

Working Together to Support Individuals in an Emergency or Disaster

Project Final Report



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Working Together to Support Individuals in an Emergency or Disaster

Project Final Report

Report written by:

Moya Wood-Heath (Project Manager)
and Martin Annis

British Red Cross

May 2004



Acknowledgements

The success of the project has been dependent on considerable interest and support from a number of organisations. I wish to extend my gratitude to the following:

- the European Commission and British Red Cross for their financial support and encouragement
- each member of the project core group
- members of governmental and non-governmental organisations in Austria, Belgium, Finland, France, Greece, Netherlands, Spain, United Kingdom who participated in the site visits
- members of governmental and non-governmental organisations who represented their countries as delegates at the workshop
- members of governmental and non-governmental organisations who represented their countries as speakers at the workshop
- delegates who facilitated the workgroups at the workshop
- volunteers and staff from the British Red Cross who supported the workshop.

I would like to express my special thanks to June Rudman, Liz Spence, Libby Kerr and Martin Annis of the British Red Cross, for all their hard work and support throughout the project.

Moya Wood-Heath
Project Manager

Preface

Working Together to Support Individuals in an Emergency or Disaster

Each country in the European Union and the European Economic Area will be aware of the need for effective civil protection arrangements and a robust resilience framework to meet the challenges of the 21st century.

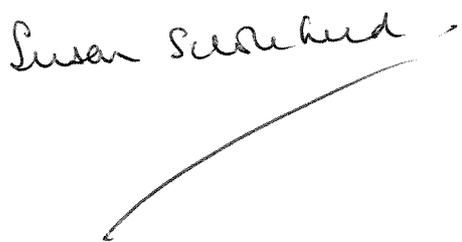
Resilience is the ability at every level to detect, prevent, and if necessary, handle disruptive challenges. The aim in the UK is to improve resilience through working with others to anticipate, assess, prevent, prepare, respond and recover.

This British Red Cross led project is about 'Working together to support individuals in an emergency or disaster'; a key facet of building resilience and the reason why the UK Government has given the project its full support.

The purpose of the project has been to enable the European Union Member States and the European Economic Area Countries governments and non-governmental organisations to understand, and respond better to, the psycho-social needs of individuals affected in an emergency or disaster and to recognise the value of guidance in achieving more commonality in meeting their needs.

The value and relevance of the project becomes more significant with the enlargement of the European Union, the mobility of its population and the increase in potential challenges, whether natural or human-made.

May I commend to you the findings and recommendations in this report, which should encourage governments and non-governmental organisations to work well together and provide a better quality, co-ordinated response to individuals in crisis.

A handwritten signature in black ink that reads "Susan Scholefield". The signature is written in a cursive style and is positioned above a long, thin, curved line that extends from the end of the signature towards the left.

Susan Scholefield CMG
Head
Civil Contingencies Secretariat
UK Government Cabinet Office

Acknowledgements

Preface

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1. **Executive summary**

- 1.1 This executive summary will describe the background and overall purpose of the project. It will describe the methodology and findings and outline the key conclusions and main recommendations.
- 1.2 The initiative which led to this project originated in the European Commission Civil Protection Directorate following receipt of an earlier report from the British Red Cross Society, in April 2002. The British Red Cross report made a number of recommendations, which included a suggestion that the needs of individuals affected by an emergency or disaster should be placed at the centre of each country's civil protection arrangements, and that guidance should be available to enable more commonality in the accessibility, quality and delivery of support to those individuals.
- 1.3 The British Red Cross developed a project outline, in consultation with the UK Cabinet Office Civil Contingencies Secretariat. The project proposal was submitted to the European Commission, seeking support, through funding from the European Union Community Action Programme for Civil Protection.
- 1.4 The purpose of this project is: 'To enable European Union Member States and European Economic Area Countries' governments and non-governmental organisations to understand, and respond better to, the psycho-social needs of individuals affected in an emergency or disaster and to recognise the value of guidance in achieving more commonality in meeting those needs.'
- 1.5 The aims of the project are to:
- accept the hypothesis that support should be available to meet the psycho-social needs of individuals affected in an emergency or disaster
 - accept the hypothesis that there should be guidance on commonality in accessibility and the quality of support available to meet the psycho-social needs of individuals
 - agree the range of psycho-social needs of individuals involved in or affected by an emergency or disaster
 - examine the extent to which non-governmental organisations and volunteers have the competencies and resources to contribute to meeting the psycho-social needs of individuals
 - develop guidance on accessibility, quality and delivery of psycho-social support to individuals
 - consider the implications of any expansion of the involvement of non - governmental organisations and volunteers in meeting these needs (skills, equipment, structure and support).
- 1.6 The project has been led and managed by the British Red Cross. Work began in February 2003, in three distinct but linked phases: preparatory research; a 48 hours residential workshop; completion of a final report and website entries.
- 1.7 At the workshop, delegates shared information, ideas and experience. They commented upon the absence of a definitive document which sets the standard and identifies, in broad terms, the roles and responsibilities of probable responders to individuals affected by an emergency or disaster. Whilst recognising the importance of the principle of subsidiarity and the need for flexibility, they were clear that the current inconsistent arrangements are not likely to provide the best service for those involved.
- 1.8 The findings and recommendations from the workshop have been incorporated into the overall project findings and recommendations.
- 1.9 The final report, of which this executive summary is a part, has been compiled to facilitate the dissemination of the learning from the project, to assist each EUMS and

EEAC to achieve the project purpose. The report will also be placed on the relevant websites of the European Union, UK Government and British Red Cross.

1.10 The key project findings are that:

- there is agreement on the definition of psycho-social care, those individuals who may require it and the consequent services that should be available
- meeting the psycho-social needs of individuals affected by an emergency or disaster should be seen as a priority activity by all responding organisations
- every emergency or disaster directly or indirectly impacts families and communities
- psycho-social support should be delivered on a continuum from short-term emergency response through post-immediate support to long-term care
- responding organisations should make adequate provision for the training and support of their responders
- there was recognition of the significant contribution that can be made by non-governmental organisations
- responding organisations should build on existing networks to facilitate closer working within and between organisations and countries.

1.11 There are fifteen recommendations, three of which propose further study and one, further workshops. The recommendations focus is:

- multi-faceted, integrated psycho-social support being seen as an essential part of the response to an emergency or disaster
- the acceptance and adoption of common terms and practices
- developing the skills and contribution of non-governmental organisations
- emphasis on co-ordination and joint working between organisations and countries
- the production of EUMS and EEAC manuals to support the provision of psycho-social support
- the evaluation and assessment of the effectiveness of psycho-social support.

2. Introduction

- 2.1 The introduction section will describe the origins of the project, the route for funding and its purpose and aims.
- 2.2 The initiative which led to this project originated in the European Commission Civil Protection Directorate following receipt of a report, in April 2002, from the British Red Cross Society on an European Union funded project: 'To explore how European Union Member States (EUMS) and European Economic Area Countries (EEAC) could understand better the contribution that non-governmental organisations' volunteers can make in prevention of, planning for and responding to civil emergencies and to consider how such contribution can be utilised fully.'
- 2.3 The report made a number of recommendations on the contribution of non-governmental organisations' volunteers to civil protection. These recommendations included suggesting that the needs of individuals affected by an emergency or disaster should be placed at the centre of civil protection arrangements and guidance should be available to enable more commonality in the accessibility, quality and delivery of support to those individuals.
- 2.4 The Project Manager was clear that the incidence of emergencies or disasters occurring in the European Union is increasing and is likely to continue to increase, as is the public's expectation of the support that should be available. It was apparent that EUMS and EEAC civil protection arrangements varied as did the range and accessibility of support available to those affected by the emergency or disaster.
- 2.5 The British Red Cross developed a project outline, in consultation with the UK Cabinet Office Civil Contingencies Secretariat. The project proposal was submitted to the European Commission, seeking support, through funding from the European Union Community Action Programme for Civil Protection.
- 2.6 The funding bid was submitted in May 2002, for a total sum of 128,038 euros, with a request to the Commission for a contribution of 75% of this total, i.e. 96,062 euros, the maximum amount available; the remaining 25% of the cost, i.e. 31,976 euros, to be met by the British Red Cross. The grant agreement, accepting the application, was received in December 2002 and work on the project began in February 2003.
- 2.7 The project purpose is: 'To enable European Union Member States and European Economic Area Countries' governments and non-governmental organisations to understand, and respond better to, the psycho-social needs of individuals affected in an emergency or disaster and to recognise the value of guidance in achieving more commonality in meeting those needs.'
- 2.8 The project aims are to:
- accept the hypothesis that support should be available to meet the psycho-social needs of individuals affected in an emergency or disaster
 - accept the hypothesis that there should be guidance on commonality in accessibility and the quality of support available to meet the psycho-social needs of individuals
 - agree the range of psycho-social needs of individuals involved in or affected by an emergency or disaster
 - examine the extent to which non-governmental organisations and volunteers have the competencies and resources to contribute to meeting the psycho-social needs of individuals
 - develop guidance on accessibility, quality and delivery of psycho-social support to individuals
 - consider the implications of any expansion of the involvement of non - governmental organisations and volunteers in meeting these needs (skills, equipment, structure and support).

- 2.9 The preparatory phase was designed to secure information to determine the key issues and to inform the content and style of the workshop. This was achieved through:
- the formation of a small core group, comprising representatives from the Directorate General Environment, Civil Protection Unit at the European Commission, Red Cross/EU Office, Greek and UK Governments and the Red Cross National Societies from Austria, France and the UK
 - undertaking a study of relevant research, projects, workshops, reports and publications
 - distribution and analysis of questionnaires submitted through the Permanent Network of National Correspondents to government and non-governmental organisations and to Red Cross National Societies
 - site visits to eight European countries: Austria; Belgium; Finland; France; Greece; Netherlands; Spain; UK.
- 2.10 The findings from the preparatory phase identified three main areas that appeared to merit further consideration in the project, to examine how organisations:
- develop their response arrangements to an emergency or disaster to enable them to meet the needs of individuals affected
 - prepare responders to support individuals affected by an emergency or disaster and deal with the impact that the response may have on them as a responder
 - co-ordinate their activity between and within organisations, across geographic boundaries and during the planning and response phases.
- 2.11 The workshop phase was developed utilising the project purpose and aims. The workshop took place at the UK Government Cabinet Office Emergency Planning College, from Friday 30 January to Sunday 1 February 2004. The workshop was attended by 75 delegates from 19 countries, including 15 EUMS, two EEAC, Hungary and the United States of America.
- 2.12 The comprehensive workshop programme included presentations providing:
- welcome and scene-setting
 - perspectives of survivors and bereaved and different models of responding to individuals' needs from five countries: Austria, Belgium, Finland, France and the United Kingdom
 - issues connected with the management of stress.
- 2.13 The workshop included an exciting exhibition, displaying information about the infrastructure and civil protection arrangements for each of the EUMS and EEAC.
- 2.14 At the workshop, delegates were able to share information, ideas, experience and concerns through their involvement in themed and facilitated work group discussions and a plenary session, dealing with the three subject areas referred to in 2.10.
- 2.15 Participants were extremely positive and enthusiastic about the workshop, enjoying the opportunity to share good practice and to learn from each other. Their expressed wish was that the information gathered at the workshop be developed into a practical and tangible reference document.

3. Methodology

- 3.1 The methodology section will describe the three phases of the project and the activities within each phase.
- 3.2 The project was to be led and managed by the British Red Cross and comprised three distinct but linked phases:
- Phase 1 – Preparatory (commence February 2003, end August 2003)
 - Phase 2 – Workshop (planning commenced September 2003, end January 2004, with the workshop to take place from 30 January to 1 February 2004 and evaluation of workshop to be completed by the end of February 2004)
 - Phase 3 – Final report (completion and submission of report by mid-May 2004).

3.3 Phase 1 – Preparatory

The preparatory phase comprised a number of elements designed to inform the content and style of the workshop. Any documents produced during this phase were to be provided in both English and French. The elements were:

Core Group

A core group, comprising five persons, with two observers, was to be formed to develop and deliver a timetable that would enable the project purpose and aims to be fulfilled. In the preparatory phase, the core group would gather information on national emergency planning and response arrangements and the infrastructure in European Union Member States (EUMS) and European Economic Area Countries (EEAC), through correspondence (questionnaire) and a small number of site visits. This information would be formed into an exhibition, available at the workshop and included in the final report.

In order to secure adequate representation from across EUMS and from governmental and non-governmental organisations, it was agreed that the core group membership would be increased to six members with two observers. The members of the core group were:

- Martin Annis, British Red Cross
- Ioanna Dionyssiou, Greek Government
- Julia Fogarty, UK Government
- Luc Henskens, Red Cross/EU Office observer
- Peter Kaiser, Austrian Red Cross
- Franz-Josef Molitor, EC observer
- Maureen Mooney-Lassalle, French Red Cross
- Moya Wood-Heath, British Red Cross and the Project Manager.

It was agreed that the core group would function through a total of five meetings and an exchange of correspondence.

Literature search

A search of relevant literature, including previous project and workshop reports, was to be undertaken to inform the project, the production of the exhibition material and the workshop themes.

Questionnaire

A questionnaire was to be developed for submission through the Permanent Network of National Correspondents (PNNC) to governmental and non-governmental organisations in EUMS and EEAC. The returned questionnaires were to be collated, analysed and the findings shared at the workshop and incorporated into this report.

Site visits

It was proposed that members of the core group would undertake up to ten site visits, in a range of countries, to assist in the preparation of national profiles, increase the level of knowledge necessary to facilitate learning at the workshop, identify speakers and themes for the workshop. The number of site visits was reduced to eight, for the reasons identified in section 4.14.

Publicity material

Publicity material was to be developed to promote the project workshop and to be circulated through the PNNC to EUMS and EEAC governmental and non-governmental organisations.

3.4 Phase 2 – Workshop

The workshop was to be informed by phase 1 and would lead to phase 3. It would take place at the UK Government Cabinet Office Emergency Planning College, York, England. It would be a 48 hours residential workshop to be held on 30 January to 1 February 2004. English would be the workshop language, with simultaneous interpretation into French; all documents used at the workshop would be provided in both English and French.

Delegate attendance was to include two representatives from each EUMS and EEAC; core group members; speakers; workgroup facilitators; guests and administrators. The maximum number of project-funded places would total 50 persons.

Key information about the infrastructure, civil protection and psycho-social support arrangements for each country would be displayed through an exhibition; delegates would be invited to visit the exhibition at an evening reception to receive and share information in an interactive and dynamic learning manner.

The workshop would be designed to secure the delivery of essential information through brief presentations by key speakers from a number of countries and disciplines. A series of themed and facilitated simultaneous workgroups would be a core method of the workshop and would encourage delegate participation, sharing of information and development of issues in a participative style.

3.5 Phase 3 – Final report

At the end of the workshop, a final report would be prepared and distributed through the PNNC to each EUMS and EEAC, delegates and other interested persons and organisations. The final report would be provided in both English and French. It would also be placed on the websites of the European Commission, the UK Government Cabinet Office and the British Red Cross.

A computer based monitoring and auditing system would be developed to provide timely and accurate budgeting and expenditure information.

4. Findings

- 4.1 The findings section will describe the main findings during each of the first two phases of the project and how they have been used in compiling the final report. The findings will also be used to link to material attached as appendices.

Phase 1 – Preparatory

Core group

- 4.2 The membership and responsibilities of the project core group were agreed as:

Martin Annis member of the core group; as representative of the British Red Cross, with specialist experience in civil protection issues; to provide practical support to the Project Manager.

Ioanna Dionysiou member of the core group; as representative of the Greek Government, with specialist experience in civil protection issues.

Julia Fogarty member of the core group; to facilitate liaison between European Commission, UK Cabinet Office, UK Emergency Planning College and Permanent Network of National Correspondents (PNNC).

Luc Henskens observer at core group meetings held in Brussels; to facilitate the contribution of European Union Member State Red Cross National Societies to the project; to assist liaison with European Commission (EC) and to provide meeting facilities in Brussels, when appropriate.

Peter Kaiser member of the core group; as representative of the Austrian Red Cross, with specialist experience in civil protection issues.

Franz-Josef Molitor observer, on behalf of European Commission at core group meetings; to provide liaison with PNNC; advise on the speakers.

Maureen Mooney-Lassalle member of the core group; as representative of the French Red Cross, with specialist experience in psychological aspects of civil protection issues.

Moya Wood-Heath Project Manager and member of the core group; to have overall responsibility for developing and delivering the project, including the workshop, final report, website entry and production of audited accounts.

- 4.3 The core group agreed the project purpose and aims, at 2.7 and 2.8.
- 4.4 The core group agreed a way of working using the e-mail as the preferred method for all communication. The e-mail system was also used to send invitations and registration forms for the workshop.
- 4.5 It was agreed that the core group would gather information on national emergency planning and response arrangements (civil protection) and the infrastructure in EUMS and EEAC. It would do this through correspondence (questionnaire) and a small number of site visits.

Questionnaire

- 4.6 It was agreed that a questionnaire to gather information on national civil protection arrangements and infrastructure in EUMS and EEAC would be:
- provided in English and French

- distributed via the PNNC; they would take a random sample of government and non-governmental organisations contacts to complete them, requesting return to British Red Cross by 15 August 2003.

A copy of the questionnaire is attached at Appendix 'B'.

- 4.7 By November 2003, 63 questionnaires had been returned, from 17 countries. Analysis of the questionnaires is attached at Appendix 'B'. The core group considered this to be a very successful return rate and agreed that a great deal of useful information had been provided.
- 4.8 Key findings from the questionnaires showed that:
- 'information' and 'reassurance' were the most frequently identified psycho-social needs, 87% and 84% respectively
 - previous experience was the most frequently identified source of information used to assess psycho-social needs, 90%
 - organisations used staff (84%), volunteers (76%) and consultants (49%) to meet psycho-social needs
 - joint training and exercising between government and non-government organisations was undertaken by 76% of the responding organisations
 - the terms 'practical' and 'emotional' support were used, most commonly, to describe psycho-social support.

National profiles

- 4.9 It was decided that the core group would need to develop national profiles on arrangements, structure and definitions in each EUMS and EEAC, through research. The research would include the questionnaires, reference to EC publications, websites, National Councils of Voluntary Organisations, academic and civil protection institutions. A summary of the source information is attached at Appendix 'A'. The national profiles would be helpful in selecting countries to be the subject of site visits, increasing the level of knowledge necessary to facilitate learning at the workshop and in developing the exhibition material.
- 4.10 In developing the national profiles it was acknowledged that:
- the information had been taken from a variety of sources which had revealed some inconsistencies and contradictions
 - further information obtained through returned questionnaires would be incorporated, as it was received
 - for the preparatory and workshop phase, the national profiles would be produced in English, with the profiles of France, Luxembourg and Belgium translated into French. All national profiles would be translated into French for this final report
 - the draft national profiles would be circulated through the PNNC for validation prior to completion.
- 4.11 The draft national profiles were validated by the PNNC and Red Cross National Societies and summary details were viewed by delegates at the workshop exhibition; the final version of these national profiles is attached at Appendix 'C' with a simpler, summary version included in Appendix 'I'.

Site visits

- 4.12 The core group intended that the purpose of the site visits would be to: finalise the preparation of national profiles; explore the issues raised in the questionnaires; increase the level of knowledge necessary to facilitate learning at the workshop; and identify speakers and workgroup facilitators.

- 4.13 The core group considered all the available and relevant information to make the selection of countries to be the subject of a site visit: Austria, Belgium, Finland, France, Greece, Netherlands, Spain and the United Kingdom.
- 4.14 These countries were selected as they offered locations of recent emergencies or disasters as well as examples of good and less well developed practice. Also, by including the countries of core group members, it was possible to reduce transport and accommodation costs. It had been intended that up to ten site visits would be necessary to answer the questions set out in paragraph 4.16, however, a review of the project plan against achievements indicated that the findings from eight site visits were adequate.
- 4.15 Each of the site visits was undertaken between April 2003 and January 2004 and was:
- organised by and with the support of the PNNC
 - undertaken by one or two members of the core group
 - achieved within a maximum of 48 hours.
- 4.16 A structured interview format was used for the site visits, addressing the questions listed below:
- Who are the individuals who need support in an emergency or disaster?
 - What are the needs of individuals affected by an emergency or disaster?
 - What services does your organisation provide in an emergency or disaster?
 - What roles do volunteers play in responding to emergencies or disasters?
 - How would you describe psycho-social support?
 - Are non-government organisations likely to provide specialist practical support or emotional support? Please provide some examples.
 - Do government or non-governmental organisations provide: pre-event; during the event; post-event support to responders (including volunteers)? Is this post-event support an issue for government and non-governmental organisations?
 - Please provide some examples of cases of recent emergencies and disasters?
 - What lessons have been learnt from the response to these emergencies or disasters?
 - How do you think that the support to individuals affected by an emergency or disaster could be improved? What would assist your organisation?
 - Is there any additional information you think may benefit the project?
- 4.17 Site visit findings were summarised as:
- a consistent recognition of the importance of meeting the psycho-social needs of individuals affected by an emergency or disaster
 - in some countries the response was driven by the local community rather than nationally or centrally driven or organised
 - significant differences can exist within a country where the civil protection responsibility rests at the regional level of administration
 - concern about the absence of robust funding streams
 - in one country, a difficult learning experience had led to a marked increase in planning for a non-government organisations' involvement
 - concern about the consistency of co-ordination within and between organisations and between planning and response
 - it would be logical to develop daily services and use this to prepare for a civil protection response
 - some countries expressed concern about the extent of reliance on volunteers.
- 4.18 Conclusions from the site visits were that:
- elements of the Austrian, Belgian, Finnish, French and UK structures should be the subject of presentations at the workshop

- some issues arising during the site visits should be the subject of other presentations for the workshop or themes for the workgroups e.g. stress awareness and management, partnerships and joint working
- there was no clarity about the meaning of 'individuals' and 'psycho-social needs'; the workshop would benefit from working definitions.

Publicity material

- 4.19 It was agreed that the workshop should be advertised through the use of a promotional leaflet, including a registration form, to be circulated by e-mail to EUMS and EEAC, via the PNNC; a copy is attached at Appendix 'H'. An attractive visual image was created, to be used on all publicity material associated with the project, showing the event being organised by the British Red Cross and supported by the European Union.
- 4.20 As research was undertaken during the preparatory phase and useful information was obtained, it was collated for inclusion in the workshop exhibition.

Final stage of preparatory phase

- 4.21 The findings from the first stages of the preparatory phase enabled the core group to compile a list of the key services provided within EUMS and EEAC and the key locations where they are provided:

Key services provided

- | | |
|-----------------------------------|---------------------------------|
| • searching for survivors | • listening |
| • first aid | • befriending |
| • rescue | • comforting |
| • transportation | • advice |
| • medical services | • counselling |
| • ambulance activities | • group therapy |
| • hospital activities | • spiritual |
| • documentation | • helplines |
| • referral to other organisations | • hygiene packs |
| • mobility aid equipment | • communications – face to face |
| • communications – electronic | • messaging and tracing |
| • bedding | • therapeutic care |
| • clothing | • public training |

Key locations where services are provided

- | | |
|---------------------------------|---|
| • hospitals | • feeding centres (responders) |
| • casualty centres | • drop-in centres (local community) |
| • survivor centres | • mortuaries (including temporary arrangements) |
| • evacuee centres | |
| • relatives and friends centres | |

- 4.22 The research also enabled the core group to identify the needs of individuals affected by an emergency or disaster:

- | | |
|---|------------------------------|
| • information | • psychological support |
| • reassurance | • legal/occupational advice |
| • first aid and medication | • pastoral care |
| • clothing, blankets | • self-help |
| • protection from media/unwanted 'do-gooders' | • spiritual/cultural advice |
| • refreshments | • transport |
| • help with care of children | • access to television/radio |
| • use of telephone | • help with care of pets |
| | • entertainment |

- 4.23 The following working definitions were developed for subsequent use within this project:

Individuals who may be affected by an emergency or disaster

- casualties (fatal, serious, slight)
- survivors (involved but not injured)
- evacuees (residents, passengers, employees)
- relatives and friends
- witnesses
- emergency services
- others responding

Psycho-social needs

Psycho-social needs are the practical, emotional, social and psychological needs of individuals affected by an emergency or disaster. Such needs will arise in the initial emergency response phase and may persist for a longer time-scale. The needs include:

- practical assistance
- social support
- medical care
- psychological support

- 4.24 The lists of key services, locations, needs and the definitions were included in the exhibition and are attached at 'I'
- 4.25 The findings from the preparatory phase identified three main areas that appeared to merit further consideration in the project. These areas were, how organisations:
- develop their response arrangements to an emergency or disaster to enable them to meet the needs of individuals affected
 - prepare their responders to support individuals affected by an emergency or disaster and deal with the impact that the response may have on them as a responder
 - co-ordinate their activity, i.e. between and within organisations, across geographic boundaries and between the planning and response phases.
- 4.26 The preparatory phase drew to an end in January 2004 and the workshop was held between 30 January and 1 February 2004.

Phase 2 - Workshop

Workshop purpose and aims

- 4.27 The findings from the preparatory phase were used to inform the workshop phase with the project purpose and aims, shown at 2.7 and 2.8, utilised as the purpose and aims for the workshop.

Workshop venue and participation

- 4.28 The promotional leaflet for the workshop was developed and sent to PNNC for onward distribution to government and non-governmental organisations in EUMS and EEAC. The event was to take place at the UK Government Cabinet Office Emergency Planning College, York, England; to be a 48 hours residential workshop from Friday 30 January to Sunday 1 February 2004. The workshop languages would be English and French, for both translation and interpretation. Each country was invited to take up two funded delegate places at the workshop; these funded national representatives would be provided with accommodation and meals for the duration of

the workshop and would be reimbursed for the cost of travel between the delegates' home country and the workshop. The promotional leaflet is attached at Appendix 'H'.

- 4.29 Interest in the event was very pleasing and exceeded all expectations. 75 delegates from 19 different countries, including 15 EUMS, two EEAC, Hungary and the United States of America, attended the workshop representing a wide range of organisations and disciplines. The delegates brought with them a tremendous depth and breadth of knowledge and experience. The final delegate list is attached at Appendix 'E'.

Workshop style and content

- 4.30 The comprehensive workshop programme included a series of presentations by speakers representing a number of different countries and disciplines. These presentations were designed to welcome delegates and secure the delivery of essential information, outlining the:
- current civil protection issues from the European Commission and UK Governments' perspectives
 - background, purpose and aims of the project, including the workshop
 - survivors and bereaved perspectives
 - different models for responding to individuals' needs, from five countries: Austria, Belgium, Finland, France and the UK
 - issues connected with the management of stress.
- 4.31 A copy of the programme is attached at Appendix 'D' and a copy of each presentation is attached at Appendix 'G'.
- 4.32 An attractive exhibition, comprising a walk-through display, provided information about the infrastructure and civil protection arrangements for each EUMS and EEAC. Delegates visited the exhibition at an evening reception, to receive and share information in an interactive and dynamic learning manner. The exhibition comprised:
- a montage of photographic images
 - a map of EUMS and EEAC showing details of each country's population and area
 - definitions of 'individuals' and 'psycho-social needs'
 - a list of the needs of individuals affected by a disaster
 - a list of the services provided to meet needs
 - an outline of opportunities and challenges
 - summary details from national profiles.
- 4.33 A copy of the exhibition display panels is attached at Appendix 'I'
- 4.34 Delegates were able to share information, ideas, experience and concerns through their involvement in themed and facilitated workgroups and a plenary session.
- 4.35 Delegates were grouped into five teams for the simultaneous workgroups, remaining in the same team for each of the four workgroup sessions. Two facilitators supported each workgroup team, working with the same team throughout the workshop. There was one plenary session.
- 4.36 The purpose of the workgroups was to:
- develop delegates understanding of other countries civil protection infrastructure
 - agree the range of psycho-social needs of individuals in an emergency or disaster
 - share information on the provision of psycho-social support
 - consider the balance of practical and emotional support services
 - explore the advantages and disadvantages of providing access to guidance on the provision of psycho-social support and the areas that could be covered by such guidance

- identify whether, and how, the contribution of non-governmental organisations, in the provision of psycho-social support, may be improved within a country's civil protection arrangements.
- 4.37 Delegates were advised that it was essential to appreciate the importance of adapting roles and methods of working to the civil protection infrastructure of an individual country; what appeared to be an excellent example of good practice in one country may not be possible nor feasible in another.
- 4.38 A copy of the guidance notes on the workgroup sessions, is attached at Appendix 'F'.
- 4.39 In an endeavour to reinforce learning in a light-hearted manner, delegates were invited to enter a workshop competition by answering seven questions on a competition form. Each of the questions was based on information available in either the presentations or the exhibition. The competition draw was made at the end of the workshop. The winner was a delegate from Ireland.

Workshop feedback

- 4.40 The unanimous view of participants at the plenary session was that the purpose and aims of the workshop had been fulfilled. They accepted the hypotheses that:
- support should be available to meet the psycho-social needs of individuals affected in an emergency or disaster
 - there should be guidance on commonality in accessibility and the quality of support available to meet the psycho-social needs of individuals.
- 4.41 Paragraphs 4.42 to 4.47 provide a composite of the points raised during the course of the workgroups and the plenary session.
- 4.42 Identification of common needs:
- there was unanimous agreement that the psycho-social needs listed in paragraph 4.22 are the needs to be met in the response to an emergency or disaster
 - the provision of emotional support should be seen as operating on a continuum from listening to long-term mental-health care
 - meeting the needs of people affected by an emergency or disaster should be regarded as a priority activity in the response to an emergency or disaster
 - care must be exercised to avoid the danger of losing the perspective of the individuals affected by an emergency or disaster
 - individuals will expect to receive the same level of care they would get in their own country, irrespective of the country where the emergency or disaster occurs
 - individuals have immediate and ongoing needs for information about the emergency or disaster; this need is sometimes overlooked in the provision of psycho-social support. The accuracy of the information provided is more important than the speed with which it is made available
 - a broader approach should be adopted to the provision of psycho-social support; the support should embrace the five goals identified by Abraham Maslow:
 - physiological – hunger, thirst, sleep etc
 - safety – protection against danger or deprivation
 - love – belonging to a group etc
 - esteem – reputation, recognition and appreciation
 - self-actualisation – self development, creativity, empowerment etc.
- 4.43 Identification of principles and services to meet the common needs:
- there is a need to integrate and embed the provision of psycho-social support at all levels of civil protection planning and response
 - the contribution of multi-faceted, integrated psycho-social support to meeting the needs of individuals in an emergency or disaster emerged as an essential and valuable activity

- there was unanimous agreement of the value of common terms and that the definitions of 'individuals' and 'psycho-social needs' contained in paragraphs 4.22 and 4.23 should be used in the project final report
- psycho-social support delivered from within the local community is likely to be more welcome than that coming from outside the community. Integrating local resources and cultural norms within psycho-social activities is necessary. Where the support does come from outside the community, the responders should be conscious of this and display humility
- it was agreed that countries should strengthen the ability of individuals and communities to look after themselves by:
 - promoting self-help
 - promoting volunteering
 - encouraging employee release programmes for volunteers. It was agreed that each country should promote the humanitarian right of individuals in an emergency or disaster to receive appropriate psycho-social support
- it was considered desirable for countries to identify an organisation to co-ordinate psycho-social support to individuals in an emergency or disaster
- the status of the 'Psycho-social Support in Situations of Mass Emergency Policy Paper' and its concepts should be clarified. Wherever possible, relevant points should be incorporated into the project final report.

4.44 Planning for the provision of psycho-social support (roles and responsibilities):

- it was agreed that there should be a clear EU policy statement that multi-faceted, integrated psycho-social support is an essential part of the response to an emergency or disaster
- countries should celebrate the high quality of practice that exists and build on this existing good practice and knowledge, to spread expertise and experience
- more work should be undertaken to:
 - evaluate the effectiveness of psycho-social support
 - compare the cost of emergency or disaster psycho-social intervention to long-term care, to provide evidence of the value of financing the implementation of the recommendations in this report
 - promote evidence-based good practice
- there was a need to develop more coherent and strategic use of existing funding lines and promote more reliable pre-agreed funding streams at regional, national and EU level
- countries should define roles to identify profiles for individual responders, provide common understanding and facilitate an assessment of capacity and capability
- responding organisations should build capacity to sustain a co-ordinated response to a large or protracted emergency or disaster
- there was support for the adoption of a model that planned for one organisation to co-ordinate the response of the voluntary sector provision of psycho-social support
- planning should address how psycho-social support transfers, smoothly and without gaps, from short-term emergency response through post-immediate support to long-term care
- small-scale incidents can provide as much useful learning for subsequent training and exercising as major emergencies or disasters
- it is important that local health agencies are involved in the planning of the psycho-social response to an emergency or disaster
- local communities should be prepared, better, to enable them to provide local psycho-social support. There is scope for involvement with schools, youth and community groups
- psycho-social support planning must address cultural and religious issues and the international dimension of an emergency or disaster
- the psycho-social support plans must address how to manage the delivery of information and having no information
- there must be co-ordination of lists of deceased and casualties, with one central access point, and adequate person-to-person support for the family and friends.

Responding organisations should try to avoid subjecting individuals to the trauma of searching hospitals and mortuaries

- there should be no display of lists unless individuals have been identified and next of kin informed
- there should be pre-agreed plans for launching and administering appeals for financial support for the bereaved and survivors
- it was agreed that it is helpful to group the type of individuals affected by an emergency or disaster, by the locations shown at paragraph 4.21, in order that their individual needs can be met.

