

CRISIS MANAGEMENT IN MUNICIPALITY: THE ROLE OF CIVIL PROTECTION DURING COVID-19 CRISIS

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The state responded to the non-military form of endangering people's lives in accordance with the National Plan for Protection and Rescue in the Event of an Outbreak of an Infectious Disease or Human Pandemic. However, especially in the first wave, many shortcomings of such a plan became apparent in the implementation of tasks at the level of local communities. They reacted differently to the threat and relied on a high degree of self-initiative, due to the limited functioning of the Protection and Rescue System at the regional level. Weaknesses were analysed and then largely remedied at the start of the second wave, so the response was more coordinated and more effective. The article sheds more light on the upgrade in operation between the first and second waves of the COVID-19 epidemic in Slovenia through the prism of local self-government.

Key words: crisis management; Civil Protection; Slovenia; local self-government; COVID-19.

1 INTRODUCTION

Facing a pandemic has posed a new challenge to national security systems (Malešič 2021, 67). Even though the arrival of the epidemic in the Republic of Slovenia (RS) could have been foreseen, as the disease was spreading rapidly in its neighbourhood, it was relatively unprepared to face such a crisis. Material shortages, lack of protective equipment (masks, disinfectants, protective caps as well as breathing fans) were due to poor preparation of plans and unclear definition of tasks among the subjects involved in the management of the epidemic. In these circumstances, the level of local self-government was left to its own organization in the implementation of measures to contain the epidemic. The municipality of Kočevje was among the most successful in this respect, as the rate of infection transmission was minimal, and at the same time it managed to

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provide the functioning of all municipal social subsystems that ensure the normal stay of people in the local community. In the second phase, with the help of a uniquely regulated vaccination system, it set new norms in the field of efficiency in this field in the Republic of Slovenia. Respecting all current protocols in the field of vaccination, most people (over 60 per cent) were vaccinated in the shortest possible time in this local community. The reasons for such efficiency, the manner of planning the operation of the civil protection system and the implementation of its tasks is the subject of this article. The case study sheds light on and offers several solutions that should be implemented in other local communities in the Republic of Slovenia as well as in other countries with similar legislation at the level of local self-government. Using the method of his own participation, the author offers a detailed insight into crisis management in the mentioned local community and addresses several challenges that, despite the persistence of the epidemic, remain the subject of successful crisis management planning at the local government level.

2 NORMATIVE REGULATIONS OF PROTECTION AGAINST NATURAL AND OTHER DISASTERS IN THE RS

Protection against natural and other disasters in Slovenia is implemented in the form of a unified and comprehensive system organised by the state and self-governing local communities. It is a subsystem of national security of the state, which ensures the protection of people, animals, property, cultural heritage and the environment. The legislator independently regulated the field of protection against natural and other disasters in the RS for the first time in 1994, when the National Assembly adopted the Protection against Natural and Other Disasters Act (1994). Proceeding from the provisions of the law, protection against natural and other disasters is a right and duty provided within the competence of the state, local community, citizens and other inhabitants of RS, public rescue services; companies, institutes, and organisations, as well as by volunteers organised into associations, professional associations and non-governmental organisations that perform activities important for protection against natural and other disasters. The basic principles of the system are aimed at providing preventive protection measures and at providing mutual and international assistance and accountability. According to the method of integration into the protection and rescue system, the forces are divided into professional ones, such as fire brigades and emergency medical services, voluntary ones such as the Red Cross, Caritas and voluntary fire brigades, and duties, which include Civil Protection units and first aid units. In the case of natural and other disasters, the forces are first activated at the local level, then by neighbouring municipalities and finally by the state, all depending on the size and type of disaster.

Unified principles and positions of the protection and rescue system are also determined by the Doctrine of Protection, Rescue and Relief, adopted by the Government of the RS in May 2002. According to the doctrine, for the needs of efficient management, planning and implementation of the basic tasks of the system, the state is divided into regions within which professional services, management, rescue and assistance bodies, units, services and Civil Protection bodies, logistics centres and other operational structures are organised (Doctrine of Protection, Rescue and Relief 2002).

In addition to the legislation, the basis for the development of the protection and rescue system is also determined by the Resolution on the National Program for

Protection against Natural and Other Disasters, based on the Resolution on the National Security Strategy of the RS (2019). The Resolution of the National Program for Protection against Natural and Other Disasters represents a strategic program aimed primarily at prevention as a more effective and in the long run cheaper form of protection against natural and other disasters. The Resolution encourages systemic improvements such as upgrading infrastructure systems, especially information and communication and improving the conditions for the operation of services, units and other formations organised by associations and other non-governmental organisations for protection, rescue, and assistance. The state strives to ensure that the development of the protection and rescue system in the future is aimed at better and greater organisation of the Civil Protection Services. Inclusion in these groups would be regulated by contracts for members of all major units and civil protection services under state jurisdiction, thus ensuring a greater degree of compulsory inclusion in the system.²

The State Plan for Protection and Rescue in the event of an epidemic or pandemic of a contagious disease in humans³ was adopted in Slovenia for the first time by a decision of the Government of the RS in February 2016. The Infectious Diseases Act, according to which 64 different types of infectious diseases are currently recorded in Slovenia, due to which general and special measures are implemented. According to the above-mentioned law, protection against infectious diseases and nosocomial infections is the right of every inhabitant of the RS, as well as the duty to protect their health and the health of others. The system of protection against infectious diseases in Slovenia includes social, group and individual activities and measures that enable the prevention, control, treatment and elimination of the consequences of infectious diseases. The key role in the system is played by the ministry responsible for health, the Institute of Public Health of the RS and regional health care institutes. In the case of natural and other disasters, the Act also defines the army and bodies and units for protection, rescue, and assistance as the bearer of tasks (Infectious Diseases Act 2006). According to the Infectious Diseases Act, the preparation and coordination of the plan is the exclusive competence of the state or the Ministry of Health.

