patience and input is much appreciated.