4.45 Preparing and supporting responders:

- there is a need for greater investment in training, learning, exercising and evaluation to enable responders to share good practice and to be prepared, better to meet the psycho-social needs of individuals in an emergency or disaster
- there are a range of approaches to training and exercising. Responding organisations should identify the approach that suits the task and experience of their responders. It would not be appropriate to impose training and exercising methods on responding organisations
- delegates expressed concern about the level and availability of practical and emotional support for responders: pre-event, during the event and post-event. It was agreed that responding organisations should deal with this as a priority issue
- there is an assumption that post-incident support is always available to mental-health practitioners; experience indicates that this is not necessarily the case. Adequate post-incident arrangements must be made available
- it was agreed that non-governmental organisations could make a significant contribution to the delivery of psycho-social support to individuals in an emergency or disaster and that work should be undertaken to improve their skills, strengthen their management abilities and clarify their roles
- it would be helpful if each country had a policy and structure that encourages employers to release their employees to contribute, as volunteers, to the psycho-social support arrangements for an emergency or disaster. This structure should address the issue of reimbursement for the employer
- responders from government and non-government organisations should plan, train and exercise together, i.e. multi-disciplinary events for short-term to long-term responses
- there should be reality about the capacity and capability of responders
- each organisation should take responsibility for providing appropriate briefing, debriefing, de-fusing and psychological support for responders
- there should be adequate stress awareness and management programmes within each responding organisation linked to team-working or individual colleague support.

4.46 Co-ordination and joint working

- it was agreed that there should be greater recognition and ownership by government institutions of the importance of the provision of psycho-social support to individuals in an emergency or a disaster
- delegates recognised the need for the European Commission to develop more effective mechanisms for:
 - sharing good practice
 - increasing the size and availability of the current pool of experts
 - strengthening international co-operative links, at the operational level
 - sharing response mechanisms across countries to help mutual aid
 - sustaining multi-agency planning and training, including in smaller countries
- mechanisms should be developed, within each country to:
 - build on and strengthen existing networks
 - develop and support regional co-operation
 - clarify where core responsibility for the provision of psycho-social support should sit

- the adoption of common terms, common practices and shared plans at the local, regional and national level would facilitate mutual aid arrangements within and between responding organisations, in that country
- there is a need to link this project with other relevant EU projects, in particular the 'Psycho-social Support in Situations of Mass Emergency Policy Paper'
- the European Commission should create a platform for relevant academics and practitioners to exchange and develop concepts and frameworks to facilitate the provision of psycho-social support across the EU
- care must be taken to avoid the narcissistic ego (over-inflated national pride) and rivalry between responding organisations within the same country
- consideration should be given to forming national 'rapid response teams' to go to the country dealing with the disaster to provide support to the nationals from their own country
- there was agreement that this type of workshop was an effective way of developing co-ordination and joint working between countries; there should be further similar workshops, in the future.

4.47 Guidance

- it was agreed that it would not be possible nor desirable to attempt to standardise EU legislation or guidance on the provision of psycho-social support. The concept is unlikely to be accepted by countries and any legislation would fail to provide the flexibility necessary to meet cultural differences. However, countries should agree on what psycho-social support is to be made available and to individually determine national roles and responsibilities
- the lead government department in each country should produce an emergency procedures manual for the provision of psycho-social support, within that country, to include:
 - guidance on the rationale behind the provision of psycho-social support
 - identification of roles and responsibilities
 - how psycho-social support transfers, smoothly and without gaps, from short-term emergency response through post-immediate support to long-term care in the community
 - co-ordination of lists of deceased and casualties, with adequate person-to-person support for the family and friends to avoid subjecting individuals to the trauma of searching hospitals and mortuaries for missing persons
 - the need for organisations to have and share local plans that can be linked into regional and national plans
- adoption of Interpol Resolution AGN/65/Res/13 (1996) would provide a common mechanism for victim identification that would additionally reduce the possibility of causing an avoidable increase in the trauma suffered by family and friends
- many delegates support the concept of the Family Liaison role undertaken by the United Kingdom Police Service. They saw it as a sensitive and helpful approach to meeting the needs of the bereaved, as well as its main purpose of being a useful tool in the identification and investigation process
- the use of an Emergency Medical Multi-lingual Phrasebook, like the one produced by the British Red Cross, would help to resolve some of the immediate language difficulties encountered when supporting individuals for whom the national language(s) is not their first language. Cultural differences should always be taken into consideration
- to avoid any possibility of post-report stagnation, it may be helpful to create an implementation project to develop the guidance and recommendations in an agreed time-frame.

4.48 The delegates were extremely positive about the workshop. They enjoyed the opportunity to share good practice and to learn from each other in an interesting and participatory style. Their expressed wish was that there should be similar such events and that they should be held on an infrequent but regular basis, to share knowledge, developments and issues. The feedback from the workshop has been incorporated into the overall project conclusions and recommendations.

Phrase 3 – Final report

- 4.49 A computerised monitoring and auditing system was developed for the duration of the project by the British Red Cross. The system has provided timely and accurate budgeting and expenditure information, for submission to the European Commission on completion of the project. The statement of expenditure and income submitted to the European Commission by 15 May 2004 demonstrated that the project had been completed on time and within budget.
- 4.50 The preparatory and workshop phases of the project have informed the development of this final report. The report will be distributed through the PNNC, to facilitate the dissemination of the learning from the project.
- 4.51 Copies of the report will be distributed to workshop delegates and other interested persons and organisations; it will be provided in both English and French and available either as a hard copy or an electronic file on CD-ROM. The final report will also be placed on the websites of the European Commission, UK Government and British Red Cross.

5. Conclusions

- 5.1 The conclusions section summarises the learning drawn from the work undertaken during the project.
- 5.2 Civil protection is an issue that is addressed within each of the European Union Member States (EUMS) and European Economic Area Countries (EEAC). There are similarities and differences in the legal bases and governmental structures which impact on their plans and arrangements for civil protection; these similarities and planning differences are likely to remain.
- 5.3 Each EUMS and EEAC is at different stages of civil protection development and experience; as a consequence, the extent of their inclusion of non-governmental organisations and volunteers is varied.
- 5.4 Whilst it is acknowledged that there are differences and similarities in civil protection planning and arrangements there should be consistency in the quality and range of support accessible to an individual. The level of care an individual receives should be similar wherever an incident occurs; location should not limit the quality of the response. What may vary is who or which organisation provides the support in the response.
- 5.5 It is necessary to raise governmental and non-governmental organisations' awareness of the extent of individuals' needs in an emergency or disaster and also how those needs can be met through providing a range of psycho-social support.
- 5.6 It was agreed that psycho-social needs should be met by the EUMS and EEAC in an emergency or disaster and there was acceptance of the value of common terms, definitions and services.
- 5.7 It has been possible to make some recommendations for guidance on definitions, needs, individuals, support services and joint working.
- 5.8 It was agreed that the EUMS and EEAC can benefit from sharing good practice whilst at the same time developing a country-specific response to respect national and cultural differences.
- 5.9 Planning and co-operation were seen as vital components in civil protection between neighbouring countries, between different organisations within the same country and within organisations. Adoption of common practices and shared plans enhances a country's response.
- 5.10 Planning needs to be on a continuum to include short-term, post-immediate and long-term in order to meet, adequately, psycho-social needs.
- 5.11 Non-governmental organisations often play a vital part in the response to an emergency or disaster. To enable them to be more effective they need to be included in the planning, exercising, deployment, financing and evaluation of a country's emergency response.
- 5.12 All responders, from whichever organisation were recognised as needing selection, preparation, training and support. Support is necessary during an event and may be considered necessary following an event.

6. Recommendations

The recommendations section lists the fifteen recommendations which are presented to the European Commission as the outcome of this project. Three of the recommendations propose further study and one the value of further workshops.

- 6.1 That the European Commission (EC) should issue a clear policy statement that multi-faceted, integrated psycho- social support is an essential part of the response to an emergency or disaster.
- 6.2. Governments should welcome the principle that if an individual is involved in an emergency or disaster they will receive the same level of care they would get in their own country, irrespective of the country where the emergency or disaster occurs.
- 6.3. That governmental and non-governmental organisations in European Union Member States (EUMS) and European Economic Area Countries (EEAC) should accept the value and adoption of common terms, common practices and shared plans at the local, regional and national level. This would facilitate mutual aid arrangements within and between responding organisations and within countries. The following are suggested as a useful basis:
- 6.3.a Individuals who may be affected by an emergency or disaster:
- casualties
 - survivors
 - evacuees
 - relatives and friends
 - witnesses
 - emergency services
 - others responding
- 6.3.b Psycho-social needs:
“the practical, emotional, social and psychological needs of individuals affected by an emergency or disaster. Such needs will arise in the initial emergency response phase and may persist for a longer time-scale. They include:
- practical assistance
 - social support
 - medical care
 - psychological support”
- 6.3.c Locations where individuals should have their psycho-social needs met:
- hospitals
 - casualty centres
 - survivor centres
 - evacuee centres
 - relatives and friends centres
 - feeding centres (responders)
 - drop-in centres
 - mortuaries
- 6.3.d Common needs:
- information
 - reassurance
 - first aid and medication
 - clothing, blankets
 - protection from media/unwanted ‘do-gooders’
 - refreshments
 - help with care of children
 - use of telephone
 - transport
 - access to television/radio
 - help with care of pets
 - entertainment
 - emotional and psychological support (operating on a continuum from listening to long-term mental-health support)
 - legal and occupational advice
 - pastoral care
 - self-help
 - spiritual and cultural advice

- 6.3.e Services required to meet the psycho-social needs of individuals affected by an emergency or disaster:
- searching for survivors
 - first aid
 - rescue
 - transportation
 - medical services
 - ambulance activities
 - hospital activities
 - documentation
 - referral to other organisations
 - mobility aid equipment
 - bedding
 - clothing
 - listening
 - befriending
 - comforting
 - advice
 - counselling
 - group therapy
 - spiritual
 - helplines
 - hygiene packs
 - communications
 - messaging and tracing
 - therapeutic care
 - public training.
- 6.4 That governments and non-governmental organisations in EUMS and EEAC should:
- develop, as a priority, their planning and response arrangements to an emergency or disaster to enable them to meet the psycho-social needs of individuals affected
 - prepare their responders to support individuals affected by an emergency or disaster and deal with the impact that the response may have on them as responders
 - co-ordinate their planning and response activity, i.e. between and within organisations, across geographic boundaries and between the planning and response phases.
- 6.5 Non-governmental organisations can make a significant contribution to the delivery of psycho-social support to individuals in an emergency or disaster. Further study should be undertaken to provide guidance on:
- the work to be undertaken to develop skills, strengthen management abilities and clarify roles of non-governmental organisations
 - the legal basis of non-governmental organisations involvement in civil protection
 - the production of a policy and structure, for each country, that encourages employers to release their employees to contribute, as volunteers, to the psycho-social support arrangements for an emergency or disaster. This should include provision for reimbursement arrangements for employers
 - the means by which EUMS and EEAC can develop more coherent and strategic use of existing funding lines and promote pre-agreed funding streams at regional, national and EU level. The further study should identify whether there is correlation between the level of funding and the expectations of an organisation and if it is appropriate to balance the funding base and the level of activity.
- 6.6 That each EUMS and EEAC should strengthen the ability of individuals and communities to look after themselves by:
- promoting self-help
 - promoting volunteering
 - encouraging employee release programmes for volunteers
 - recognising that psycho-social support delivered from within a local community is likely to be more welcome than that coming from outside that community.
- 6.7 The EC should develop more effective mechanisms for:
- sharing good practice
 - increasing the size and availability of the current pool of experts to include non-governmental organisations to provide the focus in meeting the psycho-social needs arising in an emergency or disaster
 - strengthening international co-operative links, at the operational level
 - sharing response mechanisms across countries to help mutual aid
 - sustaining multi-agency planning and training, including in smaller countries.

- 6.8 That governmental and non-governmental organisations in each EUMS and EEAC should develop arrangements within each country to:
- build on and strengthen existing networks
 - develop and support regional co-operation
 - clarify core responsibility for the provision of psycho-social support
 - identify an organisation to co-ordinate psycho-social support
 - plan for launching and administering appeals for financial support for bereaved.
- 6.9 That each EUMS and EEAC should produce an emergency procedures manual for the provision of psycho-social support, within that country, to include:
- guidance on the rationale behind the provision of the psycho-social support
 - identification of roles and responsibilities in an integrated and co-ordinated way
 - guidance on how psycho-social support transfers, smoothly and without gaps, from short-term emergency response through post-immediate support to long-term care
 - guidance on the co-ordination of lists of deceased and casualties, with adequate person to person support for the family and friends to avoid subjecting individuals to the trauma of searching hospitals and mortuaries for missing persons
 - the action to be taken to meet the psycho-social needs of its citizens when involved in an emergency or disaster in another country, e.g. formation of teams to be deployed within the country experiencing the emergency or disaster
 - the need for organisations to have and share local plans that can be linked into regional and national plans
 - an assessment of capacity and capability and a facility to build capacity to sustain a co-ordinated response to a large or protracted emergency or disaster.
- 6.10 That governmental and non-governmental organisations in EUMS and EEAC should be encouraged to see the need for greater investment in training, learning, exercising and evaluation to enable responders to share good practice and to be prepared, better, to meet the psycho-social needs of individuals in an emergency or disaster. Responders from governmental and non-governmental organisations should plan, train and exercise together, i.e. multi-disciplinary events for short-term to long-term responses.
- 6.11 Further study should be undertaken, by responders, mental-health practitioners and academics, to:
- evaluate the effectiveness of psycho-social support
 - compare the cost of emergency or disaster psycho-social intervention to long-term care, to provide evidence of the value of financing the implementation of the recommendations in this report
 - promote evidence-based good practice
 - link this project with other relevant EU projects, in particular the ‘Psycho-social Support in Situations of Mass Emergency Policy Paper’.
- 6.12 That psycho-social support planning must address cultural and religious issues, the international dimension of an emergency or disaster and the need to manage information and not having information.
- 6.13 That each EUMS and EEAC should adopt Interpol Resolution AGN/65/Res/13 (1996), which would provide a common mechanism for victim identification and reduce the possibility of causing avoidable increased trauma to family and friends.
- 6.14 Further study should be undertaken to identify the action to be taken by each responding organisation to:
- include in its civil protection planning how it will provide the level and access of psycho-social support necessary to meet the needs of the individuals in an emergency or disaster
 - provide appropriate briefing, de-briefing, de-fusing and psychological support for its responders.

- 6.15 That further workshops should be held on the provision of psycho-social support, to develop, further, co-ordination and joint working between EUMS and EEAC.

Appendix 'A'

Literature Search



Literature Search

During the course of the preparatory phase, research was undertaken through publications, websites and civil protection institutions. The following is a list of some of the key sources used:

Vade-Mecum of Civil Protection in the European Union (European Commission, October 1999):
http://europa.eu.int/comm/environment/civil/prote/cp06_en.htm

The Role of non-Governmental Organisations' Volunteers in Civil Protection in European Member States and European Economic Area Countries
<http://www.redcross.org.uk/pdfheavy.asp?id=3752>

Responding to Disaster – The Human Aspects, (The Emergency Planning Society, UK, May 1998)

Disasters: Planning for a Caring Response, The Disasters Working Party, (London HMSO, 1991)

Coping with Catastrophe, Peter E. Hodgkinson & Michael Stewart (Routledge 1992)

Order from Chaos, Marion Gibson (Venture Press, 1991)

Dealing with Disaster, Revised Third Edition, UK Cabinet Office (Brodie Publishing 2001)
Website: <http://ukresilience.info>

International CEP Handbook, 2003, Civil Emergency Planning in the NATO/EAPC Countries, SEMA's Educational Series 2003:2, Swedish Emergency Management Agent: www.ocb.se

Internationally Agreed Glossary of Basic Terms Related to Disaster Management, UN Department of Humanitarian Affairs, (December 1992):
<http://www.google.com/search?hl=en&lr=&ie=UTF-8&oe=UTF-8&q=Internationally+Agreed+Glossary+of+Basic+Terms+Related+to+Disaster+Management+&btnG>

International Aspects of Disaster, Speaker Support material, the Emergency Planning College, Easingwold, UK

Psycho-social support in situations of mass emergency, European Policy Paper concerning different aspects of psycho-social support for people involved in major accidents and disasters (2001)
Website: <http://europa.eu.int/comm/environment/civil/pdfdocs/cpacto3h-en.pdf>

Guidelines for Psychosocial Policy and Practice in Social and Humanitarian Crisis, the International Society for Traumatic Stress Studies (ISTSS) in consultative status with ECOSOC:
www.un.org/esa/socdev/psychosocial

The Sphere Project, Humanitarian Charter and Minimum Standards in Disaster Response:
www.sphereproject.org/

Handbook for Mental Health Care of Disaster Victims, Raquel E.Cohen & Frederik L. Ahearn, Jr, (Baltimore, Maryland: John Hopkins University Press 1980)

Guidelines for the implementation of a psychological support programme in emergencies', International Working Group for Psychological Support, International Federation of the Red Cross (IFRC)

Psychological support: best practice guidelines from Red Cross and Red Crescent programmes (IFRC): <http://www.ifrc.org/what/health/psycholog/bestpractices.asp>

Psychological Support Policy, International Federation of Red Cross and Red Crescent Societies

Website: www.ifrc.org

The World Disasters Report – Focus on Recovery, International Federation of Red Cross and Red Crescent Societies, 2003: <http://www.ifrc.org/publicat/wdr2003/>

British Red Cross Emergency Multilingual Phrasebook 2004

British Red Cross Disaster Appeal Scheme, fourth edition

Coping with Crisis – Reference Centre for Psychological Support:
<http://www1.drk.dk/sw3225.asp>

Appendix 'B'

Questionnaire



Guidance notes for completion of questionnaire

Thank you for agreeing to complete this questionnaire. Please find below a glossary of working definitions which should help you when filling out the questionnaire. They do not aim to be medical.

Please note, you may wish to provide more information for various questions than the space allows: if completing electronically, please copy and paste additional boxes; if completing in manuscript, please photocopy to provide additional sections.

Please work through the questionnaire marking the boxes or by inserting information where appropriate. To mark the tick boxes double click on them and when the menu appears click on 'checked' to mark the box.

Glossary of terms:

- **'Psycho-social needs'** is used to mean the emotional, psychological and social needs of people involved in emergencies or disasters, including practical assistance.
- **'Psycho-social support'** is taken within the context of strengthening coping strategies of the individual or community, helping individuals concerned to respond and adjust to their circumstances that may have changed as a result of the disaster or emergency.
- **'Psycho-social intervention'** is aimed at helping to prevent the occurrence of post-traumatic stress disorder (PTSD) amongst individuals concerned.
- **Fatalities:** this questionnaire does not directly refer to how organisations clear the bodies of human remains of those killed in an emergency or disaster.
- **Non-hospitalised injured survivors:** individuals who are injured as a result of an emergency or disaster but whose injuries are not of a serious enough medical nature to be hospitalised.
- **Hospitalised survivors:** individuals whose injuries sustained in an emergency or disaster mean that they need to be hospitalised.
- **Evacuees:** individuals who need to be moved to a place of safety as a result of fire, flooding, or other incidents endangering their homes, workplaces, place of transport or commercial centre.
- **Witnesses:** individuals who have witnessed an incident, and who may also be psychologically or emotionally distressed.
- **Relatives/ partners close friends of deceased, missing persons, injured and non-injured survivors:** individuals who may be psychologically or emotionally distressed, seeking more information or advice on how to cope with what has happened to their relative/partner or closed friend directly affected by an emergency or disaster.
- **Responders (rescue workers, police, medical emergency services, psycho-social workers, volunteers):** anyone who responds to an emergency or disaster at any stage, either practically or emotionally.
- **Media personnel:** reporters, journalists, camera personnel etc who may be at the scene of an emergency or disaster and who may be affected physically, psychologically or emotionally.
- **Volunteers:** individuals who provide non-profit, non-wage and non-career action for the well-being of their neighbours, community or society at large.
- **Non-governmental Organisation (NGO):** a private organisation that pursues activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development. NGOs are typically value-based organisations which depend, in whole or in part, on charitable donations and voluntary service.

Question 1

a) **Is your organisation involved in responding to individuals affected in emergencies or disasters?**

Yes No (please go to Q18)

b) **In which phase(s) does your organisation provide support?**

- Acute phase – immediate aftermath up to 48 hours after incident
- Transition phase – days following incident
- Long-term phase – post-transition period, possibly weeks, months or years

Additional comments:

Question 2

To which individuals does your organisation provide support? And, during which phase(s) ?

(Please note that questions concerning responders are dealt with at Questions 13 and 14.)

	Acute phase	Transition phase	Long-term phase
Survivors – hospitalised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivors – non-hospitalised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivors – non-injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuees (from homes, workplaces, transportation, commercial centres etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, partners, and friends of Deceased, missing persons, evacuees, injured and non-injured survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other categories (please specify)

Question 3**What services does your organisation provide in an emergency or disaster?**Practical support

- | | |
|---|--|
| <input type="checkbox"/> Searching for survivors | <input type="checkbox"/> Supporting hospital personnel |
| <input type="checkbox"/> First aid | <input type="checkbox"/> Therapeutic care |
| <input type="checkbox"/> Rescue | <input type="checkbox"/> Referral to other organisations |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Medical services (diagnosis, administration of drugs etc) |
| <input type="checkbox"/> Support to Ambulance Service | |

Psycho-social support

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Listening | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Befriending | <input type="checkbox"/> Group therapy |
| <input type="checkbox"/> Comforting | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Advice | <input type="checkbox"/> Helplines |

Equipment

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Medical aid equipment (e.g. mobility aids) | <input type="checkbox"/> Bedding |
| <input type="checkbox"/> Hygiene packs (e.g. washing kit) | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Communications (e.g. radios, phones) | |

Information services

- | | |
|--|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Documentation |
| <input type="checkbox"/> Messaging and Tracing (sending messages to family/friends who may be missing) | <input type="checkbox"/> Public training (e.g. in First Aid, flood preparation, evacuation etc) |

Other (please specify)**Additional comments:**

Question 4

To which individuals does your organisation provide the services shown at question 3?

	Practical support	Psycho-social support	Equipment	Information services
Survivors – hospitalised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivors - non-hospitalised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivors - non-injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuees (from homes, workplace, transportation, commercial centres etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives and friends of deceased, missing persons, evacuees, injured and non-injured survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other categories (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that questions concerning responders are dealt with at Questions 13 and 14 in the questionnaire.

Question 5

What simple term best describes the services you provide to individuals affected in emergencies or disasters, e.g. practical and emotional support?

Question 6

a) If there is a need, would any of the following centres be set up?

	Yes	No	Do not know
Temporary mortuaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centres for Casualties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centres for Survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centres for Evacuees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centres for Relatives and Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centres for provision of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop-in centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) If the centres are set up, would your organisation provide services in them?

Yes No (please go to Q.7)

c) If yes, does your organisation provide any of these services?

Temporary mortuaries

Centres for Casualties

Centres for Survivors

Centres for Evacuees

Centres for Relatives and Friends

Centres for provision of food

Drop-in centres

Additional comments:

Question 7

How long has your organisation been providing a range of services in emergencies or disasters?

in the planning stage less than 3 years 3 or more years not yet providing

Question 8

a) Does your organisation receive any funding for its emergency/disaster services?

Yes No Do not know

b) If yes, from whom does it receive funding?

Public institutions (e.g. local, regional or national government, EU)

Private institutions (e.g. private companies, charitable organisations etc)

Appeals

Other (please specify)

Question 9**a) What does your organisation consider are the needs of individuals affected?**

- | | |
|---|--|
| <input type="checkbox"/> Information | <input type="checkbox"/> Help with care of children |
| <input type="checkbox"/> Reassurance | <input type="checkbox"/> Help with care of pets |
| <input type="checkbox"/> Refreshments | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Clothing/blankets | <input type="checkbox"/> Use of telephone |
| <input type="checkbox"/> First aid and medication | <input type="checkbox"/> Access to television/radio |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Protection from media/unwanted 'do-gooders' |
| <input type="checkbox"/> Other (please specify) | |

b) How did your organisation identify the needs you have shown at Question 9(a)?

- Previous experience
 Feedback from users
 Discussion with partner organisations
 Other (please specify)

Question 10**a) Who in your organisation responds to emergencies or disasters?**

- Paid staff/employees
 Volunteers (including paid staff who act as volunteers)
 Consultants/specialised professionals or technical experts e.g. engineer, paramedic counsellor etc)
 Other (please specify)

b) Does your organisation hold a register of its responders' skills/competencies?

- Yes
 No
 Do not know

Question 11**Does your organisation provide training in:**

- | | |
|--|---|
| <input type="checkbox"/> Practical support | <input type="checkbox"/> Stress awareness and management (helping yourself, helping others, helping team members) |
| <input type="checkbox"/> Psycho-social support | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Equipment supply | <input type="checkbox"/> Team-building |
| <input type="checkbox"/> Information services | |

Question 12

a) Does your organisation take part in *joint planning* for the response to emergencies or disasters?

Yes No Do not know

If yes, does it take place:

With governmental organisations only With NGOs only With government and NGOs together

Regularly Rarely Nationally Regionally Locally

b) Does your organisation take part in *joint training* for the response to emergencies or disasters?

Yes No Do not know

If yes, does it take place:

With governmental organisations only With NGOs only With government and NGOs together

Regularly Rarely Nationally Regionally Locally

c) Does your organisation take part in *joint exercising* for the response to emergencies or disasters?

Yes No Do not know

If yes, does it take place:

With governmental organisations only With NGOs only With government and NGOs together

Regularly Rarely Nationally Regionally Locally

Additional comments:

Question 13

Does your organisation provide any of the following support to its emergency responders?

- | | |
|---|--|
| <input type="checkbox"/> Briefing | <input type="checkbox"/> Further individual debriefing |
| <input type="checkbox"/> Individual, immediate debriefing /defusing | <input type="checkbox"/> Colleague/peer support scheme |
| <input type="checkbox"/> Critical Incident Stress Debriefing | <input type="checkbox"/> Individual counselling |
| <input type="checkbox"/> Team debriefing/defusing | <input type="checkbox"/> Group counselling |
| <input type="checkbox"/> Other (please specify) | |

Question 14**a) Does your organisation provide professional psychological support?** Yes No Do not know**b) If yes, is it provided to:** Own organisations' personnel Other individuals affected by the emergency or disaster**c) If yes, how is it provided:** Response network of psychologists/ psychotherapists/ mental health practitioners/ counsellors Referral system Other (please specify)

Question 15**a) Has your organisation changed the way it responds to emergencies or disasters in the last five years?** Yes No Do not know**b) If yes, please explain the reason(s) for the changes:**

Question 16**a) Does your organisation seek feedback about its services?** Yes No Do not know**b) If yes, in what way:** Reviews Questionnaires Individual interviews Group meetings Sampling**Additional comments:**

Question 17

Please outline what information, advice or guidance may be helpful to your organisation in improving its response to emergencies or disasters?

Question 18

Please include any additional comments that may assist this project.

Question 19

Please provide details of proposed SPEAKERS at the workshop on 30 January – 1 February 2004

Name

Position

Organisation

Address

Telephone number

Fax number

E-mail

Outline of proposed presentation

Question 20**Please provide details of proposed DELEGATES to the workshop on 30 Jan. – 1 Feb. 2004**

Name	<input type="text"/>
Position	<input type="text"/>
Organisation	<input type="text"/>
Address	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
E-mail	<input type="text"/>

Please provide details of a contact person within your organisation

<i>Name</i>	<input type="text"/>
<i>Position</i>	<input type="text"/>
Organisation	<input type="text"/>
<i>Address</i>	<input type="text"/>
<i>Telephone number</i>	<input type="text"/>
<i>Fax number</i>	<input type="text"/>
<i>E-mail</i>	<input type="text"/>
<i>Web-site address</i>	<input type="text"/>

Thank you for completing this questionnaire. Please return it using email, fax or post by 15 August 2003 to Moya Wood-Heath, 9 Grosvenor Crescent, London, SW1X 7EJ, UK, email mwoodhea@redcross.org.uk, fax + 00 44 (0) 20 7235 7447. If you have any queries on the questionnaire or project please contact us on telephone 00 44 (0) 207 201 5149 or e-mail.

Analysis of questionnaires completed in preparatory stage

Number of completed questionnaires	63
Number of countries represented by these 65 questionnaires	17
Number of questionnaires completed by governmental organisations	27
Number of questionnaires completed by NGOs	38

Q. 1a) Organisations involved in responding to individuals affected in emergencies or disasters:

63 (100%)

Q.1b) Phases in which organisations provide support:

Acute, Transitional & Long-term	26 (41%)
Acute & Transitional	23 (37%)
Acute only	8 (13%)
Transitional & Long-term	4 (9%)
Long-term only	2 (3%)

Q.2 Organisations giving support to individuals during different phases:

Individuals	Organisations addressing needs ¹	Acute phase	Transition phase	Long-term phase
Survivors – non-hospitalised	58 (92%)	49	42	27
Survivors – non-injured	56 (89%)	47	42	26
Evacuees	52 (83%)	45	39	25
Relatives, partners & friends	50 (79%)	40	9	27
Witnesses	46 (73%)	36	30	19
Survivors – hospitalised	38 (60%)	26	23	20
Media personnel	24 (38%)	23	16	12
Other	25 (40%)	-	-	-

¹ This only includes organisations that answered that they respond to emergencies and disasters.

Q.3 Services provided by organisations in an emergency or disaster:

<u>Practical support</u>	
First aid	35 (56%)
Transportation	31 (49%)
Rescue	26 (41%)
Referral to other organisations	26 (41%)
Searching for survivors	26 (41%)
Support to Ambulance Service	24 (38%)
Supporting hospital personnel	20 (32%)
Medical services	13 (21%)
Therapeutic care	11 (17%)
<u>Psycho-social support</u>	
Listening	52 (83%)
Comforting	48 (76%)
Befriending	38 (60%)
Advice	41 (65%)
Helplines	34 (54%)
Counselling	30 (48%)
Group therapy	19 (30%)
Spiritual	9 (14%)
<u>Equipment</u>	
Bedding	23(37%)
Hygiene packs	23 (37%)
Communications (e.g. radio)	22 (35%)
Medical aid equipment	22 (35%)
Clothing	20 (32%)
<u>Information services</u>	
Communications	30 (48%)
Documentation	27 (43%)
Public training	29 (46%)
Messaging & Tracing	20 (32%)
<u>Other</u> ²	8 (13%)

Q.4 Type of support that individuals receive from responding organisations (involves organisations that answered Q.2)

Individuals	Organisations addressing needs ³ (Q.2)	Psycho-social support	Practical support	Information services	Equipment support
Survivors (non-hospitalised)	58 (92%)	44	40	31	20
Survivors (non-injured)	56 (89%)	44	35	30	17

² Includes food provision, water sanitation, translation, equipment, strategic management of local authority response etc)

³ Out of the organisations that answered that respond to emergencies and disasters.

Individuals	Organisations addressing needs ⁴ (Q.2)	Psycho-social support	Practical support	Information services	Equipment support
Evacuees	52 (83%)	38	38	31	21
Relatives, partners etc	50 (79%)	43	23	64	7
Witnesses	46 (73%)	36	19	20	7
Survivors (hospitalised)	38 (60%)	24	24	21	9
Media personnel	24 (38%)	8	10	17	5
Other ⁵	25 (40%)	13	6	7	5

Q.5 Terms best used to describe the services which responding organisations offer:

The terms 'practical' and 'emotional' support were most common in the questionnaires. The term 'psycho-social support' was also used several times. Many organisations described their services as 'technical', which included: search, rescue, water, shelter, oil, transportation etc. The term 'psycho-social first aid' was used by several organisations.

Methodology and practices to aid individuals emotionally affected by emergencies and disasters were mentioned, e.g. Critical Incident Stress Management (CISM), counselling and psychological support (including psychotherapy and psychiatry).

⁴ Out of the organisations that answered that respond to emergencies and disasters.

⁵ Other Individuals indicated included responders and volunteers, physically and mentally disabled, own personnel, general public, school children and other vulnerable members of society such as the elderly.

Q.6a) Centres set up in case of an emergency or disaster, according to country⁶:

Country	Centres for survivors	Centres for evacuees	Centres for relatives and friends	Centres for casualties	Centres for provision of food	Drop in centres	Temporary mortuaries	Organisations that provide services in centres set up	Organisations that do not provide services in centres	Organisations that didn't respond to question
Austria	✓	✓	✓	✓	✓	✓	✓	2	1	2
Belgium	✓	✓	✓	✓	✓	✓	✓	2	0	0
Denmark	✓	✓	✓	✓	✓	✓	✓	5	3	1
Finland	✓	✓	✓	✓	✓	✓		2	0	0
France	✓	✓	✓	✓		✓	✓	9	0	0
Germany	✓	✓	✓	✓	✓	✓	✓	6	1	0
Greece	✓	✓	✓	✓	✓	✓		1	1	0
Iceland	✓	✓	✓	✓	✓	✓	✓	3	0	0

⁶ There was some confusion from the responding organisations with respect to this question. Some organisations stated that certain centres were set up, whilst other organisations from the same countries did not mention them. For the purposes of this analysis we have included the centres referred to in the responses that were given.

Country	Centres for survivors	Centres for evacuees	Centres for relatives and friends	Centres for casualties	Centres for provision of food	Drop in centres	Temporary mortuaries	Organisations that provide services in centres set up	Organisations that do not provide services in centres	Organisations that didn't respond to question
Ireland			✓					1	0	0
Italy	✓	✓	✓		✓	✓		1	0	0
Luxembourg	✓	✓	✓		✓	✓	✓	2	0	0
Netherlands	✓	✓	✓	✓	✓	✓	✓	8	2	1
Norway	✓	✓	✓	✓	✓	✓	✓	1	0	0
Portugal				✓	✓		✓	1	0	0
Spain	✓	✓	✓	✓	✓	✓	✓	2	0	0
Sweden	✓	✓	✓			✓		2	0	0
UK	✓	✓	✓	✓	✓	✓	✓	6	1	0
Total								53	9	4

Q.6b) Centres in which organisations provide services⁷:

Centres for survivors	46 (73%)
Centres for evacuees	41 (65%)
Centres for casualties	38 (60%)
Centres for relatives and friends	37 (59%)
Drop in centres	30 (48%)
Centres for provision of food	27 (43%)
Temporary mortuaries	25 (40%)

Q.7 How long responding organisations have been providing their services:

Over two thirds of the organisations responding to the questionnaire have been providing services to individuals for more than three years. With a about a third either having less than 3 years experience or in the planning phase.