The protection and rescue plan in the event of an epidemic or pandemic of an infectious disease is activated at the proposal of the Minister responsible for health, when in addition to services in the health sector it is necessary to activate other forces and means for protection and rescue. The execution of once

² With the Resolution written for the period from 2016 to 2022, the state also promotes the material supply of public services in the protection and rescue system. Thus, in the context of the implementation of emergency medical care, it provides for the provision of purchases of medical equipment at the pre-hospital level, in particular equipment such as defibrillators and respirators. In addition to the planned activities, the state also defines the financial part in the Resolution, which is of key importance in ensuring an effective system of protection, rescue, and assistance. Based on the Resolution, in 2016, EUR 48 million was allocated for the operation of the protection and rescue system at the local level, and these funds are expected to gradually increase in the future. By increasing funding, the state wants to enable local communities to effectively implement the protection and rescue system (Resolution on the National Program for Protection against Natural and Other Disasters 2016).

³ The national plan represents a basic plan for protection and rescue in the event of an epidemic or pandemic of an infectious disease and is prepared for cases of declaring an epidemic or pandemic of an individual infectious disease in humans. In accordance with the provisions of the law managing infectious diseases, an epidemic in the RS is declared by the Minister responsible for health or the Government of the Republic of Slovenia when it is an infected or endangered area at the level of the entire RS (Infectious Diseases Act 2006).

activated plan lays in the hands of the Commander of the Civil Protection of the Republic of Slovenia, who activates regional and partial municipal plans in the event of an epidemic at the level of the entire country.

The National Plan sets out protocols of actions for the prevention and control of infectious diseases, the system of organising, activating, managing, and leading forces for protection, rescue and assistance, the method of monitoring, informing, alerting and, finally, implementing protection measures and protection, rescue, and assistance tasks 2016 (National plan for protection and rescue in the event of an epidemic or pandemic of an infectious disease in humans 2020). The National Plan for Protection and Rescue in the Event of an Infectious Disease Epidemic or Pandemic, version 1.0, was created based on the National Risk Assessment of Infectious Diseases in the Republic of Slovenia, prepared for cases of outbreaks or epidemics of human diseases state borders (Ministry of Defense, Administration of the Republic of Slovenia for protection and rescue 2016).

The amendment to the national plan for protection and rescue in the event of an epidemic or pandemic of an infectious disease in humans was adopted in 2020 in response to the experience in dealing with the epidemic of coronavirus disease in humans in the first wave. Version 2.0 defines that an epidemic is not only a significant public health problem but also a wider societal problem, as its scale threatens human health and life. From the national plan it can be understood that the ministry responsible for health in 2020 prepared a Plan for health preparedness for epidemic/pandemic infectious disease, which describes the phases or scenarios of the epidemic, key stakeholders, and their role in controlling the epidemic and epidemic management system (National plan protection and rescue in the event of an epidemic or pandemic of a contagious disease in humans v2.01 2020). According to the plan, despite the epidemic, primary health care is provided at the local level, where in the event of a temporary interruption of activities, common points are organised for basic health care activities (dentistry, gynaecology, paediatrics). Additionally, the measures will also be extended to health care in public social welfare institutions and educational institutions, where the establishment of grey zones is determined, and the duty to prepare crisis plans for the establishment of red zones, planning stocks of protective equipment and monitoring the health of employees. As public social care institutions and educational institutions represent one of the major meeting places for people in one location, the plan also sets out certain social measures, such as restrictions on visits and socialising, maintaining adequate distance and educating employees about illness and measures and raising awareness of caregivers and relatives. The plan foresees the main task of pharmacy institutes to monitor and ensure stocks of critical medicines and agents (gloves, disinfectants, masks) released from state commodity reserves in case of shortage (Ministry of Health 2020). Version 2.0 of the National Plan for Protection and Rescue in the Outbreak of an Infectious Disease or Pandemic in Humans differs in several parts from the originally valid version. Among other things, Version 2.0 sets out the individual stages of the epidemic and the activities and the concept of response that depends on the infectious agent, the conditions for its occurrence and spread, the number of cases and risk assessments and the capacity available to implement certain measures to curb the spread of virus. According to version 2.0, the competencies and tasks of the state or the Government of the Republic of Slovenia and ministries are expanded (Government of the Republic of Slovenia v2.01 2020).

3 THE ORGANISATION AND FUNCTIONING OF THE PROTECTION, RESCUE AND ASSISTANCE SYSTEM

When we talk about the state competence to regulate the system of protection, rescue, and assistance, it derives from the competence of the Government of the Republic of Slovenia or the competent Ministry of Defence, within which administrative and professional tasks are performed by the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). The ACPDR acts as a body within the Ministry of Defence and performs administrative and professional tasks of protection, rescue, and assistance. On the regional level the execution of tasks around civil protection and disaster relief are entrusted to 13 regional Notification Centres within which 13 branches operate. The regional information centres operate as part of a 24-hour on-call service, thus providing an efficient service for assistance, rescue, and protection in the event of natural or other disasters.

FIGURE 1: REGIONAL INFORMATION CENTRES IN SLOVENIA



Source: Regional information centres, available at <http://www.sos112.si/slo/page.php?src=ks12.htm>.