Q.8a) Funding of responding organisations:

Organisations that receive funding	52 (83%)
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Q.8b) If organisations receive funding sources of funding:

Public	48 (92%)
Private	23 (44%)
Appeals	18 (35%)
Other (e.g. members, other societies, donations etc)	8 (15%)

Q.9a) Needs of individuals affected by emergencies and disasters identified by responding organisations:

Information	55 (87%)
Reassurance	53 (84%)
First Aid and Medication	42(67%)
Help with care of children	36 (57%)
Clothing/blankets	42 (67%)
Protection from media/unwanted 'do-gooders'	42 (67%)
Refreshments	38 (60%)
Use of telephone	36 (57%)
Transport	36 (57%)
Access to television/radio	29 (46%)
Help with care of pets	23 (37%)
Entertainment	14 (22%)
Other ⁸	9 (14%)

Q.9b) How organisations assess the needs of individuals:

Previous experience	57 (90%)
Feedback from users	39 (62%)
Discussions with partner organisations (e.g. authorities, agencies etc)	39 (62%)
Other (study of literature, reviews, academia, seminars, special interest groups)	11 (17%)

⁷ Some organisations that responded to this question coordinate services at centres and others provide services.

⁸ E.g. information, psychological support, legal and occupational advice, pastoral care, self-help

Q.10a) Profile of responders to emergencies and disasters:

Paid staff	53 (84%)
Volunteers	48 (76%)
Consultants	26 (49%)
Others (e.g. conscripts, users, partner organisations, Trained firemen, doctors, medics, pastors, delegates, referred specialists)	6 (10%)

Q.10b) Organisations who hold a register of its responders' skills/competencies:

Yes	47 (75%)
No	16 (25%)
Do not know	2 (3%)

Q.11 Training areas carried out by responding organisations⁸:

Psycho-social support	47 (75%)
Stress awareness and management	47 (75%)
Practical support	46 (73%)
Leadership skills	42 (67%)
Information services	34 (54%)
Team building	33 (52%)
Equipment supply	23 (37%)

Q.12a) Joint planning:

Total number of organisations that take part in joint planning	55 (87%)
Organisations that do joint planning with GOs and NGOs	43 (68%)
Organisations that do joint planning with GOs only	10 (16%)
Organisations that do joint planning with NGOs only	2 (3%)
Organisations that carry out regular joint planning	40 (63%)
Organisations that carry out joint planning rarely	6 (10%)
Organisations that carry out local joint planning	39 (62%)
Organisations that carry out regional joint planning	38 (60%)
Organisations that carry out national joint planning	37 (59%)

Q.12b) Joint training:

Total number of organisations who take part in joint training	49 (78%)
Organisations that do joint training with GOs and NGOs	38 (60%)
Organisations that do joint training with GOs only	10 (16%)
Organisations that do joint training with NGOs only	1 (2%)
Organisations that carry out regular joint training	34 (54%)
Organisations that carry out joint training rarely	6 (10%)
Organisations that carry out regional joint training	31 (49%)
Organisations that carry out national joint training	31 (49%)
Organisations that carry out local joint training	30 (48%)

⁸ Fifty seven organisations that responded to the questionnaire answered that they provide training for responders

Q.12c) Joint exercising:

Total number of organisations who take part in joint exercising	50 (79%)
Organisations that do joint exercising with GOs and NGOs	38 (60%)
Organisations that do joint exercising with GOs only	13 (21%)
Organisations that carry out regular joint exercising	32 (51%)
Organisations that carry out joint exercising rarely	11 (17%)
Organisations that carry out regional joint exercising	36 (57%)
Organisations that carry out local joint exercising	32 (51%)
Organisations that carry out national joint exercising	26 (41%)

Q.13 Support that organisations provide to their emergency responders:

Organisations that provide support to their emergency responders	59 (94%)
Briefing	49 (82%)
Team debriefing/defusing	45 (71%)
Individual immediate debriefing/defusing	43 (68%)
Critical Incident Stress Debriefing (CISD)	32 (51%)
Individual counselling	34 (54%)
Further individual debriefing	31 (49%)
Group counselling	29 (33%)
Colleague/Peer support scheme	29 (33%)
Other (e.g. informal group meetings, multi-agency debrief, PTSD psychotherapy etc)	5 (8%)

Q.14a) Organisations providing professional psychological support:

45 (71%)

Q.14b) Beneficiaries of psychological support provided by responding organisations:

Organisation's personnel	40 (63%)
Other individuals affected	29 (46%)

Q.14c) Providers of psychological support:

Response network of mental health practitioners	37 (59%)
Users referred to other organisations/professionals	24 (38%)
Other (e.g. partner organisations, specialised staff members, contracted staff)	9 (14%)

Q.15a) Organisations that have changed their way of working:

41 (65%)

Q.15b) Reasons for changes to way organisations respond:

Changes include: more training, 24 hours support to responding staff, updating guidelines, recognition of the need for more integration with organisations providing services to individuals post emergency/disaster, increased joint training and exercising.

The most frequently referred to reason for change was: experience with different types of disasters, e.g. September 11th, bigger scale disasters and from public demands fuelled by the media.

Q.16a) Organisations that request feedback:

50 (77%)

Q.16b) Methods that organisations use to obtain feedback:

Group meetings	36 (57%)
Reviews	31 (49%)
Questionnaires	23 (37%)
Individual interviews	23 (37%)
Sampling	11 (17%)
Other (e.g. website, reviews with partner organisations, informal etc)	4 (6%)

Q.17 Information advice or guidance which may be helpful to organisations in improving their response:

- **Sharing of knowledge and experience:** database of how organisations have responded to emergencies, evaluation of best practice, existing networks, mobilising volunteers, funding etc
- **Networking:** with both Government and Non-Government Organisations e.g. bilateral exchanges, to enable links to be made prior to an emergency or disaster taking place. Information on existing networks would also be useful. Meetings with partner organisations would be part of the process of networking
- **Capacity building:** especially in the area of psychological support specific to emergencies and disasters
- **Guidelines:** more standard plans are needed. There is also a need for evaluation of services, for setting level and quality of support
- **Coordination:** with relevant government authorities and other emergency response actors (materials, information, how can NGOs contribute to support of individuals, updates in regulations, more uniformity with responding organisations etc). Responsibilities and expectations should be clearly defined. Response needs to be integrated. Activities should complement each other and be jointly coordinated.
- **Setting up systems:** for counselling and debriefing, helping individuals establish self-help groups
- **Training:** stress awareness and management, psychological aspect of caring for victims and for colleagues (including local training for operational staff). Listening skills should be integrated and carried out by responders and helpers on the ground.

Q.18 Additional comments that may assist this project:

There needs to be a de-dramatising of psychological help. For example, in some circumstances the media have assessed how serious an incident is according to the psychological support provided.

General comments:

The importance of working with other organisations was mentioned, frequently.

Little reference to preventative measures, e.g. psycho-education, public awareness-raising on effects of emergencies.

Appendix 'C'

National Profiles



AUSTRIA

Country structure

Capital:	Vienna
Population:	8.2 million
Language:	German

Austria has 9 autonomous provinces with their own parliament and government.

Civil Protection in Austria

Economic Defence and Civil Defence (of which civil protection is a part) constitute civil emergency planning. The most significant structures are the Federal and Provincial Alarm Centres and the National Crisis Management Coordinating Committee, a coordinating and advisory body.

The aim of civil protection in Austria is to defend and shield the population from all possible threats and dangers. Civil protection is defined as the total sum of precautionary measures and activities that will enable the population to survive in crisis situations. It includes the following:

- provision for relief missions (disaster protection)
- self-protection measures
- warning and alerting facilities
- shelter construction
- provision for medical facilities
- protection from radiation fallout.

Structure of Civil Protection

The Federal Ministry of the Interior is the main coordinator of civil protection in Austria. Provinces are responsible for coordinating protection operations in the event of disaster and organising fire brigades and emergency service units. The principle of voluntary membership applies to fire brigades and rescue services, except in major cities.

There are approximately 300,000 trained and equipped men and women in these organisations.

The Act regulating the federal ministries' responsibilities states that only the Federal Ministry of the Interior is responsible for matters concerning the safety and security of the population. However, the provinces are vested with both legislative and executive powers, which include civil protection. The provinces have passed disaster relief acts, regulating the scope of activities assigned to individual relief organisations, clarifying the action management hierarchy and defining performance requirement profiles. Disaster relief and alerting plans have been drawn up for federal, provincial, district and local authorities.

Emergency Response

Civil protection is provided by relief organisations, such as:

- Fire fighting squads
- Austrian Red Cross
- Worker's Ambulance Service of Austria
- Knights of St John Ambulance Service
- Knights of Malta Hospital Service
- Austrian Mountain Rescue Service.

If a disaster cannot be managed by civilian organisations alone, such as fire brigades or rescue services, assistance can be requested from the Austrian Federal Army. The military units will then report to civilian authorities.

Psycho-social Support

Austria has a model of Psycho-social Acute Support teams. Both the City Administration of Vienna and the Austrian Red Cross have established appropriate structures so that organisations can provide prompt psycho-social support. The model was first piloted in Vienna and then adopted in the other Federal provinces. The Vienna Manifesto developed a scientific and organisational structure for the teams and a paper "Guidelines for Psycho-social Acute Support in Austria". This established a process for selection, training and organisation.

Several tragic incidents (Kaprun, Lassing, Galtur) encouraged the development of immediate support for people affected. Post-trauma support is well established and helps to avoid more serious long-term effects. Standards have been established at a national level ensuring that in the event of a disaster, different systems are compatible in terms of training, organisational structures and intervention indicators. Over the years an information campaign has taken place and emergency response teams have been enlarged.

Each provincial government is responsible for its own disaster response legislation. In Vienna, acute support is organised by the City Administration; in Styria and in Vorarlberg, the provincial government has established a similar model; in the other regions, non-governmental organisations (e.g. the Red Cross, Caritas, the University of Vienna, Institute of Psychology) have taken the initiative in offering emergency support, often in close cooperation with universities.

The Austrian Red Cross has developed a general framework for a system of psycho-social support for individuals affected and a peer system for its own staff.

The decision to deploy a psycho-social support team does not depend on the number of those affected, but on the degree of possible trauma. Services are confidential and available free of charge to all residents. The objective of these services is to help affected people recover and to care and support them through the traumatic situation. The aim is to make the social network of the person (friends, neighbours, etc.) available but if the psycho-social team-member detects that further professional therapeutic or psychiatric intervention is needed, then they will liaise with the appropriate organisations. Great importance is attached to helping individuals to cope by himself/herself. Psycho-social support is offered immediately after a disaster event and is built into the rescue operation itself.

The goals of psycho-social support are:

- emotional stabilisation
- restoring ability to act
- providing information and support to family members not directly involved in the event
- networking with institutions that offer psycho-social follow-up care
- reduction of acute stress
- prevention of secondary illnesses.

Recent emergencies and disasters

1998 Mine accident, Lassing

1999 Avalanche disaster, Galtur, Valzur

1999 Road tunnel fire, Tauern tunnel

1999 Crowd panic in a stadium, Bergisel / Innsbruck

2000 Fire disaster in a funicular train, Kaprun

2002 Floods, Upper Austria, Lower Austria.

BELGIUM

Country structure

Capital:	Brussels
Population:	10.3 million
Language:	Dutch, French, German

Belgium has a federal government, comprised of a parliament and a senate, three regions (Walloon, Flanders and Brussels) and three communities (French, Flemish and German). The regions are responsible for the administration of economic, industrial and environment matters. The Communities are responsible for the administration of matters related to their respective languages (e.g. education and culture). Each community has its own government. Belgium has 10 provinces, each with a provincial council led by a governor. Local government consists of about 600 municipalities, each with Municipal Council and a mayor.

Civil Protection in Belgium

Overall responsibility for civil emergency planning in Belgium rests with the Government and the ministries. Each ministry has responsibility within its own sector and has its own Civil Emergency Planning Board.

Structure of Civil Protection

The task of the Civil Emergency Planning Board is to anticipate and counteract low and high level crisis. The major objectives of civil emergency planning in Belgium in times of crisis or war are to:

- guarantee the continuity of the government(s)
- protect the population
- guard socio-economic life
- comply with international obligations
- meet multi and bilateral agreements
- perform engagements within alliances (NATO, UN etc).

Emergency Response

In a national crisis, the Minister of the Interior is the highest executive agent. The Minister is responsible for overall emergency response coordination and supervises the permanent Coordination and Crisis Centre for the Government (CGCR). The Ministry of the Interior manages national emergencies and has the authority to call upon the police, rescue services and the Gendarmerie. The Ministry of the Interior, the Governor and the mayor are authorised to call upon the armed forces in times of crisis. Police and rescue services are organised in cities or municipalities, or groups of municipalities.

All public administrators, municipalities, provinces, hospitals and enterprises are obliged by Royal Decree (1990) to develop individual emergency plans to deal with relevant risks.

Emergency response organisations provide the following activities during an emergency or disaster:

- Medical assistance – pre-triage and first aid
- Psycho-social assistance
- Helplines (the number is announced through the media)
- Contact with relevant organisations and services
- Provision of information (e.g. leaflets and information meetings).

Guidance teams offer special care to those who need it, for example, to unaccompanied children or people with disabilities. There is one coordinator for all of the different teams.

Psycho-social support

Psycho-social support is the responsibility of the Ministry of Health. The Public Health Inspector (HI) is the representative of the Ministry in the Provinces. Belgium has a Psycho-social Intervention Plan (PIPS) to provide support to individuals affected by an emergency. The PIPS covers three phases: immediate activities; transitory activities; return to normal life.

The aim of the PIPS is to:

- protect affected individuals from secondary victimisation
- reduce subsequent psycho-social disturbances and the effects of stress
- promote self-coping strategies amongst those affected
- facilitate resources for individuals concerned.

Psycho-social operational support will be dependent on where the incident takes place, the nature of the incident, the number of victims, the extent of loss, the level of damage, resources available, the authorities/institutions involved and medical impact. PIPS' approach is proactive, multi-disciplinary, preventative, collective, and continuous. It uses existing resources and is integrated within general relief.

The Belgian Red Cross (Flanders and the French Community) organise Emergency Psycho-social Support, providing:

- Reception – for non-injured victims, witnesses and relatives
- Information – obtaining data regarding number, identity and location of victims, providing information to victims and relatives (Information Centre) and installation of a Telephone Centre
- Guidance and assistance – to the next of kin of the deceased victims in collaboration with the Gendarmeries' Disaster Victim Identification team.

The Belgian Red Cross supports emergency response personnel by:

- Providing information to workers about risks and training managers/team leaders in ways of supporting personnel after a crisis event.
- Working with groups and, if necessary, through individual counselling and support.

The psycho-social coordination structure has three levels:

Psycho-social Manager (PSM) – the federal representative. The PSM collaborates with the administrative authorities and HI to organise a psycho-social network at a preventative level. The PSM is responsible for general coordination of the PIPS at an operational level.

Psycho-social Emergency Response Service (SISU/DSI) – provided by the Belgian Red Cross at the acute stage as a partner to the Ministry for Public Health.

The Federal Committee for Psycho-social Support – coordinates the various regional activities. It comprises representatives from the Mental Health Centre for Psychological Crisis, the Ministry of Defence, the Belgian Red Cross, the Emergency Medical Aid Service of the Public Health Authority and the Chaine Alimentaire et de L'Environnement. Its tasks include developing the function of the PSM, developing concepts related to psycho-social support, regulating procedures, centralising and supervising activity reports and setting objectives.

Two coordination tools are used to guarantee continuity of psycho-social activities and maintain flexibility:

- Post-crisis assessment - analyses information gathered by the PSM following an emergency or disaster at the acute phase (up to 24 hours afterwards).
- Coordination Committee for Psycho-social Support – coordinates and evaluates psycho-social risks in disaster contexts and in the transitory phase (i.e. in the return to normal life) and identifies and mobilises local resources and local networks.

Recent emergencies and disasters

July 1997 Ostend Air Crash

DENMARK

Country structure

Capital:	Copenhagen
Population:	5.4 million
Language:	Danish

Denmark is divided into 14 counties and 275 municipalities. The counties and municipalities have significant administrative responsibilities and powers.

Civil Protection in Denmark

Danish civil emergency planning comprises two elements: civil preparedness and rescue preparedness.

The Danish Preparedness Act defines the objectives of rescue preparedness as the prevention, reduction and remedying of any damage inflicted on people, property and environment by accidents and disasters, including war actions or imminent danger of war. Practical support measures include warning the population and providing shelter and evacuation. The Danish Preparedness Act also governs nuclear preparedness. Civil preparedness is defined as a plan for the continuing function of society under extraordinary conditions.

Danish Civil Defence and the peacetime fire service were integrated into Rescue Preparedness in 1993. Not all areas of rescue preparedness are included in the Preparedness Act. The peacetime ambulance service, for example, is a county task. The Preparedness Act establishes the Minister of the Interior and Health as the supreme administrative authority.

Structure of Civil Protection

At the national central level, the Ministry of the Interior and the Emergency Management Agency (comprising the Danish Fire Service and the Civil Defence Service) has supreme responsibility for the coordination of national rescue preparedness and the supervision of municipal rescue preparedness.

The Ministry of the Interior is responsible for coordinating civil preparedness planning, implementing associated measures and attending to work not taken care of by other authorities. Each Ministry is responsible for civil preparedness related to its range of activities and for maintaining the functions of Government and public administration.

The Emergency Management Agency coordinates the civil preparedness work of the Ministries on behalf of the Minister of the Interior and Health. The tasks of the Emergency Management Agency are:

- (i) guidance in administrative preparedness
- (ii) coordination of:
 - central civilian authorities
 - central authorities and regional/municipal authorities
 - civilian authorities and Total Defence
 - civilian authorities and NATO.

In each Regional Centre, the regional prefect (also the State County Governor) is responsible for coordinating and planning regional civil preparedness matters. The regional prefect, the Military Regional Commander, the Commander of the National Rescue Preparedness and the Regional Chief Constable of the Police constitute the Regional Emergency Administration Board. The Regional Centres provide peacetime assistance to Municipal Rescue Preparedness, depending on the nature or extent of an accident or disaster.

The Danish system of conscription provides for the establishment and training of a preparedness reserve in peacetime, the National Rescue Corps.

At the county and municipal level, contingency plans exist for activities within the scope of the municipalities. Preparedness commissions appointed by the local councils administer rescue preparedness in the municipalities. The Chief Constable has a permanent seat on this Commission. The municipalities sub-contract fire fighting and rescue service operations to neighbouring municipalities and private salvage corps, as necessary.

Emergency Response

The first response to an emergency is carried out by Municipal Rescue Preparedness (an amalgamation of the municipal civil defence and the municipal fire preparedness). Special operations (i.e. rare or very complex) are usually carried out with the assistance of the National Rescue Corps.

The Municipal Rescue Preparedness system provides services, receives, billets and feeds evacuees and other distressed persons, including victims of floods and other natural disasters.

In an emergency or disaster situation, the Danish Police is responsible for coordinating and planning the efforts of police and ambulance personnel (including private ambulance services), firemen, civil defence, the home guard, medical personnel etc. The police issue warnings, seal and evacuate areas and carry out other necessary measures. The police are responsible for providing all necessary reports and documentation.

Psycho-social Support

Organisations that provide practical and emotional support include:

The Danish Red Cross – provides a visitors' service, first aid training and first aid teams. It also offers professional psycho-social services (often provided under contract by private companies and enterprises).

ASF - Denmark People's Aid – provides shelter, reconstruction, rehabilitation, psycho-social activities, education, distribution, income generating activities and capacity building. ASF also supports victims who are physically or mentally disabled.

Mission Ost – provides food and refreshments following an emergency or disaster.

Recent emergencies and disasters

2000 Accident at Roskilde Festival (9 persons died, 34 injured)

1989 Air Disaster at Skagerrak, Coast of Airtshals (55 killed)

FINLAND

Country structure

Capital:	Helsinki
Population:	5.2 million
Language:	Finnish, Swedish

There are two levels of regional administration in Finland, provincial and state district. Finland is divided into five large provinces. Each province has a state provincial government. There are 90 state administrative districts, which include police units. The regional councils have their own administrative boards and councils elected by the municipalities.

Local government consists of 446 municipalities. Municipalities are responsible for schools, local services and health care. The municipal council is the supreme decision-making body and the municipal board, which it elects, is the supreme executive body.

Civil Protection in Finland

Finland's rescue administration aims to improve general safety by preventing fires and other accidents and by limiting damage when accidents occur. The primary function is to protect and save human lives.

Structure of Civil Protection

The Prime Minister's Office coordinates planning and other precautionary measures during exceptional conditions. The Secretary General of the Prime Minister's Office is the chairperson of the Chiefs of Readiness, the nominated leading officials in each ministry, responsible for emergency planning and maintaining emergency preparedness.

The Ministry of the Interior's Rescue Department is responsible for supreme command of rescue administration. Provincial State Officers are responsible for fire and rescue activities in the provinces; the municipalities are responsible for rescue operations in their respective areas. Municipal fire brigades take care of fire, rescue and civil defence operations.

At the local level, the duties of emergency planning lie with local authorities (municipalities). The responsible official is the mayor and the planning of defence measures is the responsibility of municipal rescue offices.

The Emergency Services College in Kuopio gives basic and advanced training to rescue professionals.

Emergency Response

To prepare for emergencies, authorities are obligated by law to take precautionary measures such as making contingency plans, acquiring special equipment and training personnel. Authorities are expected to allocate the necessary funds for emergency planning and other preparatory measures in their annual budgets. Guiding principles for civil emergency planning are:

- each authority continues to provide daily services
- in a crisis situation, any organisational changes are kept to a minimum and as few new bodies as possible are introduced into civil administration

Fire Brigades operate as wide-ranging rescue institutions whose activities include fire extinguishing and rescue, transportation of patients, prevention of environmental damage and rescue operations on inland waters. Each municipality must have a full-time, a part-time or a contractual fire brigade. In 2002 there were 60 permanent and 100 volunteer fire brigades. Rescue services include public authorities, voluntary organisations, the police, Frontier Guard, defence forces, health, aviation and radiation authorities.

Finland has established an organisation for international rescue operations, Finn Rescue Force (FRF). It is a rapid task force providing international search and rescue operations, medical treatment, oil pollution measures and a response to chemical accidents.

Military personnel provide assistance when requested.

Psycho-social Support

Organisations responding to immediate psycho-social needs of individuals in an emergency or disaster include:

Voluntary Rescue Service – organises Preliminary Care Emergency Groups, providing material and psychological support to victims and their families. The group members have basic training in preliminary care and further training in fields such as psychological support.

The Finnish Red Cross (FRC) – works in collaboration with designated government bodies coordinating and the Voluntary Rescue Service. The FRC coordinates the material and psychological assistance given in accidents or other sudden events and where necessary, determines the use of funds from the Disaster Relief Fund. The national headquarters organises, coordinates, trains and maintains a national psychologists' emergency team in case of major disasters. The Emergency Team provides support and consultation to local crisis groups if local resources are insufficient.

The FRC will also organise public lectures and seminars. A basic course in psychological support is made available to the public to increase knowledge about responding to psychological distress and independent coping. The course helps to identify traumatic reactions in self and others and provides information about supporting and finding expert assistance when needed.

Recent emergencies and disasters

1998 Rail accident, Jyvaskyla

2002 Seven people were killed in an explosion at a supermarket, Vantaa

FRANCE

Country structure

Capital:	Paris
Population:	58.3 million
Language:	French

France is a republic, which comprises of a metropolitan territory divided into 22 regions and 100 departments. The 1958 Constitution is the foundation for the institutions of the Fifth Republic.

Civil Protection in France

According to the law of July 1987, the aim of the Department of Civil Defence and Safety (DDSC) is to ensure protection of person, assets and environment, to prevent the risk of accidents, disaster or catastrophes of all natures.

Structure of Civil Protection

The Department of Civil Defence and Safety (DDSC) is attached to the Ministry of Interior. Its Emergency Management Operational Centre (COGIC) ensures round-the-clock monitoring of large-scale rescue operations at national level in France and abroad. It is responsible for informing the Minister of the Interior and the state authorities as regards accidents and catastrophes.

The DDSC manages the national emergency service and coordinates the action of the local rescue services responsible for aid operations. It contributes to the prevention of natural and technological accidents, drafts texts on prevention, aid-plans and fire services, helps in the training of fire officers and develops the international dimension of public safety.

Zone Operational Centres (COZ) are established in Marseilles, Lyon, Rennes, Bordeaux, Metz and Paris. Inside each Defence Zone, the COZ ensures the coordination of the aid and rescue operations under the authority of the zone prefect.

Emergency Response

Public safety is a competency shared between the local authorities and the State. The mayors in each commune and the department prefects are responsible for ensuring the prevention of risks and the distribution of aid and rescue. The prefects have the interdepartmental service for economic and civil defence and civil protection (SIDPC) at their disposal.

On a day-to-day basis, professional and voluntary fire officers lead on public safety activities. Fire officers belong to communal, inter-communal or departmental bodies. In each department (except Paris and the three departments where the Paris Fire Brigade operates), the departmental fire and rescue services (SDIS), a public departmental establishment, is financed by the local authorities and chaired by the president of the general council of the department. Its operational implementation is under the prefect's authority.

Prefects will launch an emergency response by alerting the necessary organisations (fire brigade, ambulance and health teams).

The Armed Forces may be put at the disposal of the civil authority, in the context of their public service tasks, in order to lend their assistance to the population in the event of natural disasters or to deal with the consequences of technological accidents. They can offer use of their logistical resources, particularly in the fields of transport and rapid intervention.

Psycho-social Support

In the wake of several acts of terrorism that shook Paris back in 1995, France began to set up a network aimed at providing care and medico-psychological aid to disaster victims.

Every department is equipped with a 'medico-psychological emergency cell' (CUMP), coordinated by a voluntary hospital psychiatrist. This psychiatrist has to ensure that a certain number of voluntary psychiatrists, nurses and psychologists will be available at all times, and in cooperation with them, handles the requests of the Medical Emergency Aid Service (SAMU) and the prefect.

Based on seven inter-regions, permanent medico-psychological emergency units have been put in place and staffed with a psychiatrist, a psychologist and a secretary, each of them employed on a part-time basis. They provide appropriate training seminars for voluntary helpers and are in charge of coordination tasks; collating departmental lists of volunteer psychiatrists, psychologists and psychiatric nurses and providing various aid services according to need. The teams respond within the framework of hospital structures.

Activities of the CUMP include:

- organising specific training for responders
- scientific and technological support in liaison with the national committee for emergency medico-psychological aid
- database of departmental volunteers
- operational support at an inter-regional level
- strengthening regional and inter-regional teams of psychiatrists, psychologists and nurses in case of a disaster.

A national committee for Immediate and Post-immediate Medico-psychological Care has also been set up. One of its objectives is to coordinate the various medical aid networks and other support systems, e.g. liaising between the French Red Cross and the Civil Defence Service. The national committee is responsible to the Ministry of Health. It is comprised of two representatives of the Ministry of Health, two psychiatrists who are cell coordinators, two doctors from SAMU, two departmental psychiatrists, one psychologist, one nurse and a representative of the ministry charged with Justice, Defence, Interior, Transport. This committee is responsible for:

- keeping an overview of emergency medico-psychological services
- defining a response strategy for emergency medico-psychological teams
- evaluating activities and training of personnel
- establishing a pedagogic team at a national level.

An agreement to define the conditions of information and alert for engaging volunteer psychiatrists, psychologists and nurses has been established. These conditions figure in the departmental emergency plans, known as the 'white plan' and 'red plan'. In the event of an emergency or major incident the prefect will ask the Doctor responsible for the departmental SAMU to contact the inter-regional CUMP. Activities carried out by the team coordinated by the CUMP will include:

- establishing a medico-psychological emergency post (PUMP)
- providing care and medico-psychological support to individuals affected and if necessary to refer individuals to health establishments for serious cases
- distributing information to the individuals affected and to their families
- dispensing post-immediate care to victims, individuals involved and their relatives.

Organisations responding to immediate psycho-social needs of individuals in an emergency or disaster include:

National Federation of Civil Protection (FNPC) – recognised as a public utility, registered with the Ministry of Interior and the Ministry of Health.

Secours Catholique, Caritas – is establishing a national agreement with the National Committee for Immediate Medico-psychological Aid, it also has signed Memorandums of Understanding with local authorities. It works in partnership with CUMPs.

French Red Cross – is an auxiliary to the official, public bodies. The FRC has signed two conventions, one with the Ministry of Health SAMU and another with the Ministry of Interior - Civil Protection. These conventions mean that the FRC actively helps in exceptional emergency situations. Specially trained professionals and volunteers participate in Red Cross activities. Most participants are volunteers.

Recent emergencies and disasters

1999 Storm in South Western, Western and Central France (88 persons killed, 11 injured)

1999 Erika oil spill (400 km of coastline affected, 11m litres of oil spilled)

2000 Concorde air crash, Paris (113 killed)

2001 Incident in petro-chemical factory, Toulouse (29 killed, 2,442 injured)

2002 Flood in Gard, Herault, Vaucluse (25 killed).

GERMANY

Country structure

Capital:	Berlin
Population:	82.4 million
Language:	German

The Government of Germany consists of the Chancellor and the Ministers. Germany has 16 autonomous states (Länder), each with its own Parliament and Government. Each state has its own constitution, enabling it to enact laws, in particular those related to education, police and local administration. Each state is divided into 3 – 7 administrative districts, and each district is divided into administrative counties and county boroughs.

Civil Protection in Germany

Under the Basic Law, assistance in the event of civil disasters in peacetime is a matter for the Länder. Within the Länder, the local or district authorities are principally responsible for assistance.

The aim of civil protection is to protect the population, their dwellings and workplaces, vital or defence-related civil offices, enterprises, institutions and facilities and national cultural assets.

There is no Federal Disaster Control Act; the responsibility rests with the state. Each state has its own emergency laws, which responds to the Civil Protection (Re-organisation) Law of 1997.

Structure of Civil Protection

Responsibility for the management of civil and military emergencies in Germany is distributed between the four different governmental levels: the federal state, the constituent states, towns and counties (regional), and municipalities (local).

Civil emergency planning is the responsibility of each state. Local authorities are responsible for medical rescue services and technical aid.

Within the Federal Office of Administration there is a Centre for Civil Protection. The centre is primarily responsible for civil defence issues in case of war. It also supports all ministries dealing with civil protection matters, conducts international seminars and trains leading personnel.

At the local level, a unit in each municipality is responsible for emergency planning. These units include representatives from the police, fire protection agencies and non-governmental organisations. The mayor has a coordinating function.

Following 9/11, Germany is building up a new integrated civil protection system. The main objective is to strengthen the crisis management of the states in large-scale disasters and to provide them with special resources in light of the new risks of terrorism. One of the first steps has been to establish the Joint Information and Situation Centre (GMLZ) for large-scale catastrophes. Its role is to support the states by providing necessary information about the general disaster situation and the availability of resources.

A federal coordination centre is planned for large-scale catastrophes. This will plan activities, organise material, recruit personnel, provide necessary information and counsel active personnel.

Emergency Response

The responsibility for emergency response lies with the respective Federal region. Within city regions, the responsibility lies with the professional fire brigades and may involve other non-

profit organisations or private firms. For rural regions quite different regulations exist and tasks are organised through individual communities. The lead response organisation is the Fire Service. There are 28,800 full-time and 1.4 million volunteer fire officers.

Regional and local authorities may make use of federal civil defence resources for emergency management and disaster control. For example, the Federal Institute for Technical Assistance (THW) is available on request to the competent state authorities.

Civil Emergency Planning and the military defence are interdependent.

Civil protection training is run by relief organisations, fire services and the school of the Federal Office for Civil Protection.

Psycho-social Support

The psycho-social support system consists of three main elements: support for survivors and witnesses, for relatives and for emergency responders. The care or treatment of emergency victims and relatives in the immediate phase is dealt with by Crises Intervention Teams or Emergency Pastoral Care Teams. Post-event care of responders is dealt with by Critical Incident Stress Management Teams.

Organisations responding to emotional and practical needs of individuals include:

- The Federal Office of Administration Civil Protection Support Centre
- Non-governmental Humanitarian Organisations (German Red Cross, Arbeiter-Samariter-Bund, Malteser Hilfsdienst, Johanniter Unfallhilfe, Deutsche-Lebensrettungsgesellschaft)
- The Federal Agency for Technical Relief (THW)
- The German Foundation of International Critical Incident Stress Foundation
- The Protestant and Catholic Churches
- The Police/Federal Border Guard
- The Fire brigades (counsellors to support the firemen and women in the case of a disaster or emergency).

Acute phase psycho-social support is provided on a voluntary basis and is associated with regional structures of fire brigades and emergency medical services.

Longer-term psycho-social support is provided for approximately one year. It integrates local services of emergency-psychology, psychotherapy, psycho-traumatology and specific social, legal, administrative and spiritual-religious services.

Since January 2003, a new institution in this field is NOAH (Nachsorge, Opfer- und Angehörigenhilfe). NOAH is the federal coordinating body for psycho-social support. In the event of an accident or disaster in foreign countries, its role in cooperation with the Foreign Office, is to coordinate psycho-social support for affected Germans after return to Germany. NOAH is part of the Civil Protection Centre of the Federal Office for Administration.

Recent emergencies and disasters

2003 Bus accidents in Lyon, France and Siofok, Czechia (61 Germans killed)

2003 Kidnapping of German hostages in Algeria

2002 Airplane crash at Lake Constance (71 killed)

2002 Flood in Saxonia & Saxonia-Anhalt (27 killed, 108 injured, 330,000 affected)

1999 Flood in Bavaria (22 killed, 100,000 affected)

1998 Eschede train disaster (101 killed, 87 injured)

GREECE

Country structure

Capital:	Athens
Population:	10.3 million
Language:	Greek

Greece is divided administratively into 13 regions. These are led by Secretary-Generals appointed by the central Government. The regions are divided into 51 prefectures or counties, which include 900 new large municipal districts and 133 small districts. The Constitution grants far-reaching autonomy.