3.1 Civil Protection and Civil Protection Staffs

According to the Protection Against Natural and Other Disaster Act, the Civil Protection is a purposefully organised part of the system of protection against natural and other disasters, which includes management bodies, units and services and facilities for protection, rescue, and assistance (Protection against Natural and Other Disasters Act, 1994). The Doctrine of Protection, Rescue and Assistance stipulates that civil protection is organised as a complementary force of the protection, rescue and assistance system at the level of the state, local community and companies, institutes and organisations in accordance with threat assessments and uniform rules of organisation, equipment and training (Doctrine of Protection, Rescue and Assistance 2002).

The civil protection management body is the commander, who is appointed by a decision of the Government of the Republic of Slovenia at the state and regional level, and the mayor of the municipality at the level of local self-government. The first and key task of the commander is the appointment of the Civil Protection Staff, which acts as a professional service to the commander in managing and performing operational and professional tasks of protection and rescue (Jeraj 2018, 250).

3.2 Civil protection in the municipality of Kočevje

The forces for protection, rescue, and assistance in the Municipality of Kočevje are organised to provide help and relief when needed based on local protection and rescue plan. On that ground they provide an effective system of protection against natural and other disasters. The mayor of the municipality is responsible for the organisation of the system at the local level. He is responsible for the implementation of preparations for protection against natural and other disasters, adopting protection and rescue plans, elimination of the consequences of natural and other disasters and for informing the population about the dangers, the state of protection and the protection measures taken. The mayor of the municipality is the body of local self-government whose competence is, among other things, the appointment of the commander of the Municipal Civil Protection (CP) Staff (Statute of the Municipality of Kočevje 2015).

Based on the organisational scheme of the force for protection, rescue, and assistance in the Municipality of Kočevje, we divide it into three main groups. One of the most important is certainly the public emergency medical service (EMS), which is provided by the Kočevje Health Centre (HC). It is a public institution that has been operating in its current form of organisation since 1991. HC Kočevje provides a network of public health services in the municipalities of Kočevje, Kostel and Osilnica, which means that geographically the public institution covers an area of 674 km² and provides health services to more than 16,700 inhabitants. In 2020 or during the first wave of coronavirus epidemic, HC employed 102 people and 14 contractors, and the network of the public health service was supplemented by 9 concessionaires with a concession from the Municipality of Kočevje and 2 concessionaires with a concession from the Ministry of Health.

In the event of natural and other disasters in the local community, the Municipal CP Staff and other supplementary forces appointed by the Commander of CP Staff and operating within the protection, rescue and assistance system are activated based on protection and rescue plans.

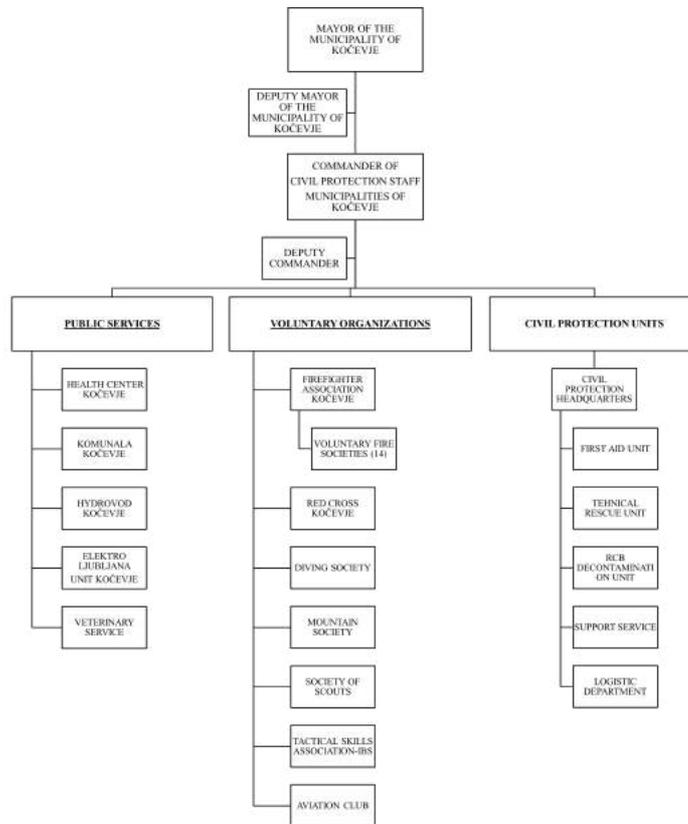
There are several professional organisations within the framework of organisation in municipality whose founder and owner is local community. Namely: Potable water supply in the municipality is provided by the company Hydrovod,⁴ the activity of waste collection, transport and treatment and care for arranging and maintaining public areas and municipal public roads is the responsibility of Komunala Kočevje,⁵ and electricity supply is provided by the state company Elektro Ljubljana.⁶

⁴ Hydrovod d.o.o. is a public company that has been operating in its current organisational form since 2000. The main activity of the company is the distribution, purification and collection of water in the five founding municipalities. Today, the company operates twenty-four water supply systems, which determines the sparse settlement and the size of the area it covers. For more information see <https://www.hydrovod.si/>.

⁵ Komunala Kočevje is a public company founded in 1951. The main activity of the company is municipal waste management, wastewater, public areas, heat supply, funeral and cemetery activities and advertising. For more information see <http://www.komunala-kocevje.si/>.

⁶ Elektro Ljubljana provides the business establishment of Kočevje with a network of activities and market services related to the electricity infrastructure of the south-eastern region of Slovenia. For more information see <https://www.elektro-ljubljana.si/>.

FIGURE 2: ORGANISATION CHART OF THE CIVIL PROTECTION STAFF OF THE MUNICIPALITY OF KOČEVJE



Source: Own.