Civil Protection in Greece

The overall objective of the Greek civil protection system is to ensure protection of the population, the environment and property in the event of natural or technological disasters. Its aims are to:

- implement measures within a defined Government framework for the identification and mitigation of natural technological disasters
- plan and lead recovery operations and response in the event of major emergencies which threaten the population, infrastructure, property and national heritage.

Structure of Civil Protection

There are two main bodies of Greek civil protection. SDO is an inter-ministerial body, which coordinates government action during major disasters. It is chaired by the Secretary General of the General Secretariat for Civil Protection.

The General Secretariat for Civil Protection handles disaster prevention, management and relief. It is part of the Ministry of Interior, Public Administration and Decentralisation. It deals with the prevention and mitigation of natural, technological and other disasters within an integral political framework. The 24/7 Operational Centre is located at the same premises as the General Secretariat for Civil Protection. Its members include:

- Secretary-Generals of the Ministries of the Interior
- Public Administration and Decentralisation
- Public Works
- Forests and Environment
- Health and Welfare
- Merchandise Marine
- Public Order
- Transportation and Communications
- Media and Public Information
- Deputy Chief of the National Defence General Staff.

Each national, regional, provincial and local authority and institution has developed its own contribution to the national civil protection plan, which is issued by the General Secretariat for Civil Protection. In addition, each region and prefecture has the task of establishing its own emergency plans.

Emergency Response

Authorities, organisations and institutions work together as an integral part of planning and rescue operations. (Ministries, the Fire Brigade, Police, Defence Forces, Health, Aviation and Radiation Authorities are major partners). Civil protection in Greece is organised within a coordinated resource system whereby national, regional, provincial and local authorities work together with local and public institutions and services.

The General Secretariat for Civil Defence is informed of the consequences of a disaster by both the prefect and the Secretary General of the Region. The Secretary General for Civil Protection sends orders and disposes the required intervention forces.

The following authorities provide intervention forces:

- Ministry of Public Work and Environment (PE.HO.DE) – responsible for floods, landslides, snowfalls and seismic prevention and protection
- Ministry of Development - responsible for safety regulations and measures in the industrial sector
- Ministry of Health and Welfare – provides social care
- Ministry of Public Order, Fire Fighting Brigade Service and State Police – responsible for both fire fighting and rescue in urban areas and forest fire fighting
- Ministry of Merchandise Marine – responsibility for search and rescue at sea.

The Armed Forces train with the civil authorities to provide support in the response to an emergency and can be requested by the prefect.

Psycho-social Support

The Social Welfare Department of the Hellenic Red Cross (HRC) develops and operates various social services to prevent and cope with the psycho-social and economic problems of individuals, groups or communities. It aims to enhance and restore their capacity for social functioning. Its activities include:

- helping people obtain tangible services
- counselling
- helping communities or groups to provide or improve social and health services
- participating in advocacy initiatives
- a befriending scheme
- public awareness raising.

The HRC provides the population with supplementary assistance in close cooperation with governmental bodies and/or institutions. It functions during the urgent and acute phases of a disaster. The HRC participates in a series of public preparedness training and information seminars. Those involved with HRC are professionals (social workers, psychologists, nurses, accountants etc.) or trained volunteers. Specialised seminars and training courses are organised in order to improve staff and volunteers' crisis intervention techniques. These training courses are implemented with the cooperation of private and statutory Mental Health Services.

Recent emergencies and disasters

1997 Yak-42 Aircrash, between Odessa and Thessaloniki (75 persons killed)

1999 Earthquake, Athens and suburbs (140 persons killed, 2,000 injured, 70,000 homeless)

2000 Ferry boat accident, "Express Samina", near Paros Island (80 persons killed, 18 injured)

ICELAND

Country structure

Capital:	Reykjavik
Population:	290.000
Language:	Icelandic

Thirteen ministries are responsible for central administration.

The basic administrative units in Iceland are municipalities (local government) of which the country is divided into 104.

Local government maintains basic physical infrastructure as well as some of the social infrastructure at the local level (i.e. primary education, primary welfare).

Civil Protection in Iceland

The tasks of the Icelandic civil protection system are to:

- organise and implement measures to prevent, as far as possible, bodily harm to the public or damage to property caused by military action, natural hazards or other types of disasters
- render relief and assistance due to any losses that have occurred and to assist people during emergencies, unless the responsibility for their assistance rests with other authorities or organisations.

Structure of Civil Protection

Civil protection in Iceland falls under the Ministry of Justice with the exception of health and medical services, which are the responsibility of the Ministry of Health and Social Security. Civil protection responsibilities at the national level are delegated to the National Commissioner of the Icelandic Police (NCIP). The NCIP runs a Civil Protection Section, which is responsible for daily administration of civil protection matters, maintains a national coordination/command centre, which can be activated at any time and is in charge of the centre in emergency situations. The National Commissioner is also responsible for monitoring and supporting research into risk factors and natural catastrophes and for coordination and support measures aimed at reducing risks of bodily harm.

The day-to-day functions of the Civil Protection Section of the NCIP include risk analysis, mitigation and coordination (i.e. planning, training and equipment). The role of the NCIP during emergency operations is to procure and deliver all outside assistance (national or international) for a stricken area as deemed necessary by the local Chief of Police.

The Minister of Justice appoints a Civil Protection Council, which advises the cabinet of ministers as well as the National Commissioner of the Icelandic Police on issues of civil protection and has a consultative role in the implementation of legislation.

Emergency Response

There are two types of emergency plans:

1. General plans for various types of hazards, regardless of location or likelihood
2. Specific plans for more prevalent events (for example earthquakes, volcanic eruptions).

Local Chiefs of Police are in charge of all civil protection operations within their respective jurisdictions. There are 26 Police Districts in Iceland and the country is divided into 31 Civil Protection Districts.

Each Civil Protection District has a Civil Protection Committee, which is responsible for organisation at the local level. The task of the Committees is to organise and carry out

preventative measures, rescue and protection activities in the event of war, natural catastrophes or other similar incidents.

In the event of an emergency, the Government is authorised to issue special instructions in relation to general traffic, rules and safety in official places and areas to which the public has access. In cases of imminent danger, the Chief of Police may forbid in part, or in full, the use of meeting halls and other public gathering places to which the public has access.

The operation of some relevant services is often delegated to volunteer organisations, i.e. the Icelandic Association for Search & Rescue and the Icelandic Red Cross. These volunteer organisations provide trained manpower as well as other resources such as vehicles, rescue equipment, relief materials and expert knowledge in the hour of need.

Psycho-social support

The Directorate of Health is in charge of psychological support to victims of disasters and others and delivers that aid with the support of the Icelandic Red Cross.

IRELAND

Country structure

Capital:	Dublin
Population:	3.6 million
Language:	English, Gaelic

Regional and local government consists of:

- 8 regional authorities (coordinating some of the county/city and sub-county activities)
- 34 local authorities (county/city) of which 29 county councils and 5 cities
- 80 town authorities (sub-county level).

Civil Protection in Ireland

The objectives of civil protection in Ireland are to:

- implement, within a defined government framework, measures to identify and mitigate natural and technological hazards;
- plan for, to respond to and to lead recovery from major emergencies which threaten persons, infrastructure, the environment and property.

The recently published Civil Defence Bill aims to oversee the development of Civil Defence on a national basis into a first class, second line emergency service working in support of and in cooperation with all mainstream emergency services.

Structure of Civil Protection

Ireland does not suffer from major natural disasters such as forest fires, volcanic eruptions or massive flooding on the same scale as other countries. Emergencies tend to concern fires, transport incidents, hazardous substances, technological and industrial incidents, local flooding and gorse fires. Civil protection in Ireland has developed, therefore, with reference to the structure, role and competence of the various services and organisations needed to deal with those emergencies.

At national level each Government department is responsible for ensuring that emergency plans exist in respect of its own area of responsibility. Operational responsibility for incidents rests with the emergency services under the aegis of the departments concerned. Individual departments are also responsible for any necessary coordination between departments and/or services.

The Government has established a Task Force on Emergency Planning, under the Chairmanship of the Minister for Defence, including representatives of all Government departments and agencies involved in the emergency planning process, as well as the Police and the Defence Forces. The Task Force meets on a regular basis to ensure that preparations are in place for a coordinated response to possible nuclear, chemical or biological threats and is required to provide regular reports to Government on a range of emergency planning issues.

In October 2001, the Office of Emergency Planning was established within the Department of Defence to take a lead role in emergency planning to meet the new threat from international terrorism, coordinating the responses of the various departments and agencies. This office also has a role in overseeing peacetime planning, ensuring the best possible use of resources and compatibility of plans.

An Inter-Departmental Working Group on Emergency Planning was established by the Office of Emergency Planning to support the functions of the Task Force. The Group is currently examining national issues relating to the activation of Major Emergency Plans, including the processes for activating emergency resources; mechanisms for identifying a large scale

emergency; command, control and coordination mechanisms; public communication and legal powers available to departments and agencies.

Emergency planning is an integral function of the relief agencies i.e. the local authorities (incorporating the Fire Service), police and regional medical services. Each agency operates an all-risks approach to dealing with emergencies. The plans of the three agencies work in tandem, sharing common goals for dealing with emergencies; work is underway to move from coordinated multiple plans to a single combined plan approach.

Major Emergency Plans are in place in all local authority areas and may be activated by the local authority, police or health service. These plans are updated regularly by the authorities and are exercised (including inter-agency exercises) periodically.

Emergency Response

There are extensive peacetime emergency plans, which are coordinated at agency, local and national level. They cover a wide variety of situations and include:

- Major Emergency Plan
- National Civil Aviation Security Committee
- National Emergency Plan for Nuclear Accidents
- Major Oil Spillages from Ships
- Marine Search and Rescue
- Severe Weather Emergencies
- Exotic Animal Diseases.

Emergency planning arrangements are based on a Framework for Coordinated Response to Major Emergencies (the Framework Document), which was adopted by the Government. This document specifies standard basic procedures and defines responsibilities required for a full and coordinated response to incidents by the front line agencies i.e. local authorities - including fire brigades, police, the health services and the Irish Coast Guard.

The administrative directors of the emergency services coordinate management of the relief effort and can call on the support of civil defence reservists and other voluntary organisations, e.g. Red Cross, the Order of Malta, St. John Ambulance and the Irish Mountain Rescue Association.

Liaison officers in each Government Department ensure that requests for support are dealt with rapidly and appropriately. Lists of contact officers and experts in the public services are kept up to date at a central level.

Voluntary organisations play a key role during the crisis phase. Services which voluntary organisations provide include:

- Ambulance
- First aid
- Equipment
- Radio communications
- Staffing centres
- Mountain and cave rescue.

Fire Services Councils carry out training of emergency personnel.

Recent emergencies and disasters

1981 Discotheque disaster "Stardust" (46 killed, 129 injured)

1995 Air disaster (329 killed)

ITALY

Country structure

Capital:	Rome
Population:	57.4 million
Language:	Italian

Italy comprises 20 regions, 104 provinces and approximately 8,000 municipalities. The regions, provinces and municipalities have different levels of administrative autonomy.

Civil Protection in Italy

Civil protection is part of the wider concept of civil defence. There is a system for coordinating the resources of national, regional, provincial and local authorities with public institutions, the scientific community, private institutions/organisations, voluntary organisations and professional associations.

The civil defence system aims to increase the country's preparedness for coping with natural or non-natural emergencies and crises, including war, to protect the economy, production and the assets of the country and to ensure the continuity of government at central and local levels in times of emergency or crisis.

The objectives of emergency planning are to:

- ensure the continuity of government action
- maintain law and order
- mobilise and coordinate the proper use of national resources
- coordinate civil protection activities aimed at reducing the consequences of disasters.

Structure of Civil Protection

The Italian National Civil Protection Service was established in 1992. It comprises national, regional, provincial and municipal administrations, scientific and research institutions and private organisations.

The President of the Council of the Ministers has responsibility for civil protection policies and for coordinating and promoting the activities of the National Civil Protection Service.

The Department of Civil Protection, established within the Presidency of the Council of Ministers, is the operational body for coordinating, managing and implementing activities at national, regional and local level.

The basic activities associated with the National Civil Protection Service are as follows:

- Forecasting - studying the causes of disasters, identifying the risks and determining the areas subject to risks
- Prevention – avoiding/minimising damage from disasters, taking into account the forecasting information. This involves emergency planning, training personnel and giving information to the public.
- Relief operations - ensuring early assistance to the population struck by a disaster.
- Early rehabilitation - removing obstacles to the return to normality.

The Department of Civil Protection is in the process of finalising national programmes for the forecasting and prevention of seismic, volcanic, nuclear, industrial, hydro geological and sanitation dangers.

Each province is headed by a government-appointed prefect, whose role is to supervise civil emergency actions and coordinate the work of the relevant organisations and authorities. The municipalities are assigned tasks to be carried out during the forecasting, prevention, intervention and reconstruction phases.

Emergency Response

The responsibility for emergency management lies with:

- the mayor in situations that can be dealt with by the local authority
- the prefect in situations affecting the province that require the coordination of different organisations and authorities
- the Department of Civil Defence in the event of disasters that by their very intensity and size can only be dealt with by special means and emergency powers.

At the local level there is:

- a Provincial Civil Protection Committee to set up Rescue Coordination Centres
- one or more Joint Operational Centres
- Municipal Operational Units belonging to the different administrations involved in relief activities.

Emergency management activity is based on emergency plans drawn up on a national level by the Department of Civil Defence or on plans drawn up at a local level by the prefecture. When a state of emergency has been declared, ordinances can be issued overruling existing law and regulations.

Rescue activities are carried out through the activation of Operational Centres at the four levels of command and control (municipal; provincial; regional; national), comprising:

- National Fire-fighters Corps
- Armed Forces
- State Police
- State Corps of Foresters
- National technical services (such as the Seismic Service)
- National scientific research groups
- Italian Red Cross
- National Health Service
- Volunteers' organisations
- National Alpine Rescue Corps

Civil military cooperation is manifest during civil emergencies. The military regularly participates in national and international exercising and training.

Psycho-social Support

Organisations responding to psycho-social needs of individuals in an emergency or disaster include Psicolgi per I Popoli.

Recent emergencies and disasters

November 2002 Flood, Liguria, Piedmont, Lombardy, Veneto, (10,000 people affected)

October 2002, Earthquake, Campobasso (30 killed, 33 injured, 8,500 homeless)

October 2001 Air crash, MD – 87 and Cessna, Milan (118 killed)

2001 Etna eruption: no casualties; extensive damage to local road system

October 2000 Flood, Piemont, Val d'Aoste, Liguria (29 killed, 43,000 affected)

1999 Building collapse in Foggia (65 killed)

April 1998 Flooding in Calabria (12 killed)

LUXEMBOURG

Country structure

Capital:	Luxembourg-Ville
Population:	453,000
Language:	Luxembourgish, German, French

Luxembourg is divided into three administrative districts, twelve counties and 118 municipalities. The government form is central, but each municipality has a degree of autonomy.

Civil Protection in Luxembourg

Civil Protection in Luxembourg includes all the necessary measures to protect and supply aid to the population and to safeguard the national inheritance and other assets in cases of catastrophe or disaster.

Structure of Civil Protection

The National Civil Protection Authority (SNPC) is subordinate to the Ministry of Interior and directs operations in the event of a catastrophe. It also manages national intervention funds, sets up general and individual intervention plans, organises public training in first aid and trains the intervention units. It comprises:

- 15 officials and employees,
- 16 operators in the emergency call centre
- the brigade of 2,300 volunteers based in 25 regional centres providing ambulance services and search and rescue services as well as 5 specialised units.

The Luxembourg National Civil Protection Authority recruits and trains the instructors (volunteers) for the assistance units. It manages the National School of Civil Protection and the National Civil Protection Support Base where heavy intervention equipment is available.

With the exception of the professional fire-fighters corps of the capital, fire officers are volunteers. They report directly to the Ministry of the Interior. The law governs the relationship between the communal fire and rescue services and the civil protection services.

Emergency Response

The Minister of Interior has directive and coordinating responsibilities. Each minister is responsible for reviewing their own area of activity, taking necessary measures in order to maintain governmental continuity, protect the population and economy and provide civilian support to military activities.

The National Civil Protection Authority develops links with civil protection organisations in neighbouring countries and implements plans arising from the mutual assistance agreements made with the three neighbouring countries of Belgium, Germany and France.

Civil-military cooperation is dependent on the nature of the emergency situation and is tested in national and international exercises.

Psycho-social Support

The entire aid infrastructure in Luxembourg (with the exception of the professional fire brigade of the city of Luxembourg) relies on voluntary helpers. To provide these voluntary helpers with psychological support, whenever necessary, the pilot project "Unité de Support Psychologique" (USP) was launched in 1997.

The first stage of the Psychological Support Unit was carried out with the cooperation of experts from Belgium, Germany and France. Volunteer helpers are trained in providing

psychological support and assistance. They are trained to provide support to three target groups:

- Primary victims - accident victims and those directly affected
- Secondary victims - individuals involved in accidents, witnesses and family members of primary victims
- Helpers - fire fighters, civil defence staff, and police officers.

The Psychological Support Unit (USP) operates 24/7 and can be alerted by the national emergency call centre. The USP can be requested by all emergency services: ambulance staff, fire fighters, emergency physicians and police staff. To provide optimum support, the responsible officers of the police force and civil defence service have agreed a joint mission strategy. It includes guidelines describing how the USP and the "Service Psychologique" of the police should cooperate.

The National Civil Protection Service has developed an intervention plan " Help service for those affected" to be launched in the event of a major national incident. The plan covers transporting victims to clinics and setting up a helpline.

The Ministry of Family provide transitional and long-term support to those affected by an emergency or disaster. The Luxembourg Red Cross are active in the follow up of victims after the third day of an incident.

Recent emergencies and disasters

2002 Fokker 50, air accident (20 killed, 2 wounded)

1997 Rail accident (56 wounded)

2000 Hostage taking in a children's day centre

NETHERLANDS

Country structure

Capital:	Amsterdam
Population:	16.1 million
Language:	Dutch

Local government comprises 12 provinces and 636 municipalities. The provinces are governed by elected Provincial Councils. The municipalities are governed by the elected Municipal Councils and a mayor and are responsible for their police forces, fire services and disaster management.

Civil Protection in the Netherlands

Civil protection is measures taken by the public authorities, in cooperation with other emergency organisations, to guarantee safety and protect the country's vital interests. The task of protecting public safety is shared between national, provincial and local authorities.

The Disasters Act describes a disaster as an event, which seriously affects public safety, poses a serious threat to life, health and/or significant financial interests and requires the coordinated use of services and organisations within different disciplines.

Structure of Civil Protection

Each ministry is responsible for crisis management, within its specific area. The Ministry of the Interior and the Kingdom Relations has an overall coordinating function and is responsible for public order and safety, fire services, disaster management and the organisation of medical assistance in the event of a disaster.

A National Coordination Centre (NCC) has been established within the Ministry of the Interior. The NCC handles the dissemination of information and the coordination between various ministries, provincial and municipal authorities.

Responsibility for disaster relief and safety rests with the municipalities who cooperate regionally. The mayor is the overall manager in an emergency.

Emergency Response

The disaster relief system is built on the daily service of the fire service, the police force, the ambulance service and trauma teams, with the fire service at the core. The Dutch Red Cross will assist in the event of a large-scale incident.

In the event of a disaster or incident, which cannot be dealt with at local level, assistance can be requested from other local authorities, regions, provinces or countries. As soon as this assistance is requested, the National Coordination Centre for Public Order and Safety in the Ministry of the Interior and Kingdom Relations assumes a coordinating role. The centre is staffed 24/7 to coordinate operations and is responsible for keeping the Minister and leading partners up to date with developments. The director of the designated public health service in the region is charged with the organisation, coordination and management of medical assistance services.

The Institutes for Mental Health work with the police and fire services to promote mental health in emergency plans. Medical Combinations, operational partnership of medical emergency organisations, have been formed. There are 43 of these combinations, each comprising:

- a mobile medical team (a specialised doctor and nurse)
- two ambulance team-members who provide first aid on site

- a Rapid Deployment Group for Medical Assistance, comprising eight volunteers (usually from the Dutch Red Cross), who support the mobile medical team and the ambulance team
- an executive from the medical region, who coordinates all medical activities at the site and is assisted by a coordinator for the transportation of the injured from the Central Station for Ambulance Transportation.

The fire service forms the core of the organisational structure for disaster management. It also has a coordinating role in disaster management. The fire services consist mainly of volunteers. There are a total of over 26,000 fire officers in the Netherlands, of whom, 3,500 are professional and 22,500 volunteers.

The Disasters Act establishes three types of plans:

- disaster management plans
- disaster contingency plans
- provincial coordination plans

The following activities are carried out during an emergency or disaster:

- Relief centres established
- Care for rescue workers
- Support and consultation for key persons in community
- Psycho-education for different target groups (persons in relief centre, dispersed victims, rescue workers, children etc)
- Helplines

Psycho-social Support

Following the 1992 EI AL cargo plane crash into the densely populated area in Amsterdam, a Dutch Knowledge Centre for Post-Disaster Psycho-social Care (Impact) was established to develop psycho-social support delivery, in accordance with the Medical Assistance at Disasters Act.

The country is divided into 26 Medical Assistance at Accidents and Disasters (GHOR) regions. The head of each region is the Regional Medical Functionary (RGF). The RGF is responsible for preparation of psycho-social support and is in charge in the event of a disaster. A core team determines the type and duration of support required and sets up a team to operate in the relief centres. The team comprises various disciplines: trained volunteers from Victim Support Centre, social workers from the Institute of Social Work, psychiatric social workers, mental health prevention workers and psychiatrists from the Institution for Mental Health.

Several organisations provide emotional and practical support to responders:

- Dutch Red Cross
- Institute for Psycho-trauma
- Centre for Children & Youth, University Medical Centre, Utrecht
- Victim Support
- Impact Foundation Dutch Knowledge Centre for Post-Disaster Psycho-social Care

Recent emergencies and disasters

2000 Firework explosion in fireworks factory, Enschede (23 people died, 1000 injured, 1,250 homes destroyed)

2000 Volendam fire (14 died, 250 injured)

1992 EI AL cargo plane crash into densely populated Bijlmermeer area in Amsterdam

NORWAY

Country structure

Capital:	Oslo
Population:	4.5 million
Language:	Norwegian

The ministries are responsible for central administration. There are 19 counties, each with their own County Governor and 435 municipalities.

Civil Protection in Norway

Norway's national defence is based on the concept of "Total Defence". Total Defence aims at being able to meet a broad spectrum of threats, and consists of military defence and civil emergency planning. Total Defence is defined as the collective resources (material, human, military and civilian) that are needed to defend the country.

Norwegian Civil Emergency Planning aims to protect civilians in the event of war and minimise the effects of peacetime crises. The objectives of civil emergency planning are:

- reduce the vulnerability of infrastructure and important industries
- minimise damage caused by crisis or war, and safeguard the life, health and welfare of the population
- attempt to meet the needs of the civil population and the military forces in the supply of important goods and services in crisis or war
- utilise emergency preparedness resources efficiently in peacetime

Structure of Civil Protection

The basic principle for civil emergency planning (CEP) in Norway is that the institution responsible for a public function under normal circumstances is also responsible for emergency preparedness in that area. This means that most government agencies at national, regional and local levels, as well as several private organisations are involved in CEP and are responsible for preparing and implementing contingency measures in times of emergency.

At the central Government level, the overall responsibility for the coordination of CEP rests with the Ministry of Justice, and its subordinate agency the Directorate for Civil Protection and Emergency Planning, (DCPEP). The DCPEP has the collective responsibility for fire prevention and coordination in the event of major accidents. It comprises a head office, 20 Civil Defence districts, five schools, five Civil Defence camps and five regional inspectorates. The role of the Civil Defence Districts is to support the Rescue Services in cases of accident and/or crisis. It works under the authority of the Ministry of Justice and the police.

At the regional level, the County Administration Board and the County Governor are the highest representatives of the central government. The County Governor and his/her office have a coordinating responsibility for CEP issues in the county. The Board is responsible for the environment, agriculture, inspection of municipal administration, coordination of CEP and overall operational coordination in major crises. The County Municipality is responsible for transport, health, secondary education and Civil Emergency Planning within these sectors.

At the local level, the municipalities have a broad range of political responsibilities within different sectors, e.g. health, social welfare, education, culture, transport and infrastructure. The municipalities are the main agency of peacetime Civil Emergency Planning. Risk and vulnerability assessments are regularly used in planning activities. Civil emergency planning is divided into six sectors:

- administrative preparedness - to ensure that central and local authorities are able to carry out their tasks

- economic preparedness - to ensure the effective utilisation of all resources in order to meet the needs of both Total Defence and the population in terms of supplies and services
- civil defence - to protect the lives of the population and prevent the destruction of material goods and property
- police preparedness - to uphold law and order, and prevent acts of sabotage
- medical emergency preparedness - to safeguard the health of the population
- information preparedness - to provide information to the public.

Emergency Response

During an accident and/or crisis, representatives from the local police, fire department or medical service will act as on scene commanders. In a major crisis the County Governor is also responsible for operation coordination.

Search and Rescue services in Norway rely on resources from public services, voluntary organisations and private firms. The majority of the resources are contributed from the:

- police –whose duty it is to coordinate operations
- Civil Defence – mobilising force of 50,000
- Public Health and Ambulance service
- Municipal Fire Departments
- Armed Forces

Voluntary organisations also play an important role in search and rescue operations. The Norwegian Red Cross has been 300 – 400 rescue teams with a total of 17, 000 individual members. The Norwegian Society for Sea Rescue has about 40 vessels.

Psycho-social Support

There are three models: the community model; the company model and the transportation/communication model.

An Information and Support Centre will be established at a hospital, hotel or other location. The centre will provide survivors with information and emotional first aid and link in to the general health system. A “chain of care” stressing the importance of self-help, social network and avoidance of undue professional business is established.

Recent emergencies and disasters

1999 MS Sleipner catamaran disaster (16 killed)

1990 Ferry boat “Scandinavian Star” disaster (158 killed)

1980 Alexander Kielland oil rig disaster (123 killed)

2000 Aasta train disaster (19 killed, 30 injured)

PORTUGAL

Country structure

Capital:	Lisbon
Population:	10.1 million
Language:	Portuguese

Portugal is divided administratively into eighteen districts and two autonomous regions (Azores and Madeira).

Civil Protection in Portugal

The general aim of civil protection in Portugal is to prevent natural or man-made hazards related to major accidents, disasters or calamities, to mitigate losses and damages upon the population, material resources and environment and to relieve the population in emergency situations.

Structure of Civil Protection

The civil protection system integrates the National Service for Civil Protection (SNPC), the Regional Services for Civil Protection (SRPC), and the Municipal Services for Civil Protection (SMPC). Delegations of the SPNC are based on the 18 districts of the Portuguese administrative organisation.

The Prime Minister is responsible for directing the civil protection policy and emergency response in the event of a disaster at a national level. He may delegate his responsibilities to the Minister of Interior. At regional level, responsibility lies with the Presidents of the Governments of Azores and Madeira Autonomous Regions and to the District Governors on the mainland. At a local level, responsibility lies with the mayors.

Emergency Response

At regional and local levels, Emergency Operations Centres in Districts (CDOEPC) and Municipalities (CMOEPC) are activated every time a major accident or disaster takes place in their respective administrative areas.

For coordination and control of relief operations and logistics support, the National Emergency Operations Centre (CNOEP) is activated by the SNPC soon after a major disaster, which cannot be dealt with by the Municipality or the District where it took place. A National Disaster Emergency Response Office works 24 hours a day in the SNPC to control and manage the situation.

The main civil protection agents include:

- National Fire Service (SNB)
- The Security Forces (Police and National Guards)
- The Armed Forces
- The Maritime and Aeronautics Authorities
- National Institute for Medical Emergency (INEM)

Governmental and non-governmental organisations with a duty to cooperate in civil protection include:

- The leagues of volunteer firemen,
- Health services (Portuguese Association of Ambulance Services)
- Social security institutions
- NGOs and other volunteer organisations (Portuguese Red Cross, Life Boat Institute)
- Public services responsible for forest and natural reserves
- Industry and energy

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- Transport
 - Communications
 - Water resources and environment
 - Security and relief services belonging to private and public companies
 - Seaports and airports

The SNPC is responsible for raising public awareness, information and education, campaigning and dissemination of security and self-protective measures to be adopted by the population in a risk situation.

Psycho-social Support

The National Institute of Emergency Medicine (INEM) is the Ministry of Health organisation responsible for the operation of an integrated emergency medicine system in mainland Portugal. INEM's main work consists of on-the-scene care, assisting with transport of victims to an appropriate hospital and coordination between different hospitals and other facilities.

The CODU (Emergency Patient Coordination Centres) channel calls for help received through the national emergency number (112) to the emergency medical services. The centres are staffed around the clock by doctors and call centre operators specifically trained to take calls, classify emergency situations, provide pre-rescue advice, select and send the rescue teams best suited to each situation and notify hospitals of impending arrivals.

Recent emergencies and disasters

August 2003 Forest fires and heat wave – national disaster declared. 11 people died. More than 3000 fire fighters (mostly volunteers) tackled 72 blazes in Portugal.

2001 Bridge collapsed, Entre-os-Rios (70 killed)

2001 Flood in Northern and Central parts of the country (200 homeless)

1992 Faro Air disaster (56 killed, 90 injured)

1985 Rail disaster, Viseu (100 injured, 54 killed)

SPAIN**Country structure**

Capital:	Madrid
Population:	41.1 million
Language:	Spanish

Spain is divided into 17 autonomous regions, each with an elected regional parliament, government and president. The autonomous regions comprise 50 provinces and approximately 8,000 municipalities, each with a municipal council.

Civil Protection in Spain

The objective of civil protection in Spain is to avoid, minimise or repair damage to persons, properties and the environment due to situations of severe collective risk or catastrophe. Civil protection constitutes a broad policy of security, which has its legal basis in the Constitution. The basic functions of the Spanish civil protection system are:

- prevention of emergencies and disasters (study of causes and risks and monitoring)
- emergency planning
- alarm and alert system
- response (care, search and rescue and provision of goods to meet basic needs)
- rehabilitation and reconstruction (restore operation of essential public services etc.)

At a judicial level the National Civil Emergency Planning Committee (NCEPC) is an inter-ministerial support body that identifies the needs of civil protection at different levels. It includes representatives from each Autonomous Community.

The 'Basic Civil Protection Standard' identifies guidelines for establishing territorial plans for Autonomous Communities, Provinces and Municipalities and the criteria for coordination between the central, autonomous and local administrators. There are two categories of civil protection plan:

- Regional Plans – for general accidents that take place in a given region or Autonomous Community
- Special Plans – for emergencies where specific scientific or technological expertise is required, for example flooding, volcanic eruptions, earthquakes, nuclear emergencies, forest fires, chemical disasters etc.

Structure of Civil Protection

The organisation of civil protection rests principally with the State. The Ministry of Interior carries responsibility for the preparation and execution of government policies with relation to national security. The General Directorate of Civil Protection, within the Ministry of Interior undertakes the following functions:

- coordination of state plans for civil protection (assisting in providing guidelines)
- organisation and realisation of exercises within emergency plans
- direction of the National Alarm System in case of a nuclear emergency
- coordination of civil protection organisations during an emergency or disaster
- organisation and maintenance of a database for mapping areas of risk and for human and material resources available in the event of an emergency or disaster
- preparation and notification of alerts to civil protection organisations
- preparation of regulations and guidelines (prevention, planning and rehabilitation)
- issuing monetary grants for civil protection activities
- coordinating studies and the collection of data in the field of civil protection
- training in disaster and risk management (including emergency response personnel)
- producing and distributing information to the public.

Emergency Response

Local civil authorities respond to a disaster or an emergency if it affects one or two municipalities. If it affects a wider area the Ministry of the Interior will intervene on behalf of the government. The state administration (local or national) will be responsible for the response. Civil-military cooperation is undertaken at the request of the civil authorities.

Under legislation, the following civil protection activities must be carried out:

- system of communication between civil protection services and authorities
- public information
- protection of the disaster zone and belongings that could have been affected
- rescue of people and their belongings
- medical assistance to victims
- social attention to those affected
- immediate rehabilitation of essential public services.

The civil protection roles of NGOs include: rescue; medical care; information and communication and short-term emotional support.

The Spanish Red Cross has developed a model of immediate response teams (ERIES), specialised by area of intervention. Eight teams exist to provide the following services:

- Medical assistance and classification of victims
- Provisional shelter
- Communications and coordination
- Maritime search and rescue
- Territorial search and rescue
- Psycho-social intervention (psycho-social intervention teams consist of a doctor or nurse, a psychologist, a social worker and accompanying responder).

Psycho-social Support

Following the 1996 camping incident, the General Secretariat of Civil Protection formed a psycho-social support group to agree common response plans, tools and training. The group facilitates guidelines but organisations are not obliged to adopt these. The group is also working on recruitment and selection of responders and stress management.

The response to an emergency depends on its nature. The General Secretariat coordinates a team of psycho-social support, made up of personnel from a variety of organisations, including the Spanish Red Cross, the College of Psychologists and religious organisations. The General Secretariat of Civil Protection has an agreement with the College of Psychologists to carry out training.

Recent emergencies and disasters

2000 Floods, North East, (16 people killed, 500 people affected)

2000 Forest fire, Catalonia, Valencia, Murcia and Aragon (5 killed, 150 people affected)

July 2001 School bus accident

2002 Transport accident, Torredembarra, (2 killed, 142 injured)

2002 Oil spill, Galicia, (734 people injured)

2003 Forest fires

2003 Castilla la Mancha train accident

SWEDEN

Country structure

Capital:	Stockholm
Population:	8.9 million
Language:	Swedish

Regional government is organised into 21 counties, with a County Administrative Board in each county directly subordinate to the Government. At the local level there are 289 municipalities, led by an elected Municipal Executive Board.

Civil Protection in Sweden

The aims of civil protection in Sweden are to:

- protect the civilian population, ensure essential supplies, safeguard the most important public services
- support Swedish society during severe peacetime emergencies.

Structure of Civil Protection

The Ministry of Defence (MoD) has overall political responsibility for all civil and military defence issues. It is organised into three departments (civilian affairs, military affairs and security and international affairs).

The Swedish Emergency Management Agency coordinates work on the preparedness of society to manage serious crises. SEMA is responsible for the overall integration of the planning and resource allocation process; it is responsible for:

- analysing development of society and interdependency of important societal functions
- coordinating research, development and information security
- presenting proposals to government on allocation of resources
- distributing funds to authorities active in the emergency management area, including directing, coordinating and evaluating measures taken
- supporting municipalities, county councils, county administrative boards and other authorities, including enhancing crisis communication capacity
- promoting interaction between the public sector and the business sector, and ensuring the expertise of NGOs and religious communities is taken into account
- operating internationally with similar agencies in other countries and supporting Government Office in its participation with the EU and NATO.

Emergency preparedness and civil defence are organised in six coordinated areas:

- technical infrastructure
- transport
- spreading of dangerous infectious substances, toxic chemicals and radioactive fallout
- economic security
- overall coordination, interaction and information
- protection, rescue and care

At the regional level, the County Administrative Boards have overall responsibility for major peacetime emergencies and heightened alert. These Boards function as a regional representative of the central government.

Emergency Response

Local rescue services consist of the Fire Brigade, sometimes including ambulance service and the local police force. Every municipality has a rescue service plan, passed by the elected assembly. Several municipalities cooperate in the area of fire and rescue service in so

called “municipal unions” with the aim of using the combined resources as efficiently as possible. The typical municipal union consists of two municipalities, but there are large unions where 4 – 5 municipalities cooperate. The municipalities employ some 6,000 full-time and some 12,000 part-time fire officers. Only when major difficulties are encountered, may regional and central levels take charge of certain aspects

The close civil-military cooperation is an integral feature of the Swedish concept of Total Defence. It is carried out at each administrative level, and includes areas such as planning, training and exercises. Military and civilian command and management bodies can be deployed jointly in crisis situations.

Sweden also has a number of voluntary defence organisations in both civil and military fields (e.g. the Home Guard, the Civil Defence League). The organisations are politically independent and non-profit associations. In cooperation with the authorities, the voluntary defence organisations, inform, recruit and train volunteers for preparedness and war.

The Swedish Red Cross has Mobile Rescue Units which give support to authorities. The teams comprise one doctor, four nurses, and eight volunteers. There are also first aid teams.

Psycho-social support in an emergency or disaster

County councils and the municipalities have responsibility to provide efficient management in disasters including psycho-social care of the victims, their relatives and others concerned. The Swedish National Board of Health and Welfare has given general recommendations on how the support should be provided. Employers are obliged to have plans for first aid and psycho-social care in case of accidents.

The main goal of the psycho-social care is to avoid or at least reduce the occurrence of Post Traumatic Stress Disorder (PTSD) among victims, rescue personnel and others involved

The system comprises three parts:

- municipalities provide psycho-social care to non-hospitalised individuals
- county councils provide psycho-social care to the in-hospital individuals
- employers are obliged to have plans to deal with their responders.

Municipalities psycho-social care comprises a management group, a community based psychological disaster management group and a group of support people. The tasks of the community based psychological disaster management group consist of:

- establishing information and support centres
- allocating resources
- providing individual and family support – acute and long term
- supporting the supporters
- risk assessment of PTSD
- coordinating and cooperating with other involved organisations
- supporting different organisations at debriefings.

The debriefing of rescue services is the responsibility of their employers who have trained and arranged psycho-social care in three steps: comrade-support; defusing; and debriefing.

The Swedish Red Cross psycho-social teams work in smaller critical incidents where an individual's network is no longer able to cope with the event. Some volunteers work in the municipal psycho-social teams.

Recent emergencies and disasters

1998 Fire in Gothenburg dance hall (63 people killed, 162 injured)

1994 Estonia Ferry disaster (852 died, 137 survivors)

UNITED KINGDOM

Country structure

Capital:	London
Population:	59.2 million
Language:	English

The United Kingdom comprises England, Wales, Scotland and Northern Ireland. The UK Parliament has responsibility for defence and fiscal matters whilst other arrangements are dealt with by the devolved administrations for Scotland, Wales and Northern Ireland. Local Government is responsible for the full range of local services. There are seven Metropolitan Authorities, 33 County Councils, 239 District Councils and 46 English "All Purpose" Councils.

Civil Protection in the UK

The current priority for the UK is to develop greater resilience to disruptive civil incidents. There are five planning stages that are associated with emergency planning in the UK:

- assessment – of the hazards facing an organisation or community
- prevention – measures to prevent an emergency or disaster or mitigate the effect
- preparedness – the planning, training, exercising and evaluation of the actions to be taken as a consequence of an emergency or disaster
- response – to be undertaken by local statutory and voluntary organisations
- recovery – the return to normality

Current legislation is based on former civil defence arrangements. In 2004, new legislation which will provide a single planning framework with clearly identified responsibilities.

Structure of Civil Protection

The Cabinet Office, Civil Contingencies Secretariat (CCS), established in 2001, has overall responsibility for the coordination of civil protection arrangements in England and Wales. In Scotland and Northern Ireland this is a devolved issue. The CCS has a key role in helping to maintain and improve the quality of preparedness for disasters at the local level and across Central Government and manages a programme to enhance capabilities in key areas:

- effective central government response
- maintenance of essential services during a crisis
- effective local response
- decontamination
- post-incident site clearance
- capability to treat infectious diseases
- capability to deal with mass casualties and mass evacuation
- capability to handle mass fatalities

Local emergency planning forums coordinate the plans of statutory and voluntary organisations. Regional Resilience teams have been established, to assist coordination in contingency planning at the regional level.

Central government provides a grant towards the expenses incurred by local statutory authorities in England and Wales. Different funding arrangements exist for Scotland and Northern Ireland. These funding arrangements are being reviewed.

The response to any incident is always delivered at the local level utilising an integrated emergency management, all hazards approach. The primary response organisations are police, fire, ambulance, local government and health services. These responders are supported by the utility services, industry and the voluntary sector. The police will always coordinate the response.

The voluntary sector in the UK is large and diverse. Voluntary organisations support the statutory services by:

- providing practical and emotional support
- staffing centres
- providing food, clothing, bedding
- providing food, clothing, bedding
- first aid and medical aid support
- auxiliary roles in hospitals
- transport and escort of individuals.
- advising on legal and financial matters

Psycho-social Support

The provision of psycho-social support is undertaken by a range of response organisations. Local authorities will set up rest centres for individuals evacuated as a consequence of an emergency or disaster and will work in conjunction with the police to set up reception centres for survivors and relatives and friends. A range of voluntary organisations will staff these centres, including:

- British Red Cross Society –a range of practical and emotional support
- Faith community members –spiritual support
- Salvation Army –clothing and emotional support
- St Andrew's Ambulance – first aid
- St John Ambulance – first aid
- WRVS – a range of practical and emotional support

Police Family Liaison Officers (FLOs) undertake a range of support roles as part of their prime investigative responsibility. The FLOs' involvement will include dealing with the family's questions about the progress of the investigation and the law, facilitating attendance at key venues and assisting the family to deal with the media. The police will also provide the Casualty Bureau facility for collating information on individuals involved in the incident, or reported to be involved. They will inform relatives and friends when an individual has been identified as a casualty or deceased.

As the response moves to the intermediate and long-term phases, the local authority will take a leading role by facilitating the rehabilitation of the community and restoration of the environment and co-ordinating the caring response, working closely with health professionals.

Health and Safety at Work legislation places significant responsibilities on all response organisations to ensure that their employees/volunteers are prepared adequately and that there are no avoidable risks to the individuals they are supporting.

Appeals may be set up to provide financial assistance to the individuals affected by the incident. The British Red Cross provides advice for setting up Disaster Appeal Schemes.

Recent emergencies and disasters

Potters Bar, rail incident, 2002 (7 killed, 76 injured)

Hatfield, rail incident, 2000 (4 killed, 34 injured)

Ladbroke Grove, rail incident, 1999 (31 killed, 245 injured)

Hillsborough, sports stadium incident, 1989 (95 killed, 200 injured)

Marchioness, pleasure boat incident, 1989 (51 killed, 72 injuries)

Lockerbie, terrorist air incident, 1988 (270 killed)

Omagh, terrorist incident, 1998 (29 killed)

Appendix 'D'

Workshop Programme



Working Together to Support Individuals in an Emergency or Disaster

In European Union Member States and
European Economic Area Countries

PROGRAMME

The Cabinet Office
Emergency Planning College
York, England
Friday 30 January to
Sunday 1 February 2004

Working together to support individuals in an emergency or a disaster

in European Union Member States and European Economic Area Countries

Purpose

To enable European Union Member States and European Economic Area Countries' Governments and Non-Governmental Organisations to understand, and respond better to, the psycho-social needs of individuals affected in an emergency or disaster and to recognise the value of guidance in achieving more commonality in meeting those needs.

Aims

- To accept the hypothesis that support should be available to meet the psycho-social needs of individuals affected in an emergency or disaster
- To accept the hypothesis that there should be guidance on commonality in accessibility and the quality of support available to meet the psycho-social needs of individuals
- To agree the range of psycho-social needs of individuals involved in or affected by an emergency or disaster
- To examine the extent to which Non-Governmental Organisations and volunteers have the competencies and resources to contribute to meeting the psycho-social needs of individuals
- To develop guidance on accessibility, quality and delivery of psycho-social support to individuals
- To consider the implications of any expansion of the involvement of Non -Governmental Organisations and volunteers in meeting these needs (skills, equipment, structure and support).

FRIDAY 30 JANUARY 2004

2.00pm – 2.30pm Registration and refreshments

<u>Session 1 - Welcome</u>	
2.30pm – 2.35pm	Administration
2.35pm – 3.20pm	Speakers: <i>Air Commodore Simon Bostock, High Sheriff of North Yorkshire</i> <i>Pia Bucella, Head of Civil Protection Unit, European Union Commission</i> <i>Luc Henskens, EU Red Cross Office</i> <i>Virginia Beardshaw, British Red Cross</i> <i>Susan Scholefield, UK Government, Cabinet Office</i>

3.25pm – 4.10pm Workgroups

<u>Session 2 – Setting the scene</u>	
4.15pm – 4.45pm	<u>Overview of the project</u> Speaker: <i>Moya Wood-Heath, Project Manager British Red Cross</i>
4.45pm – 5.30pm	<u>A user's perspective</u> Speaker: <i>Pam Dix, Disaster Action</i>

5.30pm – 6.15pm Free time

6.15pm – 7.00pm Reception and exhibition

7.00pm Dinner in College dining room



SATURDAY 31 JANUARY 2004

From 7.45am **Breakfast in College dining room**

8.50am – 8.55am **Introduction to the day**

	<u>Session 3 - Meeting needs</u>
8.55am – 9.30am	<u>United Kingdom</u> Speaker: <i>Duncan McGarry, National Family Liaison Advisor, Central Police Training & Development Authority</i>
9.30am – 9.50am	<u>France</u> Speaker: <i>Muriel Robin, French Red Cross</i>
9.50am – 10.15am	<u>Belgium</u> Speaker: <i>Koen Van Praet, Belgian Red Cross</i>
10.15am – 10.45am	Refreshments
10.45am – 12.30pm	Workgroups

12.30pm – 1.30pm **Lunch in College dining room**

	<u>Session 4 – Preparation in intervention</u>
1.30pm – 2.15pm	Speaker: <i>Professor Louis Crocq, National Committee of Medico- psychological Emergency</i>
2.15pm – 3.00pm	Speaker: <i>Dr. Jeffrey Mitchell, International Critical Incident Stress Foundation</i>
3.00pm – 3.30pm	Refreshments
3.30pm – 5.30pm	Workgroups

5.30pm – 7.00pm **Free time**

7.00pm **Coach departs from Emergency Planning College for St
Williams College, York**

7.30pm **Medieval banquet at St Williams College, York**

11.00pm **Coach departs St Williams for Emergency Planning
College**

SUNDAY 1 FEBRUARY 2004

From 7.45am Breakfast in College dining room

8.50am – 8.55am Introduction to the day

	<u>Session 5 – Working together</u>
8.55am – 9.20am	<u>Finland</u> Speaker: Merja Rapeli, Finnish Red Cross
9.20am – 10.05am	<u>Austria</u> Speakers: <i>Gerry Foitik, Austrian Red Cross</i> <i>Brigitte Lueger-Schuster, Crisis Management and Security Measures, City of Vienna</i> <i>Peter Kaiser, Austrian Red Cross</i>
10.05am – 11.00am	Workgroups

11.00am – 11.30am Refreshments

11.30am – 12.15pm Plenary session

12.15pm – 12.30pm Competition draw and close of workshop

12.30pm Lunch in College dining room and depart



Appendix 'E'

Workshop Delegate List



Delegate List

AUSTRIA

Facilitator:

City of Vienna, Chief Executive Office for Crisis Management

Mr Rudolf Christoph
Deputy Head of Crisis Management Unit

Speakers:

University of Vienna, Acute Support Vienna

Dr Brigitte Lueger-Schuster
Assistant Professor at the Department of Clinical and Health Psychology

Austrian Red Cross

Mr Gerry Foitik
Head of the Division for Deployment and Innovation

BELGIUM

Facilitators:

Ministry of Public Health

Dr Serge Boulanger
Medical Officer

Ministry of Public Health

Dr Geert Seynaeve
Chief Medical Officer

Speaker:

Belgian Red Cross, Social Intervention Service

Mr Koen van Praet
Psychologist

DENMARK

Kolding Fire Department

Mr Claus Andressen
Fire Chief

Emergency Management Organisation

Mr Thomas Nyberg
Emergency Medical Technicians (Volunteers)

Emergency Management Organisation of Greater Copenhagen

Ms Helle Elisabeth Sondergaard
Emergency Medical Technicians (Volunteers)

FALCK Denmark

Mr Jarl Vagn Hansen
Station Manager

EUROPEAN UNION

Speaker:

European Commission

Mrs Pia Bucella
Head of Civil Protection Unit

FINLAND

Finnish Red Cross

Ms Anu-Elina Jaakkola
Planning Officer, National Preparedness

Ministry of Interior of Finland, Rescue Department

Mrs Mirva Kahlos
Senior Officer

Speaker:

Finnish Red Cross

Mrs Merja Rapeli
Planning Officer, National Preparedness

FRANCE

French Civil Defence

Dr Guy Malgras
Medical Advisor

French Civil Defence

Dr Philippe Camus
Medical Advisor

Speakers:

Comite National de l'Urgence Medico Psychologique

Professor Louis Crocq
Professor

French Red Cross

Mrs Muriel Robin
Nurse

GERMANY

Federal Academy of Crisis Management

Dr Jutta Helmerichs
Coordinator Psycho-social Support

Johanniter-Unfall Hilfe

Mr Kai Gusek
Director of Gemeindediakmi

Streßbearbeitung nach belastenden Ereignissen

Rev. Oliver Gengenbach
President

GREECE

Ministry of Health

Dr Evangelos C. Karademas
Psychologist, Member of the Crisis Team

Hellenic Red Cross

Mr Panagiotis Dragatis
Social Worker/ Volunteer Trainer

HUNGARY

National Directorate General for Disaster Management

Ms Orsolya Bende

National Directorate General for Disaster Management

Ms Emese Tompa

ICELAND

Directorate of Health

Mrs Anna Bjorg Aradottir
Nurse

Icelandic Red Cross

Mr Johann Thoroddsen
Psychologist/Project Manager Psychological First Aid

IRELAND

Irish Red Cross

Ms Niamh O'Leary
Civil Protection Sub-group, Training Working Group

Irish Red Cross

Mr Gerry O'Sullivan
Training Working Group

Irish Mountain Rescue

Ms Margaret Ann Murphy
Committee Member

ITALY

Italian Civil Protection

Maria Luisa Silvestrini
National Representative

Psicologi per I Popoli - Trento

Mrs Maria Teresa Fenoglio
Psychologist

LUXEMBOURG

Ministere de l'Interieur, Service National de la Protection Civile

Mr Charles Bruck
Engineer

Police Grand-Ducale

Mr Marc Stein
Psychologist

NETHERLANDS

Impact Foundation, Dutch Knowledge Centre for Post-disaster Psychosocial Care

Mrs Ariëlle de Ruijter
Senior Policy Advisor

Netherlands Red Cross

Mr Gerrit Van der Meer
National Co-ordinator Disaster Relief and First Aid

Facilitator:

Impact Foundation, Dutch Knowledge Centre for Post-disaster Psychosocial Care

Dr Magda Rooze
Director

NORWAY

Directorate for Health and Social Affairs

Ms Kristin Lossius
Director

Directorate for Health and Social Affairs

Ms Elin Margrethe Tandberg
Advisor

PORTUGAL

National Centre for Relief Operations

Mr Jose Cruz
Head of Warning & Alert Division

SPAIN

Direccion General de Proteccion Civil

Ms Isabel Vera
Expert Psychologist

Spanish Red Cross

Ms Cristina Laguarda Garcia
Social Worker

SWEDEN

Greater Goteburg Fire and Rescue Service

Mr Per Hassling
Counsellor

National Centre for Disaster Psychiatry

Mrs Kerstin Bergh Johannesson
Psychologist

Swedish Red Cross

Mr Jonas Prawitz
Disaster Response Coordinator

UNITED KINGDOM

Association of Chief Police Officers

Chief Inspector Mick Free
National Emergencies Procedures Coordinator

Womens Royal Voluntary Service

Mrs Angela Currie
Deputy Head of Emergency Services

Womens Royal Voluntary Service

Mrs Margaret Paterson
Head of Emergency Services

Facilitators:

Planning Together Associates

Mr George Gawlinski
Consultant

National Health Service/University of Sheffield

Dr Alison Rowlands
Consultant Clinical Psychologist

British Red Cross Society

Dr Helen Bath
Operations Director

British Red Cross Society

Mrs Christine Beck
Operations Director

British Red Cross Society

Mr Desmond Irvine
Senior Services Manager

British Red Cross Society

Mrs Gloria Moss
Senior Services Manager

British Red Cross Society

Mr Ian Temple
Operations Director

Speakers:

British Red Cross Society

Mrs Virginia Beardshaw
Director of UK Services

High Sheriff North Yorkshire

Air Commodore Simon Bostock

Disaster Action

Ms Pamela Dix
Vice Chairman/Operations Manager

National Crime and Operations Faculty

Detectiove Constable Duncan McGarry
National Police Family Liaison Advisor

Cabinet Office

Ms Susan Scholefield
Head of Civil Contingencies Secretariat

UNITED STATES OF AMERICA

Speaker:

International Critical Incident Stress Foundation Inc

Jeffrey T. Mitchell, PhD, CTS

President of International Critical Incident Stress Foundation

PROJECT CORE GROUP

Austrian Red Cross

Mr Peter Kaiser

Head of Ambulance and National Disaster
Response Department

British Red Cross Society

Mr Martin Annis

Emergency Planning Officer

Red Cross/European Union Office

Mr Luc Henskens

Director

Cabinet Office, United Kingdom

Mrs Julia Fogarty

Course Director

French Red Cross

Mrs Maureen Mooney-Lassalle

Psychologist

British Red Cross Society

Mrs Moya Wood-Heath

EU Project Manager, Head of Emergency
Planning

Greek General Secretariat for Civil Protection

Ms Ioanna Dionisiou

Senior Staff Officer

WORKSHOP ORGANISERS

British Red Cross Society

Ms Libby Kerr

EU Project Researcher and Workshop
Administrator

British Red Cross Society

Ms Liz Spence

Secretary, Emergency Planning Unit

British Red Cross Society

Ms June Rudman

Emergency Planning Assistant

INTERPRETERS

The Big Word

Ms Patricia Lopez Savoure

Interpreter

Ascott Sound

Mr John Gates

Sound Engineer

The Big Word

Mr David Harris

Interpreter

Appendix 'F'

Workgroup Guidance Notes



Working together to support individuals in an emergency or disaster

Workgroup sessions – guidance notes

During the workshop there are four workgroup sessions, each session dealing with different subject areas. Delegates are allocated to a specific workgroup team: A, B, C, D or E, and will remain in that team for each of the four workgroup sessions. The workgroup teams will deal with the same subject areas, simultaneously:

Workgroup session 1: Introductions - Friday 30 January, 3.25pm to 4.10pm

Workgroup session 2: Meeting needs - Saturday 31 January, 10.45am to 12.30pm

Workgroup session 3: Preparation in intervention - Saturday 31 January, 3.30pm to 5.30pm

Workgroup session 4: Working together – Sunday 1 February, 10.05am to 11.00am.

Two facilitators will support each workgroup team; they will work with the same team for each of the four workgroup sessions. The feedback will form part of the plenary session on Sunday 1 February, 11.30am to 12.15pm and will be managed by the facilitators.

Purpose of workgroups

It is hoped that the workgroup sessions will provide delegates with an opportunity to:

- develop their understanding of other countries civil protection infrastructure
- agree the range of psycho-social needs of individuals affected by an emergency or disaster
- share information on the provision of psycho-social support
- consider the balance of practical and emotional support services
- explore the advantages and disadvantages of providing access to guidance on the provision of psycho-social support and what areas could be covered by such guidance
- identify whether, and how, the contribution of NGOs, in the provision of psycho-social support, may be improved within individual country's civil protection arrangements.

During the workshop presentations and the workgroup sessions, examples of good practice may emerge. It is essential for delegates to appreciate the importance of adapting roles and methods of working to the civil protection infrastructure of an individual country; what appears to be an excellent example of good practice in one country may not be possible nor feasible in another.

Background information on workgroups

Workgroup session 1: Introductions - Friday 30 January, 3.25pm to 4.10pm

Objective: A useful 'getting to know each other' session, to appreciate what each delegate hopes to gain and to contribute during the workshop.

Workgroup session 2: Meeting needs - Saturday 31 January, 10.45am to 12.30pm

Objective: To seek to agree the range of psycho-social needs of individuals affected by an emergency or disaster. To consider how well each need is met across EUMS and EEAC. To compare how organisations are constructed and organised to provide services to meet the needs.

Workgroup session 3: Preparation in intervention - Saturday 31 January, 3.30pm to 5.30pm

Objective: To consider the extent of preparation and the range and depth of competencies of responders and their organisations, across EUMS and EEAC. To identify good practice and aspects that may need development or benefit from guidance.

Workgroup session 4: Working together – Sunday 1 February, 10.05am to 11.00am

Objective: To agree the principles necessary for effectiveness in working together to meet the psycho-social needs of individuals affected by an emergency or disaster. To identify the means by which the delivery of these principles can be enhanced and improved.

Appendix 'G'

Workshop Presentations

<i>Presentation</i>	<i>Page</i>
Moya Wood-Heath, Project Manager	1 - 3
Pamela Dix, Disaster Action	4 - 5
Duncan McGarry, Central Police Training and Development Authority	6 - 7
Muriel Robin, French Red Cross	8 - 14
Koen Van Praet, Belgian Red Cross	15 - 20
Mick Free, National Emergency Procedures Co-ordinator, New Scotland Yard	21 - 22
Professor Louis Crocq	23 - 31
Dr Jeffrey Mitchell	32 - 45
Merja Rapeli, Finnish Red Cross	46 - 47
Gerry Foitik, Austrian Red Cross	48 - 49
Dr. Brigitte Lueger-Schuster, Crisis Management And Security Measures, City of Vienna	50 - 53
Peter Kaiser, Austrian Red Cross	54 - 55



**Working together to support individuals
in an emergency or disaster**

Overview of the project

**Cabinet Office Emergency Planning College,
30 January 2004**

Moya Wood-Heath: Project Manager

Scope of presentation

- initial project
- current project
- next 48 hours
- report

Purpose of the initial project

To enable EUMS and EEAC to understand better the contribution that NGOs' volunteers can make in prevention of, planning for, and responding to civil emergencies and to consider how such contribution can be utilised fully.

**Civil Protection
- post 11 September**

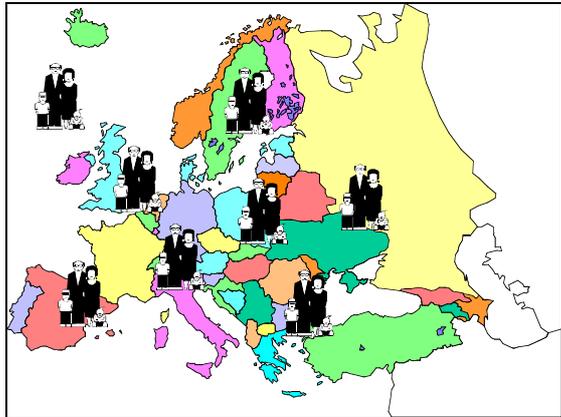
- are NGOs involved in reviews?
- how to sustain the response?
- international dimension of incidents
- who considers cultural issues?
- cross-border support
- does scale of response affect quality?

Key project recommendations

- principles for utilising NGOs
- emphasise meeting individual need
- need for guidance
- involvement at planning, response, review
- expand roles and use of NGOs
- need for co-ordination, joint working
- organisation, management of NGOs
- further workshops

Purpose of current project

To enable EUMS and EEAC Governments and NGOs to understand, and respond better to, the psycho-social needs of individuals affected in an emergency or disaster and to recognise the value of guidance in achieving more commonality in meeting those needs.



Project phases

- phase 1: preparatory
- phase 2: workshop
- phase 3: final report - April 2004

Preparatory phase activity

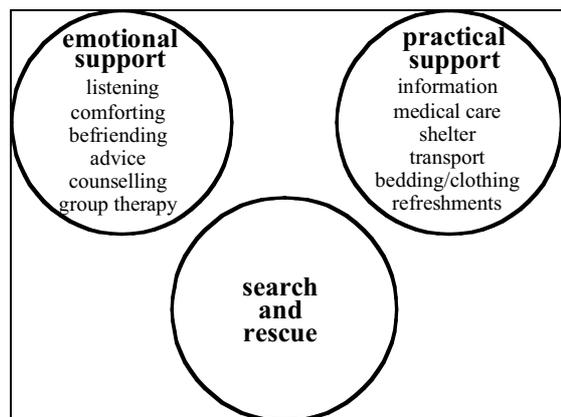
- questionnaire
- research
- site visits
- core group discussions

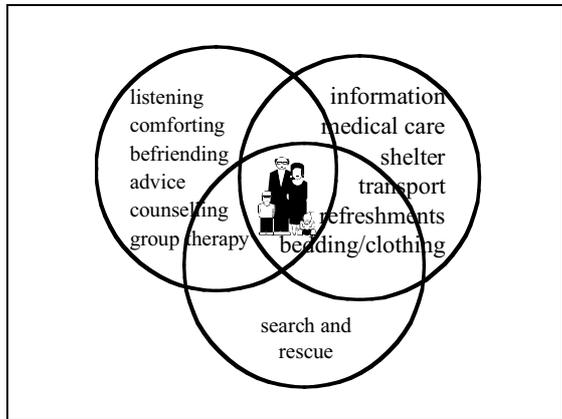
What did we find?

- questionnaire responses:
 - * recognised extent of individual's practical needs
 - * focused on provision of emotional support
- research:
 - * studies appear to deal with either emotional or practical support
 - * linked approach?
- site visits:
 - * robust search and rescue response arrangements
 - * evidence of emotional support
 - * evidence of practical support
 - * linked approach to individual's needs?

Workshop aims

- accept hypothesis that support should be available to meet psycho-social needs of individuals
- accept hypothesis that there should be guidance on commonality in accessibility and quality of support
- agree range of psycho-social support
- develop guidance on accessibility, quality and delivery of psycho-social support
- examine extent of NGO contribution to meeting psycho-social needs and implications of expansion of involvement





Workshop activities

- presentations
- exhibition
- discussions
- fun



Disaster Action Contact Details



- ▲ Pamela Dix: Tel./fax 00 44 1483 799066
- ▲ pamela_dix@daction.freereserve.co.uk
- ▲ www.disasteraction.org.uk

What is Disaster Action?



- ▲ Charity, founded in 1991
- ▲ Funded by The Joseph Rowntree Charitable Trust/presentation fees
- ▲ Family groups/individuals from disasters affecting people from, or based in, the UK
- ▲ Informal national network

What Do We Do?



- ▲ Help create a safety climate in which disasters are less likely to occur
- ▲ Support survivors/bereaved
- ▲ Facilitate formation of family support groups
- ▲ Raise awareness of needs of survivors/bereaved
- ▲ Establishing partnerships

Why Family Support Groups?



- ▲ For mutual emotional support
- ▲ Extreme common experience
- ▲ To prevent future similar disasters
- ▲ Power in numbers!

Human Implications of Disaster



- ▲ Information needs
- ▲ Level of mayhem
- ▲ Identification issues
- ▲ Multi-agency response
- ▲ Level of media interest
- ▲ Questions of responsibility

Additional Features of Terrorism



- ▲ Intent to kill
- ▲ Political overtones
- ▲ Complexity: layers of responsibility and relationship; criminal investigation
- ▲ Exposure
- ▲ Intensity of the experience

Perceived Needs of Relatives



- ▲ Counselling
- ▲ Someone to 'make it better'
- ▲ Protection from reality
- ▲ To go back to 'normal'

Actual Needs



- ▲ Access to information
- ▲ Openness, honesty, sensitivity
- ▲ Non-judgemental assistance
- ▲ Emotional first aid
- ▲ Being offered choices
- ▲ Financial help

Local, National, International



- ▲ Pan Am 103 bombing, Scotland, December 1988
- ▲ Mont Blanc tunnel fire, Italy/France, March 1999
- ▲ Largs Academy coach crash, France, June 2002
- ▲ Bali bombing, Indonesia, October 2002

Key Issues



- ▲ *Whatever the circumstances, response to human needs will be broadly similar*
- ▲ *Disaster does not respect boundaries*
- ▲ *Learn from each other, but acknowledge differences*
- ▲ *Work together in the best interests of those affected*
- ▲ *Remember the individual*

UK Police Family Liaison Service

Duncan McGarry: Central Police Training and Development Authority

Family Liaison

Family Liaison
What is the Role?

Family Liaison

Police Investigator

- Someone has been reported missing
- Full descriptive and personal details are required (Quickly)
- Missing persons family need information from us
- The Public need to be reassured that everything is being done
- Family need answers about the process of law (*What is happening now and why?*)
- Samples may need to be collected from the family

Family Liaison

Why does it have to be Police?

Family Liaison

Police Investigator

- “When you are helpless you don't need other helpless people around you”* Robin Kellow
- They have the authority to get things done
- Police /Family partnership proven success
- Samples must be collected, recorded and stored using methods that will stand up to forensic scrutiny at home and abroad
- Enhances the DVI process in the immediate aftermath

Family Liaison

Pre Family Liaison

Marchioness, Lockerbie, Kings Cross Fire, Bradford City Fire, Clapham Rail Crash, Hillsborough Football Stadium and others

Family Liaison

- Families had no effective method of getting information about the recovery operation
- Families had no effective method of getting information about the investigation
- Detailed ante mortem information slow to enter the system
- Media often controlled families information flow
- Dissatisfied families formed action groups
- Public enquiries



Post Family Liaison

Telford, Potters Bar, Hatfield and Ladbroke Grove Rail disasters, World Trade Centre, Bali Bombing, Saudi Arabia



- Unprecedented Police/family relations
- Effective Media Handling
- Faster, more reliable identification and repatriation
- Inter-Agency co-operation to benefit of families (FCO, Airlines, rail companies, local authorities, hospitals, coroners, bereavement/trauma support)
- Family Groups formed with Police involvement
- No negative feedback, no public enquiries
- Family/Community/Media confidence in the process

Everybody benefits



- Dedicated Police Family Liaison now standard practice in UK in mass fatality incidents.
- Family Liaison is now a prime consideration at all levels of disaster planning
- There is a bank of trained practitioners and managers who can liaise nationally and internationally
- UK experience of dedicated Police Family Liaison Officers shared with Australia after Bali Bombing
- UK and Australia to develop partnership for mutual assistance and the sharing of best practice
- Law Enforcement/Family relations Post Bali in excellent order



Duncan McGarry
Detective Constable

National Police Family Liaison Advisor (UK)

National Crime and Operations Faculty

Bramshill

England

Duncan.McGarry@centrex.pnn.police.uk



Muriel Robin, French Red Cross

1) In an emergency, being a member of a French Red Cross team means responding to people who have experienced a painful and difficult event.

Humanity, the first of the fundamental principles of the Red Cross movement, lays the foundations of psychological support for us: relieving or anticipating human suffering in all circumstances..., protecting life and health..., and ensuring respect for human beings etc. Team members at the French Red Cross need to draw on their behavioural skills and practical knowledge in order to act appropriately in different situations.

Where relations and psychology are concerned, it is **extremely important to take time**. Ready availability is the key. Providing psychological support at the French Red Cross means taking care of people and taking the time to listen.

The team concept allows jobs to be shared, situations to be discussed and, if necessary, support to be found. Working in **pairs** reassures volunteers that they are not alone and can count on their colleagues to share jobs or take over in the event of difficulties.

Psychological support often follows a sequence. In an emergency, we generally organise a centre where we provide light meals and coffee... this gesture, this "reaching out to" the victims allows contact to be made and a human bond to be created. When we respond in the field, cleaning up houses after flooding, for example, we carry out an operation known as *coup de main – coup de coeur* ("helping hand – willing heart"), our volunteers do their utmost to make a house fit for habitation as quickly as possible. Being a technical response, this activity enables support work to be begun with the population.

The integration of psychological support teams from the French Red Cross in the action plans of the CUMPs (medico-psychological emergency cells) is important. We know from experience that our role and that of the CUMPs is complementary. We are working towards the same goal, at different levels and with a different approach. Our actions sometimes allow certain people to be guided and a link to be forged so that medico-psychological care is provided.