Among the most important capacities within the protection and rescue system in the municipality are voluntary fire brigades, divers, cavers, scouts, mountaineers, and the Kočevje Regional Red Cross Association. At the level of the local community, 14 voluntary fire brigades are organised, in which 322 operational volunteer firefighters operate and for which professional technical support is provided by the Kočevje Fire Brigade. The Kočevje Regional Red Cross Association (KRRCA) operates in the municipality as a non-governmental voluntary, independent, humanitarian organisation whose tasks are aimed at preventing and alleviating human suffering, protecting people's lives and health, and ensuring respect for human rights during emergencies (Slovenian Red Cross Act 1993). Within its competences, KRRCA has organised its own team of paramedics, who work as first aid teams at the state as well as at the local level.⁷ In 2020, KRRCA recorded 40 registered volunteers who performed a variety of tasks, such as the distribution of humanitarian aid, assistance to vulnerable groups and support to the health system. The Red Cross also has a team of paramedics at the local level, as stipulated in the Regulation on the Organisation, Equipment and Training of Protection, Rescue and Assistance Forces (2007). The Civil Protection Unit also consists of other formations such as the Technical Rescue Unit, the RCB Decontamination Unit and the Support Service. Other associations in the municipality of Kočevje, based on cooperation agreements,

⁷ Pursuant to the Decree on the organization, equipment and training of protection, rescue, and assistance forces, which stipulates that municipalities with up to 20,000 inhabitants have two first aid units, an additional First Aid Unit is organised in the municipality, which has six members and operates within competencies at the local level (Regulation on the organisation, equipment and training of protection, rescue, and assistance forces 2007).

are included in the protection and rescue system are divers, mountaineers, scouts, the tactical skills association, and the aviation club.

Duty organisations or the so-called supplementary units are organised at the local level in the form of the CP Staff of the Municipality of Kočevje, which consists of 9 members. The CP staff is commanded by the commander or, in his absence, his deputy, and both are responsible for their work to the mayor of the Municipality of Kočevje or directly to the commander of the Civil Protection Staff of the RS. Within the Staff, there are also individual units that are included in the system of protection, rescue, and assistance according to the type and size of natural or other disasters. These units are the First Aid Unit, the Technical Rescue Unit, the RCB (Radiological, Chemical and Biological) Decontamination Department, the Support Service and the Logistics Department. According to the adopted partial plans, the commander of CP Staff activates public services and voluntary organisations with the approval of the mayor of the Municipality of Kočevje.

4 CONFRONTING COVID-19

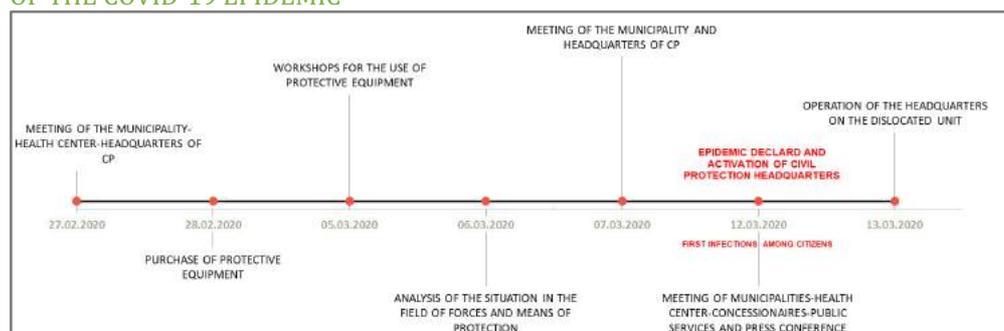
The first case of the coronavirus disease SARS-CoV-2 was detected in Slovenia on 4 March 2020, when a person positive for coronavirus came to Slovenia from Morocco via Italy. The first measures of the state were aimed at finding contacts and informing the public about the occurrence of the disease, which is part of the protocol of the National Plan for Protection and Rescue in the Event of an Infectious Disease or Pandemic (Government of the Republic of Slovenia 2020). However, as the virus spread rapidly among inhabitants despite the implementation of the protocols, the Minister of Health declared an epidemic of SARS-CoV-2 (COVID-19) on 12 March 2020 (Order declaring an epidemic of SARS-CoV-2 (COVID-19) in the territory of the Republic of Slovenia 2020). Because of the declared epidemic, the Commander of the CP RS Headquarters further activated the National Plan for Protection and Rescue in the Event of an Infectious Disease or Pandemic in Humans (Government of the Republic of Slovenia 2020), which also activated regional and partial municipal protection and rescue plans.

4.1 The first wave of the COVID-19 epidemic

The first case of coronavirus disease was detected in the municipality of Kočevje on 12 March 2020, and the virus was successfully contained due to its rapid response. The first activities to prevent the spread of the virus in the local environment were carried out before the official declaration of the epidemic. Thus, the first major purchase of protective equipment was made in February 2020 well before the state. Meetings of the municipal leadership were also held with representatives of the HC and the CP Staff of the Municipality of Kočevje (CP Staff), where measures were taken, aimed primarily at educating employees in critical infrastructures and raising public awareness. In addition to preparing an analysis of the situation with the outbreak of coronavirus in the municipality and an analysis of the state of forces and resources, a workshop on the proper use of protective equipment was conducted for health care workers and firefighters by military representatives. For the first time, the CP Staff also met, which determined the organisational structure of the Staff or individual units and prepared clear guidelines for the work of public institutions in the event of a disease in the local environment. On the day the epidemic was declared, a press

conference was held by the management of the municipality, HC, and the CP Staff, as well as a meeting with directors of public services, principals of kindergartens and schools, HC and health care concessionaires. The quick response of the leaders made it possible for the entire structure and organisation of work in the local community to be established and activated on the day the epidemic was declared.