For me, being part of a team which provides psychological support is a responsibility. It is important to listen to yourself when you have to go on a mission... am I fit and ready for the mission psychologically? If not, I should not accept it as I would put myself in danger and I would fail to do a proper job.

Volunteers who provide psychological support are sometimes faced with a feeling of failure, powerlessness and guilt. We respond after the disaster has taken place and have the feeling that our role is so minute in comparison with the extent of people's needs...

2) The French Red Cross prepares its volunteers to come to the assistance of individuals involved in an emergency or disaster.

Psychological support is not provided by just anyone. It is necessary to be prepared and trained. We have devised **a training programme** called Psychological Support Awareness, which must be followed by all French Red Cross volunteers.

In this training programme, we use sketches as a teaching aid. I would like to show you an example of one of these sketches.

Currently, the national psychological support team at the French Red Cross is working on a Psychological Support Training Programme, which will be more extensive and more comprehensive.

Preparing our volunteers can also involve **exercises** relating to real issues and situations already experienced.

Our volunteers make their additional training needs known to us in this area if they feel ill equipped to tackle certain situations. We are increasingly called on to respond to very difficult situations involving fatalities, by managing temporary mortuaries for example.

In order to increase the quality of our response, we are in the process of introducing **«psychological support contacts»** in every department in France. This person is a mental health professional. His role is to coordinate the teams in the field during an emergency and to watch over the volunteers themselves.

3) Before, during and after the support initiative, volunteers are not alone.

Beforehand: recruitment and training

It is critical to **recruit good** volunteers to become involved. We cannot use volunteers on psychological support missions, if they are already vulnerable, or else we risk putting them in more difficulty and not providing the population with effective support.

Before the psychological support missions, French Red Cross volunteers receive **different training** in order to best prepare them for a disaster situation. **A briefing**, prior to response, is vital during this type of initiative. In fact, it allows volunteers to understand the situation and needs and to target their psychological support activities - this prepares them psychologically for what they will encounter.

During their missions:

Volunteers are not alone. They generally work **in pairs or larger groups** with a specific population group. This facilitates the care given to individuals.

They are coordinated by a leader, from whom they may request assistance or to whom they may signal the need for the response of a mental health professional.

Our **partnership with the CUMPs** is a major asset in our work. We can hand over to them when the psychological suffering of an individual exceeds our competencies.

During the missions, **discussion groups** are set up to defuse painful situations for volunteers. The person leading these groups is not actually involved in the field work and is trained to run this type of workshop.

Our volunteers can also contact the *Ecoute* telephone service: *Croix-Rouge Ecoute* ("Red Cross Listens"), which is an anonymous psychological support service, open to everyone. The principle of anonymity is important here since it involves our Red Cross volunteers contacting a Red Cross structure.

We are fully aware that the psychological support initiatives carried out by our teams are potentially traumatising.

After the mission:

A general **debriefing** session is organised in the form of a discussion group.

Counselling with a mental health **professional** may be proposed. A national team is available for contact, if need be.

4) Essentially, **the issue to be improved** is the **rapidity** with which psychological support for a population is **introduced**. In my opinion, psychological support is not provided quickly enough in a disaster. The loss of a house or the sight of a flooded village can be just as traumatising as a

fatality. If there are fatalities, psychological support is introduced very quickly, if not, it is sometimes several days before teams are sent out... Urgent material requirements come first such as the routing of equipment, reception structures and first-aid volunteers... it is only later that we ask whether the first-aid volunteers will be able to provide psychological support if necessary and this is where we are losing time.

We are fighting for psychological support to be included in all emergency systems.

Our strong points are:

A large number of trained volunteers.

Teamwork.

Support, not just for those affected but also for team members.

Coordination with the other in the field responders, such as the CUMP and the other NGOs.

The strength of the French Red Cross also derives from the pooling of its resources, we are able to intervene rapidly in any department in France in large numbers.

A long-term response is critical. Psychological support for a population is often required in the long term. The French Red Cross often remains in the field after the other emergency responders have gone.

The availability of the National Psychological Support Team is an advantage and a great comfort to our psychological support teams, they know that they can have back-up and be supported and sustained in case of difficulty.

5) To illustrate what psychological support means at the French Red Cross,

I wrote this account after working on a large-scale psychological support operation in September 2002. We suffered serious flooding in the south of France. 95% of the Gard region was affected and eight people died in the little village of Aramon. After my work in the field, I wrote this account and came across it again recently, I haven't changed anything, and one and a half years on, it still astounded me. I will read it to you as it is.

Aramon... an "intense" experience

When Paul, the Regional Technical Adviser in Psychological Support, contacted me on Tuesday 10 September 2002 to go to Aramon, I said "yes", of course. What my role would be... I didn't really know, definitely to listen, maintain a presence amongst the victims, the team members, but it didn't really matter, just being there was what counted more than anything...

We arrived in Aramon at around 11.30 am. We found the Red Cross leader there. The square, in front of the gymnasium, was a hive of activity and the sun was beating down. It was hard for me to imagine that just a few hours earlier, Aramon had been the stage of a tragedy. We asked what the FRC had set up... we were told that, amongst other things, there was a temporary mortuary in the municipal church as 13 people were missing. Red Cross staff were already assigned to the mortuary, there were two fairly old volunteers to run it but they were not trained in psychological support, I was told!! We decided, with Paul, that I would go to the mortuary. I am not afraid of death. I am familiar with it and I have already provided support for cancer sufferers during the last stages of their illness... on top of this, it was reassuring for everyone that I was chosen...

The church, situated in a little street slightly high up, had not been damaged. It was difficult to reach as there was still a lot of water in the village and there was a bridge which vehicles like our ambulances could not pass under. What's more, I was quickly stopped by a first-aid worker in an ambulance who asked me how to get to the church. I told him to park in the square and walk up.

He replied that there were two bodies in his vehicle so I asked him to wait a moment for me to get to the church and see what could be done. He told me to be quick because it was getting tough!

I reached the church but there was nobody there, no volunteers, no one, it was empty... I wondered whether there was, perhaps, another church in this little village.

A few minutes after I arrived, a van pulled up from the "criminal identification" section of the gendarmerie. The gendarme told me that he was coming to set up the temporary mortuary. I explained that the church wasn't suitable as it was difficult to reach and that our ambulances couldn't get under the little bridge. In addition, it was a Catholic church and it was possible that we would be receiving people of other religious denominations and that we should respect that aspect. He informed me that I had no choice, that this was how it was going to be and that was that! I told myself that he was more used to this sort of situation than I was, I had no experience in this area...

The gendarmes set up two projectors and a generator as there was no longer any electricity; they got out a camera and said, "ok, that's it, you can receive the bodies". Naively, I asked them what they were going to put them on. They said it would have to be on the floor, that they didn't have anything to put them on. I replied that it wasn't right and that we couldn't do that. We had to at least respect these people and their families. Not only had they died a violent death but the relatives would be in shock from the sudden loss and we were going to lay the bodies of their loved ones on the floor? No... no... the Red Cross could not tolerate that. I organised picot beds, blankets, water and glasses to be brought up to make the place more human.

I was at a loss because I didn't know what was the right thing to do. I didn't know so I did what I would have wanted if it was me who had lost a loved one. I set up the beds, the blankets, then I arranged a few chairs in a semi-circle around the foot of the beds, as well as a little further away near the nave of the church, at a distance so that the families could have a brief moment of contemplation if they wanted to before leaving the mortuary.

The gendarmes were quick to stop me, telling me that there was no question of the families staying long in the church, that if the families of all those who were lost stayed, we would never cope. I explained that people must have time. "Time for what?" they asked. The time to grieve, to begin mourning... just time... not hours, just a little time.

We had a problem. The ambulances could not get under the bridge. I turned to the gendarmes. "What should we do?" They told me that if the vehicles couldn't pass, the bodies would have to be put on the back seat of a car and the windows covered.

Now, that was going too far. I couldn't believe it. He had to be joking. No, he couldn't have just said that! No... so I delivered my little speech on humanity, respect for others and I asked them for hearses since this was an exceptional situation. The gendarmes told me that it would be necessary to requisition them. Well then, let's do it!!! It was simple, yes, simple.

Then the first body arrived, it was in a white bag. The undertakers placed it on the bed and opened the bag. A woman of about 80 in a nightdress with an emergency assistance beeper still around her neck. The gendarmes did their work - numbering, photos. Her face was swollen and muddy. A council employee thought he recognised her and ran off to tell her son. Her son arrived quickly. I came out of the church to meet him.

How was I to receive this man who was still hoping that it wasn't his mum...

I wondered what to say to him. Then, quite simply, I put my hand on his arm and smiled tenderly at him. He asked me if it was his mum and I said that I didn't know. I told him that I would be with him, that I would stay with him.

We climbed the steps and I walked to the beds with him. He recognised her. Yes, it was her. He had put her into her hospital bed yesterday evening, lifted up the bars so that she wouldn't fall out as she was disabled and she had drowned in that bed. He cried, that touched me deeply, I felt very distressed.

I noticed that the chairs which I had put up had been taken away. The son turned to me, I smiled tenderly at him and he said "thank you". Thank you for what I wondered? He left as the gendarmes had gestured to us not to stay. Outside he collapsed on the steps of the church square. He couldn't believe it. I sat down next to him. He cried. I told myself that he had the right to. I wanted to lift this heavy weight off his shoulders. He was tall, with a beard, about fifty, quite stocky and yet he seemed like a child, a child crying for his mummy!

I went back inside to get a glass of water and, on the way, I negotiated with the gendarmes for the chairs which I had installed to be put back by the beds and said that I would not take no for an answer.

I was furious and I told myself that they had no more experience than me and definitely less than me in providing psychological support. So, it was settled, nobody else was going to walk all over me.

The CUMP had just arrived and a psychologist took over the care of this man. I explained the entire structure which we called a "temporary mortuary" to the CUMP manager but I was not satisfied. It was not how I would want it. I thought that it could be better. She told me that it was fine and not to hesitate to send the relatives to them.

People came to ask us if we had received Mr or Mrs such and such. They left full of heart, hoping to find their aunt or their brother somewhere else.

Another body arrived, a young lady of about fifty, in a bathing costume and trainers. She was still quite wet, her stomach swollen by the water and her face spattered with mud and leaves. The gendarmes had cheered up. They were more approachable and got on with their jobs. Things went better. The atmosphere became more friendly.

The physical appearance of the corpse troubled me. I thought it a shame that her face wasn't given a quick wash. The gendarmes told me that it wasn't their job. So, whose job was it? Did we need an official with a flannel?! So I took out a packet of tissues from my pocket and wiped the lady's face.

The family arrived to identify the body. There was a brother and an ex-husband, followed by an aunt.

I met them and explained that she was not alone in the chapel, answered their questions and accompanied them. I drew up a chair for the aunt, who sat down and cried. A glass of water did her good. What was she doing in a swimming costume at 10 pm when the dam burst? Why did she go out? All these questions remained unanswered.

Things went better, the family took their time, candles were lit and placed by the bodies. The atmosphere was almost pleasant, people were contemplative.

Then more bodies arrived, others were taken to funeral homes. Each time, the same ritual. The bodies were put on beds, the bags opened, photos taken then I wiped the faces spattered with blood or mud. As time went on, the bodies became more and more damaged. Some were already stiff, their arms raised. It was impossible to close the bags as there was no refrigeration

equipment and putrefaction would be accelerated. There were flies landing on the faces of the corpses. I swiped at them with the back of my hand before meeting the families.

Journalists asked us if they could film the mortuary. Of course they COULDN'T.

Villagers came to the church spontaneously to pray but they were prevented from entering. Some didn't understand, if it was a mortuary, they should be able to pray by the deceased. No, the army was there to prevent entry into the church. That bothered me. It was true, a mortuary was for people to be able to pray by the deceased, I thought, and begin the grieving process.

I stayed at the mortuary for two days. I tried to humanise this painful place. I bore the job entrusted to me very well psychologically. I listened to the complaints of the flood victims, first-aid workers shocked by what they had seen, houses destroyed, people crying. In the heat of the action, I dedicated myself to this job without a problem. While getting on with things, I didn't listen to myself, I didn't hear myself!

On the last day, I closed the chapel and walked down towards the Red Cross command post and there, knowing that I would not be going back, I looked around so that I would not forget. I looked through the eyes of a spectator, I was no longer involved. I felt this vision of horror which was around me. I felt great pain for these people who had lost their furniture, their houses, their wedding photographs, their souvenirs, a loved one, and this struck a chord in me. It brought me back to my own life. I prayed that God would keep me from that. It was the striking of the chord which was painful.

At night, I found it hard to sleep because I knew that I would not be returning to the field. I wanted to but it was impossible. I had to go back to work. I felt that I had not given enough, that I could give more, try to relieve perhaps.

The next day at work, I couldn't concentrate. I felt as if I had been off work for 2 weeks, I felt so detached from reality. I found it hard to tolerate people's moans - so important for them, so ridiculous and pathetic to me. I had to get things into perspective.

I still had this feeling of dissatisfaction where the mortuary was concerned. This feeling that I could have done better. So I took a piece of paper and a pencil and I listed everything that I thought could be improved. I jotted down my ideas for organising a mortuary worthy of the name: a reception area, an area for criminal identification, an area for washing the bodies and an area for praying by the body, the equipment required, the staff and their qualifications... I put everything down on paper.

This did me a lot of good. I wrote down my ideal, the one that I had been thinking of all this time. I didn't know if it could be or would be done but, in some way, I exorcised this feeling of dissatisfaction by forging ahead and acting by drafting a pretend project. It was my first step on the path of this grieving process.

I didn't want to recount my experience, I didn't want to hear people feeling sorry for me because of what I had experienced, because I had agreed to experience this, unlike the victims. I didn't want to answer questions put to me. This was like being a voyeur, it was unhealthy.

I discussed this with my husband who worked managing the infirmary in Aramon for the first 3 days, then with other volunteers, but it wasn't active "listening", it was like the technical debriefing and we were all tired and the bad puns on the situation became more and more frequent.

Exactly a week after I left Aramon, it was very hard. I felt the after-effects of the situation. I was constantly thinking back to the victims and their families. Sentences, words spoken by people or myself rang in my ears. I often wanted to cry but I never managed to.

At the time, I was a nurse in a structure organising home help for the elderly who could not cope alone and I continuously thought back to the dead old lady who had drowned in her hospital bed with the emergency assistance beeper around her neck. I recommended this device to families every day.

To exorcise my experience and give an account of it to people who might look at it differently from everyone else, I wrote my account on the Internet to the Yahoo groups of French Red Cross response leaders and the Red Cross nurses. I knew that my story would be read by team members who had experienced other difficult times, other situations, I was ready, I did it. The responses were not important to me. Simply to write it and be read.

I think that I finished grieving when I pressed the "send message" button.

Now it is OK. I hardly ever think about it and, on the rare occasions that I do, my memories are not painful. I have come to terms with my experience, I have drawn lessons from it. It was a very constructive experience for me. I did my grieving clearly and I have emerged unscathed.

I really want to continue this psychological support field work and if it's necessary to organise and manage a temporary mortuary again, I will volunteer.

I think that the Psychological Support Awareness training and all the training programmes for Psychological Support trainers which I have supervised with Paul have enabled me to identify the different stages through which I have passed more clearly. The fact that I was contacted by Morgane, a Psychologist from *Croix Rouge Ecoute*, a few days later, and knew that she was there for me to talk to and to listen to me, reassured me. The team members in the field knew how to find Paul or me, but who did we have? It was important to know that someone was there for me.

* * * * *

Supporting people in a disaster



Social Intervention Service

Social Intervention Service
Response timeline 0h15-3h00

- Coordinator arrives at the site to collect information
- SIS-volunteers set up the different centres: Reception centre, FRRC, Help line, Information processing unit, ...
- SIS-couriers are sent to the different hospitals
- Information processing unit receives lists from hospitals and Reception Centre
- Hospitals: supporting friends and relatives



Social Intervention Service
Timeline + 3h00

- Reunion Area, Guidance team, Accommodation centre are set up
- DVI:
 - Assisting individuals interviewed by DVI team
 - Supporting friends and relatives relatives having to deal with the body of their beloved

+ 8h00 new shift of SIS vols takes over

End of intervention: As soon as existing structures can cope again



Social Intervention Service
Overview

- Disaster strikes - timeline
- Introduction to SIS
- **Operational structure of SIS**
- SIS-responder: trained professional
- Review, evaluation and future



Introduction to SIS
Mission

The Belgian Red Cross (Flanders) SIS aims to reduce the **acute psychosocial impact** of a disaster by offering **safety, information** and **guidance** to **all** victims and their relatives.



Introduction to SIS
Basics

Founded: 1979

Our starting point : needs of the individuals: Safety, Information, Guidance

Our responders: professionals that have undergone additional specified training

Our status: embedded in official contingency planning



Introduction to SIS Some Major interventions

- 1985 Heizel Disaster:** panic in sport stadium
- 1987 Ferry disaster** in Zeebrugge
- 1994 Hotel fire** in Antwerp
- 1995 Air crash** involving Belgians
- 1997 Ostend Air Show disaster**
- 2002 Waasmunster** multiple collision



Introduction to SIS Interventions 2003

- Number of interventions: 23
- Some major interventions in 2003:
 - **Bus accident** in Germany involving Belgian citizens
 - Bus accidents and multiple collisions in Belgium
 - Fatal accidents on summer camps of youth organisations (3)
- Other interventions
 - RC volunteers facing critical incidents
 - Pepper spray accident at Red Cross party
 - Hold-up of supermarket with hostages taken



Introduction to SIS Tasks

- Social support during the initial response
- Three main tasks:

Reception

Guidance

Information

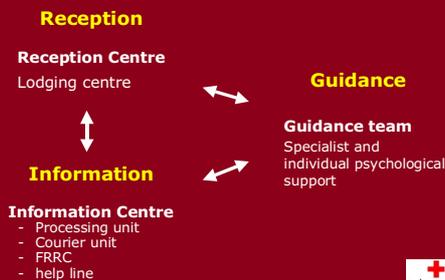


Social Intervention Service Overview

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SIS: Operational Structure



SIS Task 1: Reception Reception centre

Target group: non-injured victims

Aim:
Offer an **initial reception** to the non-injured
Guarantee a follow up as to guidance and lodging

- Tasks**
- 1 Reception
 - 2 Registration of identity
 - 3 Information
 - 4 Inventarisation of individual needs (and meeting them)
 - 5 Offering support
 - 6 Referral for guidance or lodging



SIS Task 1: Reception

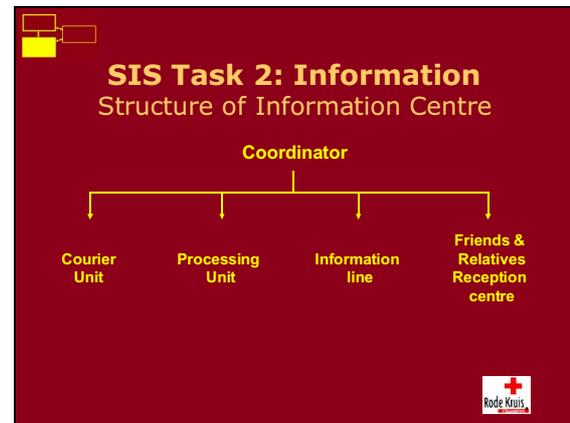
Reception centre

Structure

- 1 vol. SIS-Socia for a group of max 20
- Coordinator / co-coordinator
- Administrator(s)

Focal points of attention

- medication, food, clothing, ...
- security at the doors (police), check in desk, first aid team, ...
- telephones, television, radio, transport, ...

Structure of Information Centre

Courier unit – PU – IL – FRRC

Aim: Collecting information on all individuals in all different locations (RC, Hospitals, ...)

Tasks

Phase I: - Retrieving fax lists from hospitals and the Reception Centre

Phase II: - Filling in of forms at hospitals
- Collecting of forms at Reception Centre

Phase III:
- Supporting victims, F&R at hospitals
- Follow up on info or requests



Structure of Information Centre

CU – Processing Unit – IL – FRRC

Aim: Processing of all data on victim identity and location
Producing lists of non-injured, injured, deceased and missing (identity and their whereabouts)

Tasks

- Double check of the inquiry forms (Accuracy, completeness)
- Processing, manual or computer aided (SIRE)
- Classification of all documents
- **Distribution of lists:** as soon as the authorities accord permission



Structure of Information Centre

CU – PU – Information Line - FRRC

Aim: Reception by telephone for all individuals who want more information on possible victims.

Tasks

- Providing information
- Registration of callers
- Processing of info (regarding possible missing)
- Psycho-social support by telephone



Structure of Information Centre

CU – PU – IL- Friends & Relatives RC

Aim: Personal reception for all individuals who want more information on possible victims.

Tasks

- Reception
- Providing information
- Registration
- Processing of info (regarding possible missing)
- Psycho-social support



Structure of Information Centre Inquiry forms

Reception Center and Hospitals

- **Blue Inquiry form [victims]**
identity of involved individuals (RC, hospitals)
- **Pink Inquiry form [Informant]**
identity of those the victim was with when the disaster struck

FRRC and Help line

- **White inquiry form – informant**
- **Forms for each person missing**



Structure of Information Centre Lists

List of the victims = List based on blue form

List of the missing persons =
List of those involved according to victims
+ List of possibly involved [Help line & FRRC]
– List of the victims

-> **Disaster Victims Identification team (Federal Police)**



SIS Task 3: Guidance Guidance team

Target group: all individuals affected

Aim: The guidance team will guarantee advice with regard to specific needs or questions, **in addition** to the support offered on **all locations** to **all individuals**

Tasks: specialist and psychological support
E.g.

- specialists on accessing the governmental disaster fund, insurance matters, public health,
- specialist psychological support



Social Intervention Service Overview

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- *** SIS-responder: trained professional**
- Review, evaluation and future



Social Intervention Service SIS-responders: Profile

Two groups:

- Social volunteers: professionals from the field of social service (±180)
- trained in administration (±70)

Some statistics

- Professionals in their field
- 66% female, 33% male
- 80% between 25-35
- 90% have a job
- 50% are married and have 1 or 2 children

"A social worker around 30"



Social Intervention Service Becoming a volunteer for SIS

1. **Appeal**
"Helping people in a disaster situation?"
2. **Info meeting**
Who we are – what do we expect
3. **Training**
Basic training course – 40 hours
+ evaluation



Social Intervention Service
Care of volunteers

During response
call out – briefing – support during work – defusing

After response
phone call - "thank you"-card - group evaluation – psychological debriefing



Social Intervention Service
Nature of SIS-work

- Very intense
- Low frequency, disasters are rare (2-3 interventions a year)

Challenge
How to keep our volunteers alert during periods of calm?



Social Intervention Service
Keeping volunteers motivated

- 1 Additional training [5 a year]
- 2 Informal gathering [5 a year]
- 3 Newsletter
- 4 Simulations
- 5 Specialised trainings
- 6 System of acknowledgement of contribution (certificate, badge, uniform)



Social Intervention Service
Overview

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- SIS-responder: trained professional

* **Review, evaluation and future**



Social Intervention Service
Review, Evaluation and Future

- 1 Nature of our response
- 2 Quality of our response
- 3 Our role in the aftercare
- 4 Challenges for the future



Social Intervention Service
1 Nature of our response

Theoretical background:
Recent review articles on early intervention support our approach of psychosocial response: reception (focus on practical needs), information and guidance.



Social Intervention Service 2 Quality of our response

- **Internal evaluation of each intervention**, adjusting way of responding [eg. Multiple collisions: people stay near their car. * reception on the scene]
- Thank you letters with request for evaluation to all partners



Social Intervention Service 3 Our role in the aftercare

- The aftercare is organised by Ministry of public health: **Psychosocial Intervention Plan**
 - The **Psychosocial Manager** [PSM] calls a Post Crisis Assessment meeting inviting all local social services
 - SIS hands over information on victims
 - PSM calls an information meeting for all individuals involved
- Aftercare for all Red Cross responders * SIS



Social Intervention Service 4 Challenges for the future

- **Smaller scale interventions**
Supporting local networks for psycho-social response [Project "Cities and communities"]
- **More missions abroad**:
 - * Extra training of volunteers (simulating effects of: fatigue, intensive contact with victims, ...)
- **Psychosocial care became evident**
 - insecurity increased among victims
 - * Project "Psychosocial First Aid"



Social Intervention Service

Questions ?

more information:
dsi@redcross-fl.be

Thank you



Interpol Disaster Victim Identification (DVI)

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National Emergency Procedures Coordinator
New Scotland Yard
London

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Interpol Standing Committee on DVI

- Established 1980
Interpol Resolution AGN/65/Res/13 (1996):
- Recognises that for legal, religious, cultural and other reasons, human beings have the right not to lose identities after death, and that the identification of disaster victims is often of vital importance to police investigations

Interpol Standing Committee on DVI

- Produces electronic version of Interpol DVI Guide and ante and post mortem forms (internationally recognised)
- Recommends that member countries use when appropriate - even in cases of single fatalities.
- Available to download from Interpol web site: www.interpol.int (forensic section).

DVI Process

Following rescue of the living the next priority will be the recovery of the dead.

Four key elements:

- Recovery at scene
- Mortuary process
- Collection of ante mortem data
- Comparison of am & pm data

Identification Commission

Internationally recognised & will consist of:

- Coroner/Magistrate - chair
- Police DVI Commander
- Identification experts
- Others as appropriate

Primary Role of Commission:

- decide identification criteria
- consider identification evidence
- confirm/reject identifications
- authorise repatriation of victims

Identification

Accurate identification essential

Interpol recommend primary identifiers:

- Fingerprints
- Odontology
- Unique Medical records
- DNA

Management of Human Remains

Clear Policy by Identification Commission required on:

- Identification of remains
- Reunification
- Return to families & repatriation

**MEDICO-PSYCHOLOGICAL INTERVENTION
AND PSYCHOSOCIAL SUPPORT
FOR VICTIMS OF DISASTERS
DEFINING THESE TWO INTERVENTIONS**

Professor Louis CROCQ

National Committee for Medico-psychological Emergency

Paris

**PSYCHOSOCIAL DIMENSION
OF DISASTERS**

- 1 – Occurrence of a tragic event (bringing unhappiness) which:**
- 2 – Results in victims (those killed, injured or shocked, survivors and disaster victims)**
- 3 – Causes damage to material goods**
- 4 – Stretches (or puts strain on) aid resources**
- 5 – Affects or strikes urban networks:**

**Production/use of energy
Production/use of water, food
Shelter from bad weather (rain, cold, scorching heat)
Clothing, blankets
Circulation of goods and people
Communication
Education
Maintaining order
Care system
Management of corpses**

***The victim's personal ego and communal ego are wounded
(feeling of belonging to the community)***

**IMMEDIATE PSYCHOLOGICAL EFFECTS
OF ATTACKS AND DISASTERS**

**Threat to life or physical and mental integrity
Surprise
Fright
Horror
Derealisation (loss of one's bearings)**

Living without aid

Two mechanisms of action on the body or the mind:

STRESS AND TRAUMA

Stress is the bio-physiological reaction, reflex
It can be adaptive (saving) or overwhelming (pathological)

Trauma is psychological distress

- Sudden confrontation with the reality of death
- Overwhelmed psychological defences
- The defence against which is assigning meaning, or trying to understand

Its harmful effects can be delayed (after a latency period)

There is non-traumatic stress (without trauma)
and traumatic stress (with trauma)

Stress and trauma can affect:

- Victims
- Witnesses
- People involved (families, evacuees)
- Decision-makers, rescuers and carers
- Media operators
- Also, to some extent, the public

DIFFERENT TYPES OF VICTIMS

*** A – SOME VICTIMS PRESENT
PSYCHO-PATHOLOGICAL CONDITIONS**

requiring medico-psychological care provided by specialised medical teams

yet they also need psycho-social support provided by first-aid workers trained in such work

*** B – NO PATHOLOGY IS OBSERVED IN OTHER VICTIMS**

Yet they feel destitute
helpless
abandoned
and experience the feeling of loss

They need:
help, aid, advice
understanding, comfort
assistance, psycho-social support to
make their return to the community easier

Such support and aid is provided by non-medical personnel (first-aid workers) who have received appropriate psychological training

In both cases, coordination and osmosis must exist between these two categories of personnel and their first-aid posts

NEEDS OF THE VICTIMS
During the immediate phase

Whether they are injured, survivors, disaster victims, evacuees or people involved, the victims all have the same needs:

A – Physical needs

- Survival
- To be looked after (somatic care and medico-psychological care)
- Shelter (tent, gymnasium, caravan, housing)
- Bedding (bed, blankets)
- Food and drink
- Hygiene (washing, toilets)
- Clothing, grants

B – Cognitive needs

- Information (about the disaster)
- Information on aid, help and grants
- Information and legal advice

C – Emotional needs

- Need not to feel abandoned or excluded
- Need to verbalise the experience lived through
- Need to be listened to
- Need for empathy and understanding
- Need to return to (or be accepted in) the community of the living
- Need to restore autonomy

Among these needs, the need for care should be provided by medical and medico-psychological personnel (including initial psychotherapeutic support)

The other needs should be covered by emergency and aid workers, provided that they are aware of the psychological aspects

DELAYED PSYCHOLOGICAL EFFECTS

A – Mentality of the victim

Feeling of misfortune

Feeling of loss

Impression of not being able to find his former world again

Impression of not being understood

Impression of not being supported

Feeling abandoned (the world withdraws)

Feeling excluded

B – Possible pathological developments

- **Psychotraumatic syndrome, with various degrees (moderate, severe, including PTSD or traumatic neurosis)**
- **Depression**
- **Somatization**
- **Various syndromes associated with expecting and demanding care, recompense or money from a source**
- **Dependence mentality (someone who has an expectation of assistance, who demands welfare or care, someone passive who waits to be taken care of)**

CLINICAL PRESENTATION OF OBSERVED REACTIONS

I – IMMEDIATE EMOTIONAL REACTION

(from several hours to one day)

A – ADAPTIVE REACTION OF STRESS

**Useful, lifesaving
Focusing attention
Mobilising mental capacities
Prompting action
but also exhausting and accompanied by disturbing symptoms
(particularly neurovegetative)**

B – OVERWHELMING STRESS REACTION

**4 forms: Sideration
Agitation
Panic flight
Automatic behaviour**

C – CLEAR PATHOLOGICAL REACTIONS

**Neurotic: Anxious, phobic, hysterical
Psychotic: Confusional, delirious, melancholic**

Medico-psychological teams provide care in order to reduce the disturbing symptoms of adaptive stress and ease overwhelming stress and pathological reactions

Psycho-social support can be provided by non-medical personnel (Red Cross, Civil Protection) for unharmed survivors and injured people who have not been evacuated

Coordination and interaction must exist between these two groups

CLINICAL PRESENTATION OF OBSERVED REACTIONS (cont'd)

**II – PSYCHOLOGICAL STATE
DURING THE POST-IMMEDIATE PHASE**

(from the 2nd day to the 30th day)

Several possibilities:

A – PROGRESSIVE RETURN TO NORMAL

The symptoms of stress fade
The memory of the event is less haunting
Normal activities are resumed

Occasionally punctuated by DELAYED EMOTIONAL RELEASE:

Discharge of accumulated, unreleased tension

- Crying fits, agitation, prostration
- Irritability, altercations,
- Neurovegetative reactions (sweating, nausea, loss of urine)

These are abreactions which bring relief.

In general they have no effects and do not prevent the return to normality.

B – ONSET OF TRAUMATIC NEUROSIS

Latency period (of meditation, contemplation, rumination)

Variable: Everyone develops new defences at their own speed
Depends on the circumstances (other more urgent tasks,
hospital cocoon delays the return to autonomy)

Appearance of the first flashbacks (hallucinations, nightmares), perplexity and withdrawal into oneself or on the contrary, excessive euphoria

Supervision period for the medico-psychological teams

At this stage, intervention on the part of social services is advisable (material aid, followed by listening and being empathetic, discussion groups, detection of emerging pathologies)

**CLINICAL PRESENTATION OF OBSERVED REACTIONS
(cont'd)**

**III – PSYCHOLOGICAL STATE
DURING THE DELAYED AND CHRONIC PHASE
(after one or two months)**

TRAUMATIC NEUROSIS (post-traumatic stress disorder)

Clinical picture can be divided into three sections:

1 – Repetition syndrome

(Hallucinatory flashbacks, intrusive memories, acting and feeling as if the event were recurring, recurrent dreams)

2 – Non-specific symptoms

(Also observed in other pathologies)

- Asthenia
- Anxiety
- Phobias, conversion hysteria, protective rituals
- Somatic disorders and psychosomatic disorders
- Behavioural disorders (smoking addiction, alcoholism)

3 – Modification of the personality

The subject feels as though they have changed

- Alertness, startled responses, difficulty falling asleep
- Impression of a faraway world, demotivation, foreshortened future
- Feeling of not being loved or supported, need for affection, inability to love others, irritability, social withdrawal)

Chronic evolution, with follow-up (anniversaries, proceedings)

These disorders require therapeutic follow-up

Various therapies (medication, psychotherapy, cognitive behavioural methods)

At this stage, the additional intervention of the social services is essential (in order to reduce the feeling of exclusion, personalised contact and detection of hidden pathologies at home)

PRINCIPLES OF MEDICO-PSYCHOLOGICAL INTERVENTION

Do not leave those who are suffering psychologically without care.

**Intervention integrated into emergency medical intervention
(Relieve the emergency physician of the disturbed patients).**

This early intervention prevents or warns of pathological developments.

Actions such as 1/ care, 2/ triage and evacuation.

1 – Care:

Care given to those physically wounded (who are also psychologically wounded), and shocked survivors.

Occasionally, care is also given to subjects who do not ask for it.

Administration of drugs (anxiolytics, sedatives, etc).