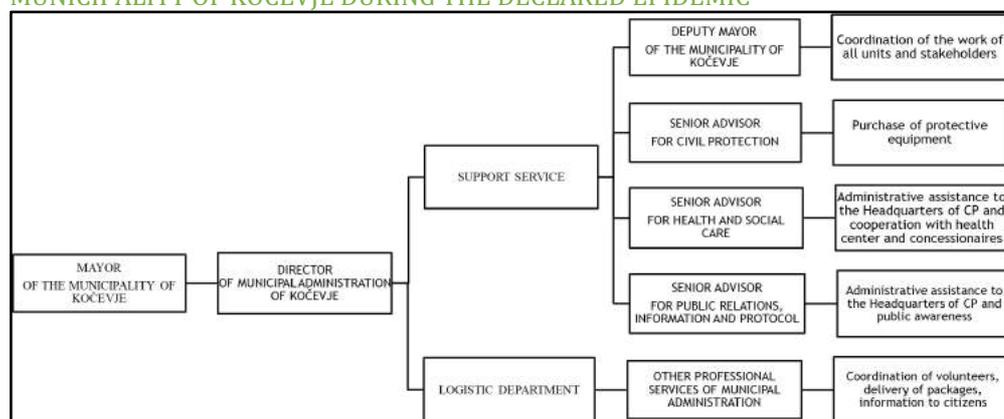
FIGURE 3: ACTIVITIES OF THE MUNICIPALITY OF KOČEVJE BEFORE THE DECLARATION OF THE COVID-19 EPIDEMIC



Source: Own.

After the official declaration of the epidemic and the activation of state and partial municipal protection and rescue plans, the municipal CP Staff, which operated on a dislocated unit, was also activated, exchanging in two teams. The Commander of the CP Staff activated the support and logistics services within the individual units of the Staff, which were organisationally composed of employees in the Municipal Administration. Employees with specific knowledge in the field of management and operation of the protection and rescue system, health and social care, and public relations and information worked in the support service, whose main task was administrative assistance to the Commander of the CP Staff. The support service prepared announcements for the public and companies, took care of regular awareness of the local population about the measures of the Government and the local community, and took care of the procurement and distribution of protective equipment.

FIGURE 4: WORK ORGANISATION OF THE MUNICIPAL ADMINISTRATION OF THE MUNICIPALITY OF KOČEVJE DURING THE DECLARED EPIDEMIC



Source: own.

The logistics service was activated for the needs of supplying the local population with food and medicine. The e-mail address of the CP Staff, as well as the telephone number for assistance to citizens and the number for emergency care were activated. Due to measures banning the purchase of food during certain

hours, contactless and free delivery of paid packages of food and prescription medicines was enabled for senior citizens. The Logistics Service also took care of the implementation of measures in the field among the citizens, and the City Police joined the system as needed and to monitor compliance with government and local measures.

For the needs of performing public tasks, even in the period after the declared epidemic, the supply of protective equipment by the CP Staff was made possible for all. Stocks of protective equipment were distributed to contractors in the field of social and health care, public services such as Komunala and Hydrovod, and voluntary fire brigades. Already in February 2020, the first purchase of large quantities of protective equipment (protective gloves, masks, goggles, coveralls) began, and in April, the local company enabled the purchase of washable masks for citizens. Even before the instructions of the competent services, the CP Staff established regular and daily communication with public institutions and services in the form of reporting on the situation and needs in the field. Video meetings of the management of the CP Staff, the municipality and Kočevje HC were introduced, which took place in the evening and the purpose of which was to review the daily situation and determine the plan of activities for the future.

Kočevje HC, which played an important role in the epidemic, also carried out a special organisation of work in cooperation with the municipality and the CP Staff. The first crisis plans were prepared before the declaration of the epidemic, when Kočevje HC was designated as the entry point COVID-19 for the area of Kočevje HC and Ribnica HC. Even before the instructions of the state, the public institution stopped preventive activities and introduced mandatory triage points for employees and patients. A separate COVID clinic and drive-in swab collection system has been set up. According to the crisis plan, the work in the institution was organised according to so-called Russian schedule,⁸ which allowed permanent teams to work on individual sites and employees not to interfere with each other. In case of illness, the entire team was removed from the system and replaced. Telephone numbers for coronavirus information and psychological support in distress have also been established. No one was excluded from the system of operation, and the concessionaires also showed their team affiliation with their involvement in the system and work. For the needs of organising the work of Kočevje HC, the CP Staff provided all professional and logistical support to the health centre. Thus, two containers were obtained from the competent ministries for the implementation of triage points, a safety fence was leased for the construction of clean / dirty routes at the entrance to the COVID clinic, mobile toilets were rented, and two pavilions were purchased. Important work was also performed at the expense of regular, daily informing the public about the situation in the municipality and the tests performed and confirmed cases at COVID-19, which was carried out by the Kočevje HC management via social networks and local media.

A new organisation of work followed in other institutions as well, especially in the field of social protection, which are carried out in the municipality by privately owned or state-owned institutions. The Kočevje Home for the Elderly (HfE), which provides institutional care in the municipality, did not record any infections among users in the first wave, which is most likely due to the close

⁸ Organization of work in the scope of 12 hours of uninterrupted work on the first and to the same extent on the second day, followed by a day off work. This way of working allows for less turnover of employees in the workplace and allows easier control in limiting a potential outbreak of infection.

cooperation of the home's management with local community representatives and the CP Staff. The intensity of the conversations and the constant care for the users of the home enabled the HfE, in close cooperation with Kočevje HC, to prepare a crisis plan and organise work in the event of infection with COVID-19. Special attention was also paid to other activities carried out on the premises of the HfE. Thus, the hairdressing salon suspended the provision of the service, and the home doctor provided medical care for citizens on premises outside the home. With the mentioned concept and the general closure of the home, users were isolated from external visitors and the risk of introducing the virus into the home was reduced.

Home help in the municipality is provided by a privately owned institution, which, due to the lack of instructions from the competent ministries, found itself in a difficult situation in the organisation of work. The Municipality of Kočevje, in cooperation with the Kočevje HC and the CP Staff, has prepared detailed instructions on the new method of providing the service, which was based on ensuring safety for all users. None of the users were left without help with care, and users continued to receive hot meals but without direct contact with the delivery worker. Restrictions on the provision of the service mainly related to the performance of household chores, the maintenance of social contacts and the manner of including new users in the system itself. As the practice of the Russian schedule in the Kočevje HC proved to be effective, the HfE also organised the work in a similar way, and at the same time daily triage was organised for the employees in the HfE.

The smooth functioning of the health and social care system was crucial for the time of the epidemic. But even employees within different systems faced absenteeism for a variety of reasons. An important role in these currents was played by associations and non-governmental organisations, whose volunteers were involved in the system of protection, rescue, and assistance. KRRCA volunteers performed the tasks of distributing humanitarian aid and participated in the delivery of food packages, and on March 16, 2020, the Red Cross Paramedics Team was activated, which helped in the implementation of triage in the HC. Members of voluntary fire brigades disinfected the premises of institutions, headquarters, schools, and other public areas, assisted in setting up tents for the needs of uninterrupted medical care, issued protective equipment and means ordered by the CP Staff commander and transported swabs for the needs of Kočevje HC competent services. Due to the growing need for disinfection of premises, facilities and things, the CP Staff bought a generator or dry fogger, which enabled faster and easier disinfection. At the initiative of the CP Staff, individuals also joined the protection, rescue, and assistance system - volunteers who are not members of associations and non-governmental organisations but offered their help in delivering essential necessities to the elderly and caring for preschool and school children.

During the first wave of the epidemic, local businessmen and musicians also took part in campaigns to curb the spread of the virus, proving that despite the ban on personal contact, caring for fellow human beings remained a priority for all citizens. Companies donated tablets to the home for the elderly to make video calls possible with relatives, donated food packages or vouchers, washable masks, vests for volunteers, computers for primary school children for home schooling, disinfectants and information posters. Kočevje musicians performed short concerts for the residents of the HfE, and local media and shopping centres

participated in the promotion of the campaign to contain the virus in the local environment.

The first wave of the epidemic lasted a total of 80 days, and only 4 infections were recorded in the municipality of 16.000 people. It turned out that the structure and organisation of the work of all stakeholders was well set up as well as implemented. However, for the time of the declared epidemic, some stricter measures were also taken by the municipal leadership or the commander of the CP Staff, which contributed to a good epidemiological picture at the end of the first corona wave. A few days after the epidemic was declared, the mayor of the Municipality of Kočevje called on the restaurants to close, which made it impossible to gather and keep people in one place. The government's ban on gathering people also required a ban on the use of public playgrounds and greater control over compliance with measures taken at the local community level. Special protocols were also adopted for the performance of the funeral ceremony, which was carried out only in the immediate family circle. Due to the temporary closure of many economic activities, the municipality of Kočevje prepared the first aid packages for businessmen in March. Among other things, instructions were prepared on the recognition of reduced volume accounting in municipal waste management, the Municipal Council adopted Rules on the allocation of funds from municipal budget to mitigate the effects of the epidemic and provided free advertising in the local newspaper. The municipal Relief package that covered the fix costs of local businesses was worth 50.000 € and was available to all who filed in the request supported by arguments.

Despite good preparations for the arrival of the disease and the successful containment of the virus, some shortcomings were present at the national level. Among other things, the current national plan for protection and rescue in the event of an epidemic or pandemic of a contagious disease in humans proved to be deficient but was consequently supplemented in August 2020. The instructions of the state were sparse, vague and too late, which forced the local community to carry out actions and measures on its own initiative. The most important shortcoming of the first wave was the supply of protective equipment for institutions and organisations. The unclear scheme of allocating protective equipment, especially for social welfare institutions, caused disagreements and dissatisfaction between the heads of institutions and organisations and the CP Staff. At this point, the CP Staff and the municipality played an important role with the timely purchase and supply of protective equipment, which, with very rational use, was sufficient for the needs of all. The rational division and each inventory of protective equipment in the CP warehouse provided a clear insight into the state of stocks. The so-called COVID-19 exposure reward scheme⁹ was also identified as a major shortcoming. It is a non-transparent and methodologically completely unprocessed scheme that shifted responsibility to the local community and resulted in disproportionate rewards and disputes.

⁹ For epidemiological reasons, the state introduced wage supplements in pursuit of rewarding those most exposed to the epidemic (Act on Intervention Measures to Contain the COVID-19 Epidemic and Mitigate Its Consequences for Citizens and the Economy, 2020). However, the level of allowances was not measurable by the level of threat or work performed, but by the individual's starting salary. It is a system that did not reward individuals for their work and contribution to society, but a system that caused additional differences among employees. Additional surprise was the decision of the state to reward volunteers with a form of financial compensation, because it caused a certain unrest, called into question the mission of volunteering and caused inequality and consequent dissatisfaction among them due to incomplete criteria. Municipalities were subsequently included in the system of supervision and implementation of tasks when this was no longer possible. This kind of behavior was ill-considered and in no way added value to crisis management.