Emergency psychotherapy work (*defusing*):

- Dissociate oneself from the benevolent neutrality standpoint
(On the contrary, be empathetic and directive)
- Encourage the verbalisation of emotions
- Whilst controlling emotional outbursts

2 – Triage and evacuation

- Patients discharged after rapid treatment.
- Patients should not be released until they have been monitored for a few hours.

- Patients evacuated to hospital, accompanied.
-
- Advising these patients of the usefulness of follow-up.

MEDICO-PSYCHOLOGICAL INTERVENTION INITIATIVES

Initiated on the order of the President of the Republic in the wake of the terrorist attack on 25th July 1995 (bomb blast at the Saint-Michel metro station in Paris)

Regulated by an order and a departmental circular on 27th May 1997 (Ministry of Health), which set up:

A – A National Committee for Medico-psychological Emergency
(Organisation, evaluation, training and research activities)

B – The National Network for Medico-Psychological Emergency

- A referring psychiatrist in all of the 100 departments
- A team of volunteers: psychiatrists, psychologists, nurses
- Bibs, medicines box and printed matter
- PUMP (Emergency Medico-psychological Post) signs
- Transport provided by the SAMU (Emergency Medical Services)

Mission of the network: Providing care for victims and other psychologically injured people

- 1/ During the immediate phase, in the field
- 2/ During the post-immediate phase

In practice:

- A team is immediately sent in the field, along with the SAMU
- A PUMP is set up near a PMA (Advanced Medical Post)
- The team leader assesses what is required and may ask for back-up
- The team carries out care, triage and evacuation activities
- An information sheet is handed out to the victims (on psychological disorders)
- Close collaboration with:
 - The PMA
 - The CAI (Welcome centre for those involved in a disaster), organised by the Red Cross and Civil Protection

During the post-immediate phase, *debriefing* is proposed and provided (for the victims, in addition to rescuers and carers).

The pathology of certain patients is monitored.

PRINCIPLES OF PSYCHO-SOCIAL SUPPORT

(Provided at the CAI by Red Cross and Civil Protection staff)

Knowledge of immediate,
post-immediate,
and chronic reactions
in their normal and pathological forms

Awareness of the needs of the victim

Awareness of the issues associated with stress and trauma

How to detect these in the victims

How to detect and to monitor these in the other participants

- Empathetic listening approach
- Personal and repeated contact (the same person assigned to the same victim, concept of "accompaniment")
- All material aid should be accompanied by psychological support
- Detection and orientation
 - On a medico-psychological level
 - On a legal level
 - With regard to rehabilitation

Many victims are euphoric that they have survived, they are preoccupied with material needs as a matter of priority (shelter, food, grants), and are not aware of their psycho-traumatic disorders

It is essential to work in coordination with the other networks (throughout the three phases)

SPECIFICATION FOR DEFUSING (Shock management)

Psychotherapeutic intervention for the time being

Objectives:

- Ease the psychological suffering of the victim
- Reassure the victim
- Reduce the victim's stress reactions
- Help the victim to accept what has happened
- Spot the subjects who should be monitored

Methods:

Being there and offering support
Encouraging victims to talk about what they have experienced
Offering empathetic listening
Controlling emotional outbursts
Informing them about the normal and pathological reactions
Encouraging victims to resume their lives

Respond to the urgent need of the victim:

- To feel safe
- To be protected and supported
- To voice his experience (to identify it)
- Release his emotion

Reduce:

- The experience of derealisation, depersonalisation and the stopping of time
- The lack of understanding of the event
- The feeling of abandonment and lack of help
- The victim's fear of his own reactions
- The feeling of guilt

The therapist gives the victims (or their families) an information sheet on stress and possible symptoms to look out for in the future which indicates where they can go for consultation if need be and also invites them to take part in a debriefing session the following week

SPECIFICATION FOR PSYCHIATRIC DEBRIEFING

(To be differentiated from the *MITCHELL* debriefing model)

Objectives

- 1 – Create an interim transitional space (where time, space and normal values are restored).
- 2 – Comfort "depersonalised" survivors, someone who has not been abandoned, who is supported but must restore their autonomy.
- 3 – Encourage the verbalisation of the experience the victims have been through (Cathartic aim: Expression of emotions rather than giving an account).
- 4 – Provide information on stress and trauma, on the temporary symptoms at present and those to come, as well as information on places where consultation is provided (hand out an information sheet).
- 5 – Help the participants lose their feeling of isolation and incommunicability (when they listen to others speaking of reactions similar to their own).
- 6 – Harmonise the group relationship (reduce tensions and conflicts), by avoiding perpetuating the isolation and defusing the projection that the problem comes from the exterior (looking for external scapegoats).
- 7 – Help reduce the feelings of helplessness, failure and guilt (but it is down to each subject to do this themselves when the time comes).
- 8 – Prepare subjects for reintegration into the world and warn them with regard to harmful attitudes to avoid, reunions with their families, contact with the media.
- 9 – Spot the fragile subjects who are in need of subsequent support.
- 10 – Help the subjects bring closure to the incident.

*In actual fact, it concerns post-immediate psychotherapeutic intervention which should be provided by psychiatrists or clinical psychologists.
It may be enough to reduce emergent psychotraumatic disorders or it may serve as the start of a more long-term therapy*

Stress Management

Jeffrey T. Mitchell, Ph.D., CTS

Definition and Types of Stress

Stress is defined as a state of cognitive, emotional and physical arousal. The state of arousal that is known as “stress” is caused by exposure to some actual or perceived demand or stimulus in our environment. Once we arouse the intellect, emotions and the body, we can observe changes in a person’s behavior. Stress, at reasonable levels, is essential for a healthy life. When it gets out of control, however, stress can be a powerful destructive force.

There are four types of stress. They are;

1. General Stress
2. Cumulative Stress
3. Critical Incident Stress
4. Posttraumatic Stress Disorder (PTSD)

Normal Stress Pathways

General stress and *critical incident stress* reactions (numbers 1 and 3) are both normal pathways of stress. General stress occurs as a result of the demands of everyday living. People usually deal with their general stress, recover from it and move on in life. As long as the stress is not excessive or prolonged, people can stay healthy and productive.

Critical Incident Stress is also a normal type of stress. It is a normal stress reaction in normal people to an abnormal event. It is not necessarily a pleasant reaction despite its normalcy. A normal reaction does not mean absence of pain. The pain of the experience lets us know that the situation is so intense that it demands our attention. This is part of a normal human drive toward survival. Critical incident stress is simply a heightened state of arousal that results from an exposure to some powerful traumatic event.

Abnormal, Dangerous or Disruptive Stress Pathways

The other two types of stress (numbers 2 and 4) are **not** normal pathways of stress. They are both capable of producing considerable disruption in the lives of those who suffer through these conditions. If these types of stress continue without attention they may set the stage for deterioration in health and performance.

Cumulative stress is a pathological pathway of stress. If people experience cumulative stress, that is, an excessive accumulation of unresolved general stress, they are more prone to develop physical illness and emotional distress. Cumulative stress starts off with a warning phase which is characterized by four primary symptoms – chronic fatigue, boredom, anxiety and depression. If those signals are ignored, mild symptoms such as more frequent colds, gastro-intestinal distress, headaches, alcohol use, feelings of intense anger and other physical and emotional symptoms appear. If it is still not resolved, cumulative stress can escalate into more and more severe symptoms until a person develops persistent physical and emotional problems which require professional mental health and medical intervention.

Posttraumatic Stress Disorder (PTSD) is the most destructive form of stress. It comes about as a direct result of unresolved critical incident stress. Once it is diagnosed, PTSD typically requires mental health intervention to overcome it. Six criteria must be in place for a diagnosis of PTSD.

They are:

1. It starts with an exposure to a horrible, threatening or disgusting event. The same events that initiate the critical incident stress reaction are the very ones that bring about PTSD. Of course, PTSD does not start unless the critical incident stress is not resolved.
2. Intrusion symptoms. A person sees, hears, smells, tastes or feels some aspects of the event over and over. Or the person has distressing dreams and nightmares or may have trouble controlling obsessive thoughts of the event.
3. A person with PTSD will attempt to avoid any reminders of the event. That includes places, people, conversations, circumstances or other things that remind a person of the horrible experience.
4. PTSD will cause people to be excessively aroused. They may have trouble sleeping, resting, relaxing or they frequently anticipate further harmful events.
5. The symptoms of PTSD must last at least thirty days for the diagnosis to be made.
6. PTSD produces considerable disruption in normal life pursuits. People have trouble with home and work circumstances when they are suffering from PTSD. They are stuck and unable to participate as they had always done before the traumatic event.

Critical Incidents

Critical incidents are traumatic events that cause powerful emotional reactions in people who are exposed to those events. Disasters and terrorist attacks are among the most distressing for communities, but they are not the only critical incidents. Every profession can list their own worst case scenarios that can be categorized as critical incidents. Emergency services organizations, for example, usually list the "Terrible Ten". They are:

1. Line of duty deaths
2. Suicide of a colleague
3. Serious work related injury
4. Multi-casualty / disaster / terrorism incidents
5. Events with a high degree of threat to the personnel
6. Significant events involving children
7. Events in which the victim is known to the personnel
8. Events with excessive media interest
9. Events that are prolonged and end with a negative outcome
10. Any significantly powerful, overwhelming distressing event

Crisis

A crisis is an acute emotional *reaction* to a powerful stimulus or demand. It is also known as a state of emotional turmoil. There are two main types of crises. The first is maturational crisis. Maturation crises are those which come about as a result of development, experience, growth or aging as a human being. Retirement, for example may be a crisis for some people because they must shift from the intense activity of daily work to a whole new set of interests and pursuits.

The second group of crises includes situational crises. These are events that happen such as disasters, death, accidents, loss, and damage to property. They are critical incidents for those who are involved with them. Crisis reactions in these cases are a direct response to a critical incident.

There are three main characteristics of any crisis.

1. The relative balance that usually exists between a person's thinking abilities and emotions is disrupted
2. The usual coping methods fail to work in the face of the critical incident

3. There is evidence of mild to severe impairment in the individual or group involved in the critical incident.

There are a number of factors which can make a crisis more difficult or easier to manage. The suddenness of the event as well as the intensity of the event and its duration can all influence how difficult it is to manage the crisis. Other factors which affect the management of a crisis are the age of the person in a crisis and the availability of resources to handle the situation.

Critical Incident Stress

Critical incident stress is the state of cognitive, physical, emotional and behavioral arousal which accompanies the crisis reaction to a severe situational crisis. It is the type of stress which is directly associated with exposure to a critical incident.

Signs and Symptoms of Critical Incident Stress

There are too many stress symptoms to list them all. The list below presents some of the most common physical, cognitive, emotional and behavioral symptoms. Any severe symptoms, especially those in the physical category, should be checked out by medical or psychological professionals. Failure to refer people with severe symptoms for further assessment might lead to extremely negative consequences. Please do not take unnecessary risks with your own health and well being or that of others by failing to seek out further assessment. It is strongly recommended that any significant symptoms be further evaluated.

Physical	Cognitive	Emotional	Behavioral
Nausea Upset stomach Muscle tremors	Slowed thinking Impaired decisions Impaired problem solving	Anxiety Fear Guilt	Withdrawal Running away
Loss of Co-ordination	Disorientation	Grief	Angry outbursts
Profuse sweating Chills Diarrhea Dizziness Chest pain	Confusion Poor concentration Poor calculations Poor memory Difficulty naming things	Depression Sadness Feeling lost Abandoned Isolated	Emotional tirades Acting out Defensive position Excessive sleeping Hyperactivity
Rapid pulse Rapid breathing Headaches Increased Blood pressure	Intrusive thoughts Distressing dreams Low attention span	Worry Anger Irritability Emotionally numb	Hypo activity Startle response
Muscle aches Sleep disturbance		Emotional shock	

Crisis Intervention

Crisis intervention is an active and temporary support process for individuals or groups who are experiencing an acute state of emotional distress. Crisis intervention is also known as "emotional first aid". It has been developed over the last century as an organized and systematic approach

designed to assist a distressed person or a group to return to adaptive function and to recover from the crisis reaction.

Crisis Intervention Goals

Crisis intervention is helpful in stabilizing both the situation and the intense emotional reactions to the situation. It aims at mitigating the psychological impact of the crisis situation. Additionally, crisis intervention attempts to mobilize helpful resources for the benefit of those in distress. Crisis intervention also normalizes the reactions people may be having to the situation that has produced the crisis state. Ultimately, the aim of crisis intervention is to restore people to adaptive functioning.

Principles of Crisis Intervention

There are seven core principles of crisis intervention. They are:

1. Simplicity. Keep it simple.
2. Brevity. Keep it short.
3. Innovation. Be willing to use novel ideas to help
4. Pragmatism. Keep it practical
5. Proximity. Services should be offered close to the person's normal area of function.
6. Immediacy. Provide services right away.
7. Expectant. The person or group in crisis is encouraged to believe that the situation can be managed and that they can recover from the experience.

Critical Incident Stress Management

Critical Incident Stress Management (CISM) is a comprehensive, systematic, multi-tactic form of crisis intervention that is applied to manage critical incident stress after traumatic events. CISM is not one tactic. Instead, it is a coordinated program of tactics that are linked and blended together to alleviate the cognitive, physical, emotional and behavioral reactions that follow a traumatic event.

Elements of a CISM system must be in place before traumatic events occur. Pre-incident stress education is essential for organizations and individuals. It is also important that appropriate practical plans for organizational and individual stress management be developed. CISM teams need to be properly trained. Plans and protocols must be developed. Finally, organizations must develop sensible policies to care for their personnel in the aftermath of a critical incident. The absence of stress management policies in an organization is predictive of inadequate or no support for the employees when a critical incident strikes.

CISM components must also be in place during a critical incident. On-site support services are important during critical incidents. It is important that people be fed, provided with fluids, rested, sheltered, informed and protected during emergency operations. All of that is part of a good CISM program. Some one-on-one psychological support may be necessary under certain conditions. CISM services may also entail providing appropriate advice and guidance to supervisors. On occasion direct support to victims may need to be provided until the Red Cross or other appropriate resources can be activated.

After a critical incident CISM services include one-on-one crisis intervention, large group processes, small group processes, spouse support services, follow up services and referrals for those who have been identified as needing more assistance.

It should be noted that there are individual interventions, group interventions, significant other interventions, organizational interventions and community interventions under the umbrella of CISM. It is not a single tactic approach to critical incident management.

Misconceptions Regarding Crisis Intervention and CISM

There are several misconceptions about crisis intervention and CISM which have arisen in the roughly three decades that have passed since the introduction of CISM.

The eight main misconceptions are:

Misconception # 1: *Crisis intervention and its subset CISM are the same as psychotherapy, or the procedures may be used as a substitute for psychotherapy.* Crisis intervention, instead, is psychological first aid and its primary goals are limiting the exacerbation of post trauma symptoms, facilitating recovery and identifying those who need more assistance (Caplan, 1964; Mitchell and Everly, 2001)

Misconception # 2: *Crisis intervention and CISM may be done by the untrained.* As in any specialty in psychology, one would expect formal training and supervision (Dyregrov, 2003, Robinson and Murdoch, 2003).

Misconception # 3: *CISM (a broad strategy of crisis intervention techniques) is the same as a group crisis intervention technique known as Critical Incident Stress Debriefing (CISD).* Confusing a single approach for a wide-ranging strategic program is confusing and counterproductive. From the beginning of the development of the CISM field, CISD was seen as only one intervention among many. CISM is a combination of interrelated techniques (Mitchell, 1983; Mitchell and Everly, 2001).

Misconception # 4: *All “debriefings” are the same as a CISD.* There are many types of debriefings. They do not necessarily equate to one another. For example, the American Red Cross utilizes one format (Armstrong et al., 1991). Numerous other variations of debriefing models are in use today (Raphael and Wilson, 2000; Dyregrov, 2003)

Misconception # 5: *CISD is stand alone single session intervention.* CISD was never conceptualized as a stand-alone (Mitchell, 1983). The research strongly indicates that combinations of interventions are far more powerful than any single session (Chemtob et al., 1997; Deahl et al., 2000; Flannery, 2001; Richards, 2001)

Misconception # 6: *CISD and other CISM techniques require a detailed review of the traumatic experience.* This is directly opposed to the standards of practice that have been developed within the field of CISM. (Mitchell and Everly, 2001)

Misconception # 7: *Crisis intervention and CISM should be able to erase all symptoms of traumatic stress.* This is an unrealistic expectation. Even the best of therapies would be hard pressed to achieve that level of success. Numerous studies cited in the research section above have shown a reduction in symptoms after CISD, and more so with CISM, but total elimination of all symptoms has never been claimed and should not be expected.

Misconception # 8: *Crisis intervention and CISM are a cure for Posttraumatic Stress Disorder (PTSD).* At least one study has shown that group crisis intervention services including CISD may decrease the potential for PTSD (Deahl et al., 2002). It is too early, however, to conclude any curative value. PTSD is such a complex disorder that a cure by crisis intervention services without therapy does not appear to be a reasonable expectation.

CISM Teams

There are over 500 CISM teams that have been developed in the United States and an additional 300 serving in 28 nations around the world. A typical team is made up of mental health professionals who are working in a partnership with peer support personnel from fire services, law enforcement agencies, emergency medical organizations, military personnel, nurses, or employees from schools, businesses and industrial settings. Teams provide voluntary services to their organizations and communities.

The participants on a CISM team must be properly trained. Training consists of a minimum of 4 courses each of which is two-days in length. The courses are:

- Assisting Individuals in Crisis
- Basic Group Crisis Intervention Processes
- Advanced CISM
- Suicide: Prevention, Intervention and Recovery

The courses provide skills training in the following areas:

1. Assessment of the situation and the severity of impact of an event on those who were exposed to it.
2. The development of a strategic plan to manage the incident
3. Skills to assist individuals in crisis
4. Large group intervention skills
5. Small group intervention skills
6. Follow-up and referral skills

CISM Tactics for Controlling Stress

No single stress management techniques or tactic will be equally applicable to all people, under all circumstances and at all times. We must, therefore, have a collection of techniques which can be utilized for different people under different circumstances. This is much like having a tool box full of many tools that are designed for use under a variety of different circumstances. Pick the right tool for the job and the task is easier and has a better chance of success. Likewise, if we pick the right stress management technique the task is made easier and the success potential is enhanced.

Before the Critical Incident

- Obtain education and information on critical incidents, critical incident stress and the crisis response. People who are informed are better able to manage critical incident stress when it strikes.
- Make sure policies and procedures for CISM are in place.
- Establish a well trained CISM team and make sure that it is trained to provide a variety of services to individuals and groups under different circumstances.

During the Critical Incident

- Calm yourself before deployment. Try some deep breaths to help to give you a few seconds to think how you are going to approach the situation.
- The action of being involved in a situation can be helpful, but try not to let yourself become overwhelmed by the intense stimuli of the situation.
- Take frequent breaks. Brief rest periods, some food and fluids can help to keep you alert during a mission.
- Actual work periods may vary from disaster to disaster. There are some general rules which can be helpful for supervisors. Typically a two hour work period is followed by a

half hour down time. Intense cold or heat or the intensity of the scene itself may cause alterations in the deployment cycles.

- One half day off after every five days and a full day off after ten consecutive days of disaster work can help to keep people functional.
- Remind yourself that you have the skills to carry out the mission.
- A sense of humor helps but is careful not to use humor too much or when it is inappropriate such as in the presence of the actual victims of the event.
- Do not over control your emotions. A brief and controlled discharge of emotions is healthier than completely suppressing your emotions so that they can hurt you later.
- It is suggested that the use of caffeinated products be limited during disaster work.
- Alcohol should be avoided altogether since it interferes with Rapid Eye Movement (REM) sleep patterns. REM sleep helps us to mentally process the traumatic events of the last few days.
- Eat when you can even if you do not feel like it. You need energy.
- Avoid too much sugar, foods high in fat content, processed foods and white bread.
- Eat balanced meals with some proteins, complex carbohydrates and some fruits and vegetables.
- In a prolonged incident, 8 hour shifts are preferable. If unusual circumstances require longer time commitments, the maximum is 12 hours of work. The alternation of 12 hours on duty, then 12 hours off duty is a good formula to maintain a healthy work force.
- It is helpful to remind people of the time as they work at the disaster site. The reminders help people to stay oriented and focused.
- No one should get less than four hours of sleep in twenty four hours. "Four in twenty four" cannot, however, become the persistent rule. It is an exception to the rule and it is applied only in unusual circumstances. If it goes on for too many days health problems can arise. Obviously, 7 to 8 hours of sleep per night is the ideal.
- Limit exposures to gory sights and disturbing sounds and smells.
- Disengage non essential personnel from the scene as soon as possible.
- Rotate personnel to various duties whenever possible so that they do not feel that they are stuck on one assignment indefinitely.
- It is best to rotate people from high stress operations to moderately stressful work before moving them to rest areas. People also adjust to intense work situations when they have been moved from rest to moderately stressful work and then onto highly stressful work.
- Handling human remains and personal effects is extremely stressful work and the people doing that work need frequent breaks and emotional support. They should also be rotated off these duties to other assignments whenever possible.
- Call in supportive resources to assist one's personnel according to the needs expressed by the operations personnel.
- On scene support services from CISM teams need to be low key and unobtrusive. They should never interfere with ongoing operations. CISM services in the field should focus on providing advice to supervisors and assisting individuals who appear to be having significant reactions to the emergency services work. In some situations direct crisis intervention services are provided to the primary victims and survivors of the incident until other resources can be obtained to assist those people.

After the Critical Incident

- Rest
- Eat nutritious meals
- Physical exertion exercise helps to reduce the chemicals of distress in a person's body. Even walking can be very helpful. No one should do physical exercise if they are not physically able to do so.
- Attend group support services when they are offered by a trained CISM team. They can "take the edge off" of a bad incident. But, most importantly, they can be extremely helpful

for other members of one's group. Everyone gets a sense of the "big picture" and comments made by one member of the group often clarify the experience for other members of the group.

- Restore normal routines as soon as possible.
- Keep yourself active. Do not permit boredom to get established.
- Express your feeling to people you trust.
- Dreams and memories of the tragedy are common. They generally decrease over several weeks time. If they remain intense after three weeks to a month has passed, the person should seek out CISM team members for assistance and / or a referral for professional care.
- Do not joke with fellow workers about the tragedy too much. Some people are sensitive to the experience and have still not fully recovered.
- Do not engage in unproductive criticism of others. If mistakes were made during the incident and corrective action or additional training is required, that can be handled by the organization's leadership. But individual members of the organization do not help their fellow workers by constantly bringing up mistakes made by colleagues.
- Anger is a frequent emotion after the intensity of a major event. Do not take it personally. It should subside in a reasonable time. If not, the angry person may need some additional assistance to get things back under control.
- Focus on the here and now. Telling old war stories of events that were worse than the current event is not always helpful to the people who only have the recent experience to relate to.
- Listen to those who want to talk about their experience.
- Shedding tears after a painful event is perfectly normal. But frequent uncontrolled crying spells accompanied by sleep disturbance and an inability to return to normal duties is an indication that a person needs assistance from a CISM team or a mental health professional.
- Help each other. Try to understand and care for each other. No one can support you as well as one who does the same work. If people are careless with the feelings of others than the opposite rule applies. That is, no one can hurt you more than one who does the same type of work.

Notes on Caring for the Victims of the Tragedy

- Protect the victims from further stress such as the press, curiosity seekers, gory sights and sounds, or additional unnecessary exposures to the horror of the incident.
- Mobilize the resources necessary to assist the victims such as the Red Cross or other disaster services.
- Help the victims to find missing family members and friends.
- Regroup families.
- Regroup people who come from the same areas.
- Listen carefully to the victims. They need opportunities to express themselves.
- Accurate, current and timely information is extremely important to the well being of victims.
- Reassure people that they are safe.
- Establish private quarters for the victims as soon as possible.
- Provide for medical, social, religious, psychological, shelter and other needs as they arise.
- Do not tell victims that they are "lucky" because it could have been worse. Those sorts of statements almost never console and usually anger a distressed person.
- Gently touch a distressed person on the shoulder or hand if they seem receptive to such contact.
- Keep yourself calm and your voice soothing and reassuring.
- A shocked, very silent and withdrawn person should be evacuated from the scene immediately. They tend to be in the first priority group for evacuation and intervention.

- Although we tend to pay attention to noisy, hysterical or acting out victims, they are actually a secondary priority. It is better that they are expressing themselves, although they tend to interfere with the operations, than to be extremely silent and withdrawn.
- Those who seem to be doing fine at the scene are the third priority for evacuation. Being a third priority, however, does not imply that they should be ignored. They can get worse if they are unattended.
- Children are the most vulnerable to psychological harm during a disaster. Special care should be afforded children.

Setting up a CISM Program

- Contact the International Critical Incident Stress Foundation (ICISF) and find out if a CISM team already exists in your area. The Foundation maintains a registry of teams throughout the world. The staff can be very helpful in directing you to the coordinators of existing teams who can guide you in team development. The contact information for ICISF is:

ICISF
3290 Pine Orchard Lane
Suite 106
Ellicott City, MD 21042

(410) 750-9600

www.icisf.org

- Determine if there is a need for a CISM team in your community.
- Decide whether or not your community can share resources with an existing CISM team or with several other communities.
- Develop a steering committee that can guide team development.
- The CISM team will need a partnership between mental health professionals, clergy and peer support personnel. It takes some work and coordination to get these resources together.
- Determine a team training budget.
- Set up the training. ICISF has a list of improved instructors in many areas of the USA and in other nations as well.
- Develop a team membership application.
- Interview for team members.
- Each team should have skills developed in the following areas:
 1. Assessment of the overall incident and severity of impact.
 2. Strategic planning
 3. Skills for assisting individuals
 4. Skills for managing large groups in crisis
 5. Skills for managing small groups in crisis
 6. Follow up and referral skills
- Mental health and clergy personnel must participate in "ride along" programs to learn more about emergency services personnel.
- Each team needs a mental health professional to serve as a clinical director.
- Each team needs at least one senior coordinator and several assistant coordinators.
- CISM teams must develop protocols and procedures.
- Each team should register with ICISF.

- Emergency services organizations in the area should be notified that the team is being developed. The date on which the team becomes active should be announced in advance.
- Team members should be issued some form of identification.
- Referral mechanisms should be worked out in advance as part of the protocols.
- Team members should be able to help not only emergency workers but also the victims and community members when the situation requires their assistance.
- Family support should be a regular activity of CISM team members.
- Protocols should include taking good care of the CISM team members.
- There are many other considerations for CISM team development, but these should help to start the thinking process.

Differences between Psychotherapy and Crisis Intervention

<i>Psychotherapy</i>	<i>Crisis Intervention</i>
	<u><i>Context:</i></u>
Reparation, reconstruction, growth	Prevention, acute mitigation Restoration to adaptive function
	<u><i>Strategic foci:</i></u>
Conscious and unconscious sources of pathology	Conscious processes and environmental stressors / factors
	<u><i>Location:</i></u>
Safe, secure environment	Close proximity to stressor Anywhere needed
	<u><i>Purpose:</i></u>
Personal growth and development	Emotional "first aid" to reduce distress and assist the person in crisis to return to a state of adaptive functioning
	<u><i>Temporal focus:</i></u>
Present and past	Here and now
	<u><i>Providers:</i></u>
Mental health professionals	A trained, outgoing person who cares for people and has a desire to help those in a state of crisis Paraprofessionals Mental health professionals
	<u><i>Provider Role:</i></u>
Guiding, collaborative, consultative	Active, directive

<u>Timing:</u>	
Typically within weeks to months or years after the development problem that interferes with normal life pursuits Delayed, distant from stressor	During a critical incident and in the immediate aftermath of an of a exposure to the event Immediate, close temporal relationship to stressor
<u>Duration:</u>	
8-12 (45 min.) sessions for short term Months to years of weekly sessions for as long as needed for long term	3 to 5 contacts some of which are only minutes in length maximum contacts: usually 8
<u>Goals:</u>	
Symptom reduction, reduction of impairment, correction of pathological states, personal growth, personal reconstruction	Stabilization, reduce impairment, return to function or move to next level of care

CISM Group Interventions Summary

<i>Intervention</i>	<i>Activity</i>	<i>Target</i>	<i>When</i>	<i>Duration</i>	<i>Trigger</i>
Demobilization	Passive (information only)	Large group (staff or disaster workers)	After 1 st shift or after their first exposure to event	10 minutes lecture plus 20 minutes rest and food	Disaster or other large scale incident
Crisis Management Briefing (CMB)	Semi-active (information plus short Q. and A.)	Large group (useful with any large group)	Anytime (Before exposure, during and after event. Can be Repeated)	45 minutes to 1 hour	Any distressing event impacting large group
Defusing	Active (Loosely guided discussion)	Small group	Within 8-12 hours after the event	45 minutes	Event impacting small homogeneous group
CISD	Very active (Structured team guided, 7- phase group discussion)	Small group	24 hours to 1week	1-3 hours	Event impacting small homogeneous group

"A little help, rationally directed and purposefully focused at a strategic time"

is more effective than more extensive help given at a period of less emotional accessibility.”
Lydia Rapoport, 1962 (Crisis Intervention Theorist and Associate Professor, School of Social Welfare, University of California)

“A relatively minor force, acting for a relatively short time, can switch the balance to one side or another, to the side of mental health or the side of mental ill health” (Gerald Caplan, Psychiatrist who developed the main body of the theory behind crisis intervention. 1961, p.293)

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Voluntary Rescue Service

- co-ordinated by the Finnish Red Cross
- 46 organizations 30 000 volunteers
- Radio amateurs
- Sport divers
- Automobile clubs
- Voluntary military organizations
- Child welfare and women's organizations
- WWF...



Voluntary Rescue Service

Established in 1964, supports the authorities in:

- search of missing persons
- primary care:
 - * material relief
 - * shelter
 - * food
 - * transportation
 - * psychosocial support..

Over 350 missions/year



Co-ordination

National co-ordination at the FRC HQ
 Member organizations meet twice a year in Central Committee meetings where decisions are made about common goals etc.
 FRC nominates the chair person of the Central Committee
 Regional and Local Committees



Co-ordination

Red Cross has Disaster Preparedness Co-ordinators in every district (12)

1700 response groups

Alarm scheme in district office, also database

Alarming numbers in district area

24 hours service on voluntary basis



The Response

- Tasks are received from the Emergency Response Centres or directly from the authority leading the operation
- Voluntary leader leads the voluntary response according to the orders of the authorities



Connection with the Authorities

- 80% government funding; 20% FRC
- voluntary rescue service mentioned in the Finnish Rescue Law, Law of the Finnish Red Cross
- Directives of the co-operation between police and the voluntary rescue service
- Regular contacts to the Ministries of Interior, Social and Health and Defence



Training

Training in search and rescue,
signal, primary care
civil protection, first aid,
psychosocial support, leadership...
Training of trainers



Aims of the Training

- Increase the volunteers' capacities to work in co-operation with the authorities and to meet persons affected by crisis
- Give tools to cope with the strain caused by volunteer work
- Give practical skills



Training

- Training of trainers organized centrally
- Basic and advanced training organized regionally
- Member organizations take part in development of training material



Challenges to meet

- Solid alarming system
- Continuous flow of information between the Voluntary Rescue Service and the authorities
- Helping the helpers



Summary

- Flexible and efficient organization
- Practically tested processes are achieved in 40 years
- Well trained and motivated volunteers from many sources are the keyplayers of the function

Working together in disasters

Psycho-social support to individuals

Gerry Foitik
Austrian Red Cross

The beginning...