4.2 Second wave of the COVID-19 epidemic

The second wave of the epidemic was declared by the Government of the Republic of Slovenia on 19 October 2020. The national protection and rescue plan was activated, and on this basis regional and partial municipal plans. In the meantime, the Municipality of Kočevje has been active in the field of protection and rescue and already in October adopted the first Municipal Partial Plan for Protection and Rescue in the Outbreak of Human Infectious Diseases (2020), which is harmonized with the amendment to the National Protection and Rescue Plan in the event of an epidemic or pandemic of an infectious disease in humans (2020).

The main activities carried out by the municipality in the first wave were maintained in the second wave, and some innovations were introduced. The CP Staff operated in the same composition, no longer dislocated but in the premises of the Municipality of Kočevje. Daily reports of institutions and organisations were introduced, as well as daily video conferences of the CP Staff, the municipal leadership, and the Kočevje HC. Within the units of the CP Staff, the Support Service was activated as professional assistance to the Commander of the CP Staff, which helped in regular public awareness, daily reporting to the authorities and the purchase and distribution of protective equipment. The good practice of delivering medicines for the elderly has been preserved, which was now carried out by the Sopotniki Association¹⁰ as part of its voluntary activities. Telephone numbers were again activated to help citizens with current measures related to the declared epidemic, which was carried out by employees of the Municipal Administration. In the second wave, volunteers again played an important role, especially volunteer firefighters, who continued with the disinfection of public premises, buildings, and public areas, distributed protective equipment from CP warehouses on the instructions of the CP Staff Commander, transported swabs for analysis to Ljubljana, took over and distributed rapid tests and provided logistical assistance in carrying out mass screening and vaccination. Pursuant to the Order on the Activation of Volunteers to Assist in the Implementation of Tasks and Measures Related to the COVID-19 Infectious Disease Epidemic (2020), KRRCA volunteers were also included in the volunteering system. With the mentioned order, the Red Cross First Aid Unit was activated in the local community, which helped at the state level as well as for the needs of Kočevje HC. The tasks performed by the volunteers were mainly assistance in the implementation of triage and logistical support of the Kočevje HC in the implementation of mass screening testing and vaccination. According to the Order, volunteers were also included in the volunteering system, offering their help to the HfE, which found itself in a rather difficult situation during the second wave of the epidemic.

The lack of clear instructions from the relevant ministries, staff shortages, poor organisation and underestimation of the disease have caused the virus to spread in all departments in the HfE. The cooperation of the management of the home with the CP Staff and the municipality and HE was initially limited, but due to persistent communication it was strengthened, which enabled the

¹⁰ The Sopotniki organization is based on the activation of volunteers who provide free transport for those over 65 in the municipality of Kočevje. Funds (cars and material costs) for the operation and employment of the dispatcher are provided in the budget of the municipality of Kočevje. Their services are used by over 300 users, and over 600 transports are performed annually, which represents 40,000 km of completed routes (Official Report of Kočevje Municipality).

implementation of some important actions. The CP Staff provided all professional and logistical support to the management of the home, and in this connection the entire infrastructure for decontamination of employees was set up outside the home, weekly decontamination of departments by volunteer firefighters was carried out, a system of clean and unclean paths was established. The rapid spread of the virus in the home also caused disputes and pressures over competencies, which diminished only after the involvement of state representatives and the HfE coordinator at the Ministry of Health. When a HfE doctor was infected, Kočevje HC provided all professional assistance to the Home in connection with the provision of health services, and daily reporting to the CP Staff on the condition and infections in the home became a daily practice.

Due to the occurrence of infections in the HfE, including among employees in the kitchen, the supply of hot meals for external users was cancelled as part of the implementation of the HfE help service. The institution that provides social welfare services still offered hot meals to users, but by another provider. As the first cases of infections appeared among employees and HfE users, the organisation of work was reintroduced according to the "Russian schedule" system. The service was limited in scope as in the first wave, and care was also provided among infected users. For this purpose, according to the instructions of the CP Staff and in cooperation with the municipality, a so-called decontamination point was established at the dislocated unit of Camp Jezero, where regular decontamination of employees was carried out. The decontamination point was also intended for Kočevje HC employees who provide patronage services in the field – home visits.

The structure and organisation of Kočevje HC's work followed the plans of the first wave, which proved to be an example of good practice. The "Russian schedule" was maintained, preventive activities were stopped, mandatory triage was performed for employees and patients, and telephone numbers for help with mental distress and information about the coronavirus were reopened. However, as the virus spread among the citizens in the second wave of the epidemic, the Kočevje HC, in cooperation with the CP Staff and the municipality, introduced some new measures. An important acquisition was the premises for the treatment of COVID patients in old garages for emergency vehicles, which were arranged for the needs of COVID examinations of patients, PCR, and self-paid testing. Mass screening of the population was carried out by the local community on premises outside the health centre. A single point was established partly in the premises of the Sports Hall and partly in the open part next to the hall by setting up an additional container and making temporary vestibules. This prevented the population from gathering at one point, while at the same time separating the patients from the rest of the population. The testing system followed the good practice of the first wave and was based on a drive-in system, which proved to be successful and was well received by the citizens. Due to the above, Kočevje HC, even before the instructions of the competent services (the State), and on its own initiative, developed a vaccination strategy, which was supported by a modern information system and drive-in concept. The computer platform was open to doctors employed in the Kočevje HC as well as all concessionaires, which allowed the system to come to life and that vaccination lists were prepared before the official confirmation of the start of vaccination at the state level. Vaccination was carried out in accordance with the adopted national strategy at the location of the Sports Hall, and the advantage provided by the municipality with the lists raised several questions about the correctness of the procedures. Due to the above, the health inspectors related to the

implementation of the vaccination strategy were sent to Kočevje by the Government on eleven times to check for possible irregularities, but they were not found.