- ⊙ Avalanches 1999 Galtuer/ Valzur in Tyrol:
- ⊙ A "disaster" mainly made by medias
- ⊙ Psycho-social support (PSP) was needed due to enormous media pressure on victims
 - At this moment there have been no structures for PSP
 - Rapid and effective co-operation between the Red Cross and the University of Innsbruck, Department of Psychology to support victims

Lessons learnt

- ⊙ Implementation of guidelines within regional branches of the Red Cross in Tyrol in 1999
 - Definition of PSP
 - Structures for quick and effective response
 - Training programmes
- ⊙ Parallel: other Regional Branches of the Red Cross are setting up also structures for PSP

The fire of Kaprun 2000

- ⊙ November 11th, 2000: A funicular train packed with 167 skiing tourists cached fire in a tunnel
 - only 12 persons survived
 - 155 persons died
 - hundreds of relatives

The fire of Kaprun 2000 - needs

- ⊙ High demand of information on missing persons
- ⊙ Information on bringing out the bodies and identification
- ⊙ Need for a safe place
- ⊙ High vulnerability, need for protection
- ⊙ Hotel rooms in Kaprun
- ⊙ Car to travel
- ⊙ No financial needs in the beginning

The fire of Kaprun 2000 - resources

- ⊙ Medical care was brought by the Red Cross
- ⊙ Social and logistic needs were solved by both the Red Cross and the Crisis -Centre (provincial government of Salzburg)
- ⊙ PSP by crises intervention teams of the Red Cross, Acute Support Vienna and by emergency psychologists, priests,
- ⊙ Leading person in Kaprun regulated cooperation with units on scene (identification of the staff!)
- ⊙ PSP also in other Austrian regions and abroad

Lessons learnt

- ⊙ The hotline in Kaprun was overloaded
- ⊙ The co-operation between the organisations providing PSP must be strengthened
 - Setting up an Austrian wide platform for crises intervention 2004
- ⊙ Missing of a general regulatory framework, covering all Red Cross branches
 - Implemented in May 2002

Floods in Central Europe

- ⊙ August 2002: The floods in Central Europe (Austria, Germany and Czech Republic) caused severe human suffering, heavy damage to property and public infrastructure and thereby economical losses
- ⊙ All participating authorities and relief organisations were burdened to their limits in order to minimise the damage

When the flood came

- ⊙ Main tasks of immediate disaster response
 - Support of evacuated persons with food, shelter, clothes, etc.
 - Support of fire fighters and other relief workers with food
 - PSP to evacuated persons during evacuation, sheltering and resettling

After the flood

- ⊙ Main tasks of Post flood actions
 - Financial reconstruction-aid for most vulnerable people (vulnerability criteria)
 - Youth support programs for flood affected children by the Austrian Youth Red Cross
 - Social support for flood affected elderly people
 - Support of people, who have been resettled due to the floods

Best practices

- ⊙ Linkage of the largest Austrian broadcasting corporation with the largest relief organisations results in a immediate flood aid initiative
- ⊙ Short response time due to well organised work-flow within the relief organisations
- ⊙ Involvement of the media at the earliest stage leads to de-escalating of the situation
- ⊙ "Management by Friendship"
- ⊙ Large potential on relief workers due to Austria's voluntary system

Lessons learnt

- ⊙ Weaknesses of communication to and between authorities due to unclear allocation of duties
- ⊙ Underestimation of the consequences of the floods
- ⊙ Different legal basics for disaster relief in the federal countries of Austria
- ⊙ Missing legal basics for temporary special company leave for volunteers
- ⊙ Missing of a official disaster -manager

Working together

Case study – flooding, August 2002
 Brigitte Lueger-Schuster
 University of Vienna
 Member of leading committee –
 Acute Support Vienna

Floodings August 2002

Report of coordinated crisis-support work by teams from Lower Austria, Styria Tyrol, Vienna

Picture: Red Cross

2

Statistics according to Red Cross Austria, 9 to 19 of August 2002

- Zwettl-Gmünd: crisis staff = 2; 100 clients, 60 hours
- Horn: crisis staff = 2; 80 clients, 120 hours
- Klosterneuburg: crisis staff = 3; 80 clients, 120 hours
- Melk: crisis staff = 2; 10 hours
- Kamp/main floodings: crisis staff = 17; 1081 hours
- Around Tulln: crisis staff = 35; 1404 hours
- Shelter houses: 260 clients, 140 beds
- All in all: *crisis-staff = 61; 2977 hours of crisis support*
 – 22 from the staff were psychologists, the others were specially trained personnel

3

August 2002 – floodings – Cooperation Vienna & Lower Austria

- Cooperation of Red Cross Vienna and Acute Support Vienna
- Aim: support for victims of flooding in lower Austria
- Beginning: 13th of August
- End: 19th of August
- Hours of deployment: 760 - ASV
- Number of personnel: 29 -ASV

4

First Call by Vienna Red Cross

- 12 am: Call by officer in charge: 5 people ready for deployment at 2pm in Red Cross Center Vienna
- 12.05: Call by psychologists form Lower Austria – need for support
 – This call – they say – is coordinated with Red Cross
- Transport by Red Cross and ourselves
- 2pm: ready for departure

5

First steps

- Alarm of team:
 - Problem: no concrete demands in terms of duration and intervention
- Within one hour, team and removal team were stand-by
- Team:
 - 2 psychologists and one officer from red cross,
 - 5 members from Acute Support Vienna
- No gumboots, no toothbrush, ... no time to buy these things

6

7 Flooding – 1st deployment

- **August, 13th, 2 pm to August, 14th, 11 pm:**
 - Support in crisis centers and houses of shelter
 - Support for local fire brigade
 - Group of interest:
 - evacuated people from a village with special regard on: elderly people, people of high risk, children
 - Guidance: Red Cross – Lower Austria, special officer

8 Flooding – 2nd deployment

- **August 15th, 2 pm to 9 pm:**
 - Standby for deployment in the eastern region of Lower Austria
 - Problem: Red Cross could not find a leading person for the villages concerned

9 Flooding – 3rd deployment

- **August 17th, 7 am to August 19th, 9 am**
 - 3 teams, 14 people
 - Support for evacuated people returning to their villages
 - Support for military aid on scene
 - Support for local fire brigades
 - Guidance by Red Cross – Lower Austria

10 Flooding – intervention 13 to 14 of August

- **Work in shelter-houses**
 - Strong cooperation with Red Cross, which operated the houses
 - Strong cooperation with local community-nurses for triage
 - Close contact to local fire brigades – for information and safety reasons
 - Coaching for the local mayor before he gave his information talk
 - *Massive problems in cooperation with local psycho-social experts, which we should remove from the shelter-house*

11 Flooding – the problems

- Smallness of rooms
- Permanent heavy rain
- Rising waters
- Uncertainty about the weather
- Rumour of plundering
- Inhabitants wanted to go home
- *Who is in charge: Red Cross or psychologists from Lower Austria – we have a communication and coordination problem!!*

12 Flooding – the emotions

- Permanent worries about property,
- Boredom,
- Strong despair on lost property,
- Family conflicts concerning the evacuation,
- Search for „the guilty“,
- Arousal of aggression towards diverse objects of responsibility (media, politicians, fire brigades...)

Intervention – information & apple strudel & communication problems

- Establishing a day structure: times for meals, information by mayor
- Employ people in activities to come through the day – making pastry, games for children, ...
- Intensive counselling for people with high vulnerability (e.g. chronic illness, psychiatric diagnosis, elderly people...)
- Building of calm- zones for those who were stressed by the crowd around
- Counselling in family conflicts around behaviour during evacuation
- Safety management (rumours, visit as close as possible to the house, ...)

13

Intervention – 17th to 19th of August

- **Visits in the villages:**
 - Distribution of water and fruits as door opener
 - Conflict mediation between neighbours, families..
 - Support (fire brigades, people in panic...)
 - Information transfer
 - Counselling: What should we do with children? Granny, Daddy...?
 - Psychoeducation
 - *As teams from Vienna we functioned as ambassadors of humanity and gave people the feeling, that they were not forgotten in the chaos*

14

Lessons learned

- The cooperation-regulation between ASV and Red Cross Vienna was a good basic, communication worked well
- Personal contacts to leading persons in the field worked fine
- We have to work on the cooperation with the psycho-social experts from Lower Austria
- We have to include the model of psycho-social experts from Lower Austria in the guidelines
- *We have to improve communication and coordination with the local government – clear the neighbourhood!!*

15

Lessons learned

- Lack of concept concerning further support, poor information basis for further support
- Difficult information handling with police
- No Peer-support for local fire brigades after the flooding, although we tried to do so

16

Standards of Support

- Are based on the work of an expert-group (crisis management departments, Austrian Red Cross, Universities of Vienna and Graz)
- Are based on the expertise of the European recommendations
- Are acknowledged by the steering committee of the Federal Austrian Departments of Crisis Management and the Austrian Red Cross

17

Standards of Austria comprise

- Philosophy of interventions and training
- Definitions of relevant terms (e.g. crisis, disaster, psycho-social support, leader of a team, psycho-social expert, ...)
- Standards of selection and training
- Standards of organisation in case of deployment
- List of indications

18

Philosophy of ...

- Scientifically based
- Humanitarian task
- Multidisciplinarity
- Quick start
- Properly organised
- Pro-active towards clients
- Empowering coping
- *Crisis counselling is further training!*

19

Standards of selection and training

- **3 levels of competence**
 - Personal competence (self-perception, reflection, self regulation)
 - Social competence (communication skills towards individuals, groups, task-forces, media...)
 - Professional competence (assessment of trauma-reactions, intervention planning, counselling, networking with health care services, knowledge of diverse cultural attitudes and values, ...)

20

Standards of selection and training

- Defined criteria for admission to training (age, education, professional experience...)
- Defined rules for assessment to admission
- Defined responsibility for process of training
- 60 hours of theory, 16 hours of first aid, 12 hours of group shaping, 40 hours practice under supervision, 5 hours reflection of practice
- Permanent evaluation of training, trainees and trainers
- Permanent practice after training by stand-by readiness for home crisis

21

Standards of organisation

- **3 models of deployment**
 - **Model 1:** expert counsellors and trained personnel are mixed in support teams
 - **Model 2:** teams consist of expert counsellors
 - **Model 3:** two steps: trained personnel starts the intervention, expert counsellors do the further intervention
- A team consists of min. 2 persons, 1 is always team-leader

22

Standards of organisation

- Stand-by rules are obligatory, they comprise the readiness of an expert counsellor (background expertise)
- Promotion of team readiness and reachability within the relevant community
- Equipment
- Documentation
- Evaluation
- Peer support and debriefing or supervision after deployment

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Working together in disasters

Structures for a proper psycho-social support

Peter Kaiser
Austrian Red Cross

The Austrian wide platform crises intervention

- ⊙ The Federal Austrian Departments of Crisis Management and the Austrian Red Cross established a common platform to fulfil following objectives:
- ⊙ Share information regarding psycho-socials support
 - Enforce the cooperation with universities
- ⊙ Think tank for future strategies
 - Enhancement of the service
 - EU and international contacts and correspondence in the area of psycho-social support

Austrian wide standards

- ⊙ Are based on the work of the platform (crisis management departments, Austrian Red Cross, Universities of Vienna, Graz and Innsbruck)
- ⊙ Are based on the expertise of the European recommendations
- ⊙ Are acknowledged by the platform crises intervention

Standards of Austria comprise

- ⊙ Philosophy of interventions and training
- ⊙ Definitions of relevant terms (e.g. crisis, disaster, psycho-social support, leader of a team, psycho-social expert, ...)
- ⊙ Standards of selection and training
- ⊙ Standards of organisation in case of deployment
- ⊙ List of indications
- ⊙ List of contra indications

Standards of selection and training

- ⊙ 3 levels of competence
 - Personal competence (self-perception, reflection, self regulation)
 - Social competence (communication skills towards individuals, groups, task-forces, media...)
 - Professional competence (assessment of trauma-reactions, intervention planning, counselling, networking with health care services, knowledge of diverse cultural attitudes and values, ...)

Standards of selection and training

- ⊙ Defined criteria for admission to training (age, education, professional experience...)
- ⊙ Defined rules for assessment to admission
- ⊙ Defined responsibility for process of training
- ⊙ 60 hours of theory, 16 hours of first aid, 12 hours of group shaping, 40 hours practice under supervision, 5 hours reflection of practice
- ⊙ Permanent evaluation of training, trainees and trainers
- ⊙ Permanent practice after training by stand-by readiness for home crisis

Standards of organisation

- ⊙ 3 models of deployment
 - Model 1: expert counsellors and trained personnel are mixed in support teams
 - Model 2: teams consist of expert counsellors
 - Model 3: two steps: trained personnel starts the intervention, expert counsellors do the further intervention
- ⊙ A team consists of min. two persons, one is always team-leader

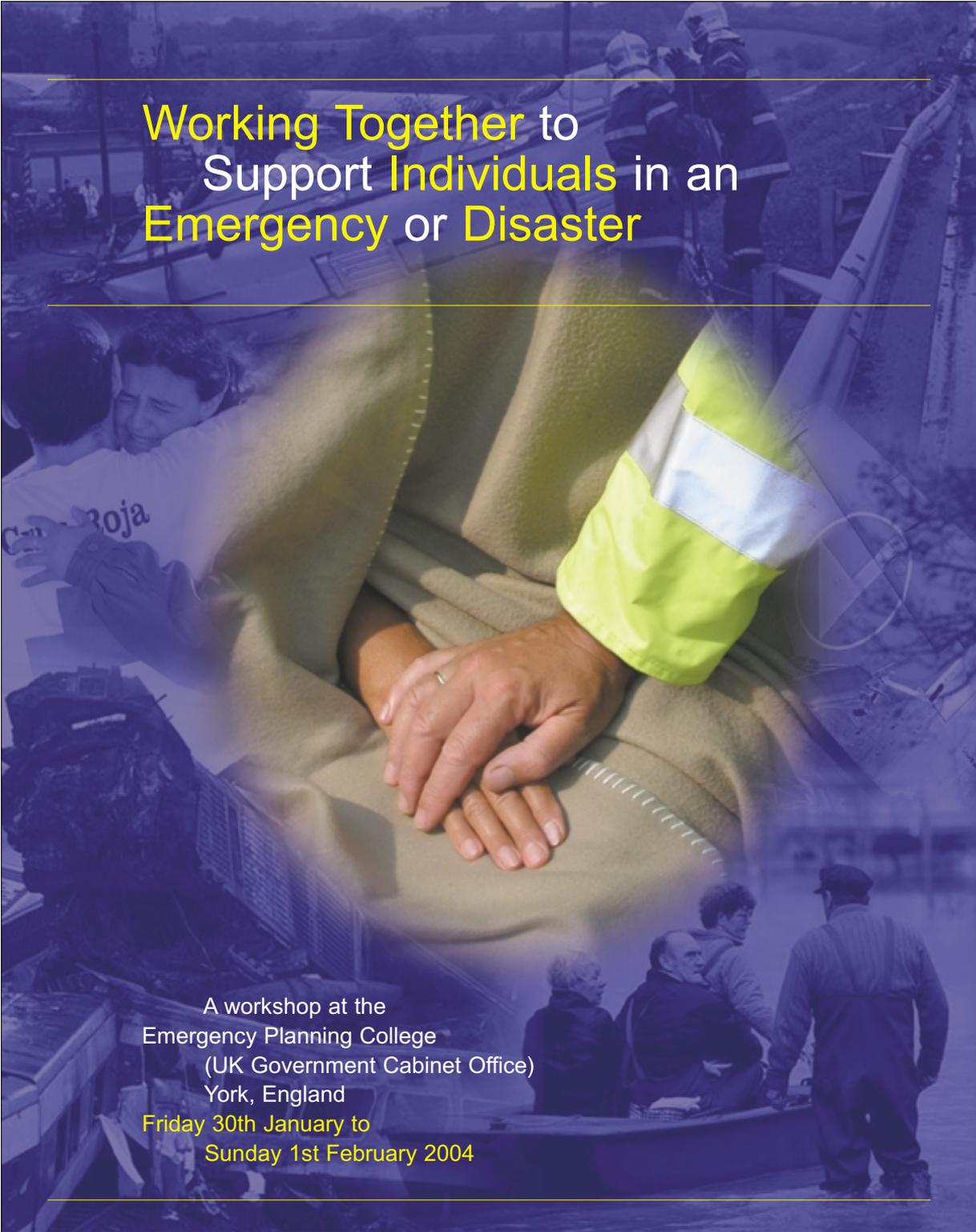
Standards of organisation

- ⊙ Stand-by rules are obligatory, they comprise the readiness of an expert counsellor (background expertise)
- ⊙ Promotion of team readiness and reachability within the relevant community
- ⊙ Equipment
- ⊙ Documentation
- ⊙ Evaluation
- ⊙ Peer support and debriefing or supervision after deployment

Appendix 'H'

Workshop Promotional Leaflet





Working Together to Support Individuals in an Emergency or Disaster

A workshop at the
Emergency Planning College
(UK Government Cabinet Office)
York, England
Friday 30th January to
Sunday 1st February 2004



Organised by
British Red Cross
Caring for people in crisis

Supported by:



European Union

Working together to support individuals in an emergency or disaster

Purpose

The European Union has provided financial and active support, through the Community Action Programme in the field of civil protection, to the British Red Cross to lead this workshop as part of a project. The purpose of the workshop is to enable European Union Member States and European Economic Area Countries' Governments and Non-Governmental Organisations to understand, and respond better to, the psycho-social needs of individuals affected in an emergency or disaster and to recognise the value of guidance in achieving more commonality in meeting those needs.

Style

The workshop will include a series of presentations by speakers from a number of different countries representing Government, statutory and voluntary organisations. An exciting exhibition will display information about the civil protection arrangements for each European Union Member State and European Economic Area Country. Delegates will be invited to visit the exhibition at an evening reception. Themed and facilitated workgroups will enable delegates to share information, ideas, experience and concerns. The workshop will assist delegates to share good practice and learn from each other in an interesting and participatory style.

Participation

Each European Union Member State and European Economic Area Country is allocated two fully funded places at the workshop. Delegates should have responsibility for, or practical experience of, supporting the needs of individuals affected by an emergency or disaster and could come from local, regional or central government or Non-Governmental Organisations. Each of the funded national representatives will be provided with accommodation and meals for the duration of the workshop, and will be reimbursed the cost of travel between the delegate's home country and the workshop. There is an opportunity for additional, but non-project funded, delegates to attend the workshop at a cost of 500 euros, which is inclusive of cost of workshop, accommodation and meals; non-project funded delegates will not receive reimbursement of travelling expenses. Please complete the attached workshop registration form and return it by post or fax as soon as possible.

Closing date for registration for the workshop (funded or non-project funded) is Friday 28 November 2003.

Aims

- accept the hypothesis that support should be available to meet psycho-social needs of individuals affected in an emergency or disaster
- accept the hypothesis that there should be guidance on commonality in accessibility and quality of support available to meet the psycho-social needs of individuals
- agree the range of psycho-social needs of individuals involved in or affected by an emergency or disaster
- develop guidance on accessibility, quality and delivery of psycho-social support
- examine the extent to which NGOs and volunteers have the competencies and resources to contribute to meeting the psycho-social needs of individuals
- consider the implications of any expansion of the involvement of NGOs and volunteers in meeting these psycho-social needs.

Venue

The workshop will be held at the Emergency Planning College (UK Government, Cabinet Office), near York, England. The event will begin at 2.00 p.m. on Friday 30 January and end at 12.30 p.m. on Sunday 1 February 2004. The Emergency Planning College is set in a 200 acre estate, 12 miles north of York. It is the UK's leading provider of training in emergency preparedness and the permanent national forum for representatives of local and central government, the emergency services, the private sector and volunteer groups to network and share good practice. The College has an international reputation. It has facilities for delegates with disabilities; a bar, an impressive library, and facilities for snooker, table tennis and multi-gym. The surrounding woodland is available for walking or jogging, subject to weather conditions.



Working together to support individuals in an emergency or disaster

Workshop Registration Form

The completed workshop registration form should be sent, by Friday 28 November 2003, to the following address:

Libby Kerr, UK Office, British Red Cross, 9 Grosvenor Crescent, London SW1X 7EJ, England

Fax: +44 20 7235 7447

Please complete a separate form for each delegate. PLEASE PRINT IN CAPITAL LETTERS

Name: _____

Organisation: _____

Address for reply: _____

Telephone: _____

Email: _____

EU funded place(✓): Non-EU funded place(✓):

Applications for non-EU funded places should be accompanied by the full payment of 500 euros

Payment method(✓): Cheque Visa Mastercard/Eurocard Amount: _____

Card number: Expiry date:

Signature: _____

Date: _____

If you need further information about the workshop, please contact Libby Kerr

Telephone: +44 20 7201 5141

E-mail: lkerr@redcross.org.uk



Appendix 'I'

Workshop Exhibition Panels

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Working Together to Support Individuals in an Emergency or Disaster

A workshop at the
Emergency Planning College
(UK Government Cabinet Office)
York, England
Friday 30th January to
Sunday 1st February 2004

Organised by
 **British Red Cross**

Supported by

European Union

Looking back to the initial project

Purpose of the initial project

To enable European Union Member States to understand better the contribution that Non-Governmental Organisations' volunteers can make in prevention of, planning for, and responding to civil emergencies and to consider how such contribution can be utilised fully.

Recommendations of the initial project

- principles for utilising NGOs
- emphasis on meeting individuals' needs
- need for guidance
- involvement in planning, response, review
- expand roles and use of NGOs
- need for co-ordination, joint working
- organisation, management of NGOs
- further workshops

Recommendations that led to the current project are marked in red (■)

Purpose of the current project

To enable European Union Member States and European Economic Area Countries' Governments and Non-Governmental Organisations to understand, and respond better to, the psycho-social needs of individuals affected in an emergency or disaster and to recognise the value of guidance in achieving more commonality in meeting those needs.



Definition of terms

For this workshop the following are working definitions of 'individuals who may be affected by an emergency or disaster' and 'psycho-social needs'.

Individuals who may be affected by an emergency or disaster

- casualties (fatal, serious, slight)
- survivors (involved but not injured)
- evacuees (residents, passengers, employees)
- relatives and friends (home, work, hospitals, mortuaries, centres)
- witnesses
- emergency services
- others responding

Psycho-social needs

Psycho-social needs are the practical, emotional, social and psychological needs of individuals affected by an emergency or disaster. Such needs will arise in the initial emergency response phase and may persist for a longer time-scale. They include:

- practical assistance
- social support
- medical care
- psychological support



The needs of individuals affected by an emergency or disaster

Product from 63 returned questionnaires.

<i>Need identified</i>	<i>Number of questionnaires reporting need</i>
Information	55
Reassurance	53
First aid and medication	42
Clothing, blankets	42
Protection from media/ unwanted 'do-gooders'	42
Refreshments	38
Help with care of children	36
Use of telephone	36
Transport	36
Access to television/radio	29
Help with care of pets	23
Entertainment	14
Other (psychological support, legal and occupational advice, pastoral care, self-help)	9



Key services provided

- searching for survivors
- first aid
- rescue
- transportation
- medical services
- ambulance activities
- hospital activities
- documentation
- referral to other organisations
- mobility aid equipment
- communications - electronic
- bedding
- clothing
- listening
- befriending
- comforting
- advice
- counselling
- group therapy
- spiritual
- helplines
- hygiene packs
- communications
- messaging and tracing
- therapeutic care
- public training

Locations where key services provided

- hospitals
- casualty centres
- survivor centres
- evacuee centres
- relatives and friends centres
- feeding centres
- drop-in centres
- mortuaries





Photographs supplied by Reuters News Picture Service



Opportunities and challenges

The research phase of the project has identified a number of opportunities and challenges for organisations, including how to:

- prepare the public to be active rather than passive in the response to an emergency or disaster
- establish co-ordination: within departments, regions and countries; between organisations; between civil protection planning and response
- evaluate the effectiveness of support and adapt that support, as appropriate
- sustain the support for a protracted period
- sustain the response and continue to provide daily activity

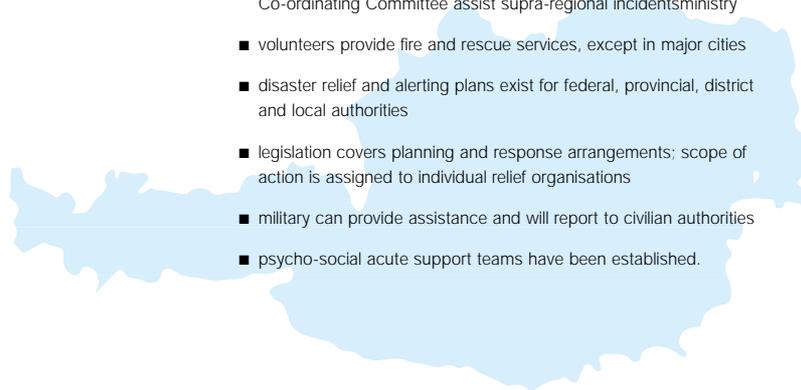
Please use post-its to add to this list.

Austria



Capital: Vienna
Population: 8.2 million
Language: German

- 9 provinces co-ordinate operations
- Federal Ministry of Interior co-ordinates civil protection arrangements
- federal and provincial alarm centres and National Crisis Management Co-ordinating Committee assist supra-regional incidents ministry
- volunteers provide fire and rescue services, except in major cities
- disaster relief and alerting plans exist for federal, provincial, district and local authorities
- legislation covers planning and response arrangements; scope of action is assigned to individual relief organisations
- military can provide assistance and will report to civilian authorities
- psycho-social acute support teams have been established.



Belgium

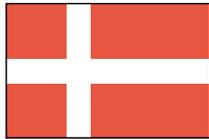


Capital: Brussels
Population: 10.3 million
Language: Dutch, French, German

- 10 provinces and 600 municipalities in 3 regions and 3 communities
- each ministry responsible for civil protection planning in their area of activity
- Ministry of Interior has overall co-ordination and supervises the permanent Co-ordination and Crisis Centre
- police and rescue services organised in cities or municipalities
- legislation obliges all public administrators, municipalities, provinces, hospitals and enterprises to develop individual emergency plans
- Public Health Inspector in the Ministry of Health responsible for the delivery of psycho-social support
- Psycho-social Intervention Plan comprises three phases: immediate activities, transitory activities and return to normal life
- Health Ministry mandates the Social Intervention Service.



Denmark



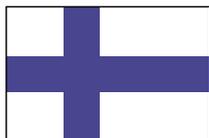
Capital: Copenhagen

Population: 5.4 million

Language: Danish

- 14 counties divided into 275 municipalities
- Ministry of Interior, assisted by the Emergency Management Agency, co-ordinates civil preparedness planning and the implementation of associated measures
- each ministry is responsible for civil protection planning in their area of activity
- a National Regional Preparedness system operates through seven regional centres, supported by preparedness commissions at the municipality level
- conscription allows the National Rescue Preparedness system to establish and train a peacetime reserve
- legislation has established the requirement for a single rescue preparedness authority at both the regional and municipal level
- municipal rescue preparedness level provides initial response, supported by National Rescue Corps in complex situations
- police responsible for planning and co-ordination.

Finland



Capital: Helsinki

Population: 5.2 million

Language: Finnish, Swedish

- 5 provinces each with a provincial government, 90 state administrative districts and 446 municipalities; 42 emergency areas
- Prime Minister's Office co-ordinates planning and other precautionary measures during exceptional conditions
- Chiefs of Readiness are lead officials in each of the 12 ministries, responsible for leading emergency planning and maintaining emergency preparedness
- Ministry of Interior's Rescue Department has supreme control of rescue administration with rescue operations managed at provincial and municipal level
- legislation requires authorities to make contingency plans, acquire special equipment and train personnel; authorities must allocate funds to facilitate this
- fire services work with public authorities, voluntary and other organisations to provide rescue services
- military forces must provide assistance during difficult rescue activities
- Volunteer Rescue Service organises preliminary care emergency groups to give material and psychological support to victims and their families.

France



Capital: Paris
Population: 58.3 million
Language: French

- a republic divided into 22 regions and 100 departments
- Department of Civil Defence and Safety, within Ministry of Interior, manages national emergency service and co-ordinates action of local rescue services
- zone operational centres ensure co-ordination of aid and rescue operations under authority of zone prefects
- prefects will launch emergency response by alerting necessary organisations: military may be put at the disposal of civil authority
- mayors and prefects responsible for ensuring prevention of risks and provision of aid and rescue
- each department equipped with medico-psychological emergency cell available to handle requests of the Medical Emergency Aid Service and Prefect
- permanent medico-psychological emergency units are in place to provide training and liaison with hospitals
- National Committee for Immediate and Post-Immediate Medico-psychological Care, responsible to the Ministry of Health, co-ordinates medical aid networks and other support systems.

Germany



Capital: Berlin
Population: 82.4 million
Language: German

- 16 Länder, with own Parliament and Government and a high degree of autonomy
- responsibility for civil protection distributed between the federal state, Länder, regional and local authorities
- Mayor has a co-ordinating function within each municipality
- Ministry of Interior co-ordinates any response involving the Länder and the Federal State
- federal co-ordination centre is planned for large-scale catastrophes
- fire service is responsible for fire protection, technical assistance and aid services; private bodies are involved in medical and care services
- psycho-social support delivered during immediate, post-event and long-term phases
- Federal State co-ordinates support to German nationals affected by an overseas incident.

Greece



Capital: Athens
Population: 10.9 million
Language: Greek

- 13 regions divided into 51 prefectures and approximately 1,000 municipalities
- General Secretariat for Civil Protection in the Ministry of Interior is lead agency
- General Secretariat co-operates with civil protection directorates in regions, prefectures and municipalities
- each region and prefecture has responsibility to establish emergency plans
- legislation stresses importance of citizen protection and assigns roles to authorities
- an Emergency Operation Centre is staffed 24/7
- a volunteer programme and a database of volunteer response organisations have been developed
- Ministry of Health and Social Welfare co-ordinates psycho-social support.

Iceland



Capital: Reykjavik
Population: 290,000
Language: Icelandic

- 104 municipalities
- Ministry of Justice has lead responsibility, except for health issues which are dealt with by the Ministry of Health and Social Security
- legislation provides directions on organisation of civil protection, role of civil services and specific enterprises, evacuation, stockpiling and general preparedness
- Police Civil Protection Section has daily administration role and responsibility for researching risk factors and co-ordination of measures to reduce risks
- general all-hazard plans exist and event-specific plans e.g. earthquakes and volcanic eruptions
- local police commanders have operational responsibility and are supported by local civil protection committees
- Directorate of Health is in charge of psychological support to victims.

Ireland



Capital: Dublin
Population: 3.6 million
Language: English, Gaelic

- 8 regional, 34 county and city and 80 town authorities
- each ministry responsible for civil protection planning in their area of activity
- Minister of Defence chairs Task Force to co-ordinate response to nuclear, chemical and biological threats
- Office of Emergency Planning in Department of Defence, has lead role in meeting threat from terrorism and oversees peacetime planning to make best use of resources and compatibility of plans
- operational responsibility rests with emergency services and is an integral part of daily service delivery
- each responding agency has own plan
- regions are moving from separate agency plans to single combined plan.

Italy



Capital: Rome
Population: 57.4 million
Language: Italian

- 20 regions, 104 provinces and about 8,000 municipalities
- legislation provides civil protection framework
- President of Council of Ministers, or on their behalf, the Minister of Interior has lead responsibility
- Department of Civil Protection is operational body that co-ordinates, manages and implements activities at national, regional and local level
- Department of Civil Protection is finalising plans for seismic, volcanic, nuclear, industrial, hydro-geological and sanitary threats
- regional and provincial authorities must have arrangements for local and specific threats
- Mayor is responsible for municipal responses and the Prefect for regional responses.

Liechtenstein



Capital: Vaduz
Population: 34,000
Language: German

- 11 municipalities
- government organised on a collegiate basis, comprising five ministries
- government responsible for administration of entire country
- no large organisations to counter threats; no military
- emphasis on co-operation between municipalities and national authorities
- no recorded natural disasters during past 100 years.

Luxembourg



Capital: Luxembourg-Ville
Population: 453,000
Language: Luxembourgish, German, French

- 3 districts, 12 cantons and 118 municipalities
- National Civil Protection Authority in the Ministry of Interior, directs operations, manages funds, creates plans and organises public training
- National Civil Protection Authority develops links with relevant organisations in neighbouring countries
- each ministry responsible for civil protection planning in their area of activity
- legislation created relief units comprising volunteers and professional fire fighters
- some volunteers trained to deliver psychological support to primary and secondary victims and helpers
- intervention plan for major national incident foresees individuals being taken to centres and creation of helplines.

Netherlands



Capital: Amsterdam

Population: 16.1 million

Language: Dutch

- 12 provinces and 636 municipalities, responsibilities shared between national, provincial and municipal authorities
- each ministry responsible for crisis management within own specific area with a National Co-ordination Centre in the Ministry of Interior
- Mayor has responsibility for disaster relief
- municipalities set up disaster centres and co-operate regionally; Ministry of Interior may undertake co-ordinating role
- legislation requires creation of plans for disaster management, contingencies, co-ordination and psycho-social acute care
- fire service forms core of disaster relief; majority of fire officers are volunteers
- psycho-social support is an integral part of disaster management
- operational partnership of medical emergency organisations responding in acute, transitional and long-term phases.

Norway



Capital: Oslo

Population: 4.5 million

Language: Norwegian

- 435 municipalities grouped into 19 counties
- civil protection is based on concept of 'Total Defence', linking wartime and peacetime planning with organisations taking responsibility for their daily public functions
- Directorate for Civil Protection and Emergency Planning within the Ministry of Justice has lead responsibility
- Civil Defence Districts support rescue services working under authority of Ministry of Justice and police
- legislation requires that municipalities carry out risk and vulnerability assessments and have a crisis management plan
- three psycho-social support models: community model; company model; and transportation/communication model
- Information and Support Centre will be established at lead hospital to provide information and emotional first aid and a link to general health system
- 'chain of care' stresses importance of self-help, social network and avoidance of unnecessary professional intervention.

Portugal



Capital: Lisbon
Population: 10.1 million
Language: Portuguese

- 2 autonomous regions divided into 18 districts
- Prime Minister responsible for directing civil protection policy and response, but may delegate the authority to the Ministry of Interior
- regional presidents, district governors and mayors have local responsibility
- operations centres may be activated at local, regional and national levels to co-ordinate and control relief operations and logistical support
- legislation requires governmental and non-governmental organisations to co-operate in civil protection arrangements
- Ministry of Health responsible for integrated emergency medicine system at the scene, transport of casualties and co-ordination between hospitals and other facilities
- National Service for Civil Protection responsible for raising public awareness, information and education.

Spain



Capital: Madrid
Population: 41.1 million
Language: Spanish

- 17 autonomous regions, 50 provinces and approximately 8,000 municipalities
- General Directorate of Civil Protection in the Ministry of Interior has lead responsibility
- regions have autonomy, but must comply with civil protection principles
- legislation created 'Basic Civil Protection Standard', identifying planning requirements and criteria for co-ordination between central, autonomous and local administrations
- there are general, all-regional plans and event-specific plans e.g. floods, earthquakes and volcanic eruptions
- an emergency affecting one or two municipalities is responded to by local authorities; Ministry of Interior intervenes in a wider-area response
- General Directorate of Civil Protection produced guidelines on provision of psycho-social support and is responsible for co-ordinating support.

Sweden



Capital: Stockholm

Population: 8.9 million

Language: Swedish

- 21 counties and 289 municipalities
- Ministry of Defence has lead responsibility, operating through Rescue Services Agency
- municipalities have main response role; central government is responsible for preparedness
- county administrative boards supervise and inspect the work of municipalities and can manage larger incidents
- Rescue Service Agency supervises and inspects county administrative boards
- response managers can commandeer personnel and equipment, including those from military
- legislation requires authorities to provide efficient management in disasters including psycho-social care of individuals
- National Board of Health and Welfare has given recommendations on delivery of psycho-social support.

United Kingdom



Capital: London

Population: 59.2 million

Language: English, Welsh

- comprises England, Wales, Scotland and Northern Ireland; each has own government and local authority structure
- each ministry is responsible for civil protection planning in their area of activity
- Cabinet Office Civil Contingencies Secretariat has a planning and co-ordination role
- local resilience groups co-ordinate civil protection planning; police co-ordinate response
- new legislation will provide single civil protection framework based on local response, integrated emergency management and common objectives
- action to develop greater resilience to disruptive civil incidents, e.g. biological, radiological and chemical threats
- psycho-social support is co-ordinated by local authorities working with police and health professionals.