During the second wave of the epidemic, local community restrictions were set bans on the use of sports grounds, which posed the greatest risk of transmitting infections. The measures of the municipality or the CP Staff were initially aimed primarily at preventive activities and raising public awareness of the danger of the virus, and later at raising awareness about vaccines and the importance of vaccination. Thus, in cooperation with concessionaire doctors and Kočevje HC employees, an extensive campaign was carried out, with which the local community encouraged citizens to get vaccinated. The most important goal was building trust among population as there were much misinformation on the vaccine side effects. If the vaccination lists were initially created due to a good computer platform, these were, in the second phase, certainly supplemented due to a successfully conducted campaign.

During the second wave of the epidemic, the CP Staff, and the municipality, with the help of the Kočevje HC, carried out many actions that were self-initiative in nature and the result of several daily sessions. Perceived shortcomings were again focused on the state level and its action. Delays in responsibilities, unclear instructions and poor communication by the state have led to the HfE, which otherwise operates as a public institution set up by the state, being hit by a wave of infections that has also resulted in fatalities.¹¹ It turned out that the CP Staff was powerless until the state coordinators and officials from the Ministry of Health joined the system of action. The closure of educational institutions did not go smoothly either, as decision-making power was initially in the hands of mayors and later in the hands of the state. Thus, the first soft decisions of the mayor were well received, and the later stricter decisions of the state provoked many dissatisfactions as they were considered as not proportional. People became dissatisfied and vulnerable, as employers demanded their presence at work, and absence from work was not possible due to the loose closure of activities or sectors. As in the first wave of the epidemic, the second wave also proved that the reward system was not transparent, it was even controversial.

5 CONCLUSIONS

The COVID-19 epidemic's impact in Slovenia reveals several crisis management shortcomings. Apart from the lack of safeguards that all European countries faced, two aspects stand out among others: the first is that crisis management can only be successful where there a high level of trust between decision-makers and the population, while the second is that behind any successful crisis management lies a well-prepared crisis management plan, prepared well ahead of the crisis. Still, the success of the crisis management in the studied case depends strongly on close cooperation between the state and local levels. The implementation of

¹¹ According to the official records of the Institute of National Health (INH), 1,788 people were infected in the municipality of Kočevje during the second wave of the COVID-19 epidemic, which represents 11.43 per cent of the population (Daily monitoring of infections, 2021). The number of hospitalized and dead people due to COVID-19 cannot be defined with certainty because there is no official data. However, based on data from the public utility company Komunala, which conducts the funerals in the municipality, it is established that 40 more people died in Kočevje during the second wave of the epidemic than in the same period of previous year (Report of the Commander of CP Staff Kočevje 2021).

many measures accomplishes their effect on this basis. For this to occur, it is necessary to define clear channels of information sharing and communication, make rapid decisions and transmit them to relevant players, while above all coordinated action on the local level is key. The presented case study defines two phases in management of the crisis: the epidemic's first wave saw a focus on preventing infections and hence the virus' spread and the second wave where the main effort sought to organise mass testing as well as the vaccination process. Analysis shows the following: (1) despite certain material deficiencies, the steps taken to manage the first wave of the epidemic were successful. This was due to the considerable proactivity of local communities while implementing the restrictions imposed on the functioning of civil society and civil society's relatively strong willingness to comply with the instructions. Vulnerable members of society, whose susceptibility was still for stress a particular issue during the crisis, were not overlooked as they were supported by a network of volunteers, while establishing and adhering to the social distancing policy. (2) The response to the epidemic's second wave in the Kočevje municipality was less successful in terms of controlling infections and limiting pressure on the health system, an outcome due to the late response or adoption of restrictive measures on the state level, and the population's quarantine fatigue, which meant they did not follow the restrictive measures. Together, this led to the public trusting the decision-makers less. (3) With the implementation of mass-testing capacities and then the organising of vaccinations, the organisational capacity of local communities and their protection and rescue system came into the spotlight. The differences among local communities were enormous and revealed the complete operational incompetence of local communities in their operations as concerns both access to the mass testing and the vaccinations in practice. In this segment, it is essential to systematically upgrade the operations of the protection and rescue system on the local level as that would improve the way such crisis challenges are managed.

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KRIZNI MENEDŽMENT V OBČINI: VLOGA CIVILNE ZAŠČITE MED COVID-19 KRIZO

Soočanje s pandemijo je pred nacionalno varnostne sisteme postavilo nov izziv. Na nevojaško obliko ogrožanja življenj ljudi, se država odzvala skladno z Državnim načrtom zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh. A zlasti v prvem valu so se izkazale številne pomanjkljivosti tovrstnega načrta ob izvajanju nalog na ravni lokalnih skupnosti. Te so se na nevarnost odzivale različno ter se zanašale na veliko mero samoiniciativnosti zlasti zaradi omejenega delovanja Sistema zaščite in reševanja na regionalni ravni. Pomanjkljivosti so bile analizirane in nato v dobršni meri odpravljene ob začetku drugega vala, zato je bila odzivnost bolj usklajena in uspešnejša. Prispevek podrobneje osvetluje nadgradnjo v delovanju med prvim in drugim valom epidemije COVID-19 v Slovenije skozi prizmo lokalne samouprave v Republiki Sloveniji.

Ključne besede: krizno upravljanje; zaščita in reševanje; lokalna samouprava; COVID-19.