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Deliverable D3.2

Aide Memoire for future exercises or demonstrations involving vulnerable groups

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Consortium – List of partners

Partner no.	Short name	Name	Country
1	UIC	UNION INTERNATIONALE DES CHEMINS DE FER (COORDINATOR)	France
2	CBRNE	CBRNE LTD	UK
3	PPI	POPULATION PROTECTION INSTITUTE (MINISTRY OF THE INTERIOR OF THE CZECH REPUBLIC)	Czech Republic
4	DB	DEUTSCHE BAHN AG	Germany
6	UMU	UMEA UNIVERSITET	Sweden
7	DHPOL	DEUTSCHE HOCHSCHULE DER POLIZEI	Germany
8	RINISOFT	RINISOFT LTD	Bulgaria
9	WMP	WEST MIDLANDS POLICE AND CRIME COMMISSIONER	UK
10	ETICAS	ETICAS RESEARCH AND CONSULTING SL	Spain
11	SESU	STATE EMERGENCY SERVICE OF UKRAINE	Ukraine
12	UKHSA	UK HEALTH SECURITY AGENCY (DEPARTMENT OF HEALTH – PUBLIC HEALTH ENGLAND)	UK
13	SPL	STATE POLICE OF LATVIA	Latvia
14	AGS	AN GARDA SÍOCHÁNA – NATIONAL POLICE FORCE IRELAND	Ireland
15	FFI	FORSVARETS FORSKNINGSINSTITUTT	Norway
16	NPH	KOMENDA GŁÓWNA POLICJI	Poland



List of Acronyms and Keywords

Acronym or Keyword	Definition
Attendee	Someone, other than a volunteer, that attends and exercise
CBRNe	Chemical Biological Radiological Nuclear and explosive
CMIST	For this document: Communication (and understanding), Medical and Health Needs, Independence and Inclusion, Safety Support and Self Determination, Transport Movement and Mobility
CSAB	Civil Society Advisory Board
CSO	Civil Society Organisation
GDPR	General Data Protection Regulation
LEA	Local Enforcement Agency
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
ттх	Table-Top Exercise
Volunteer	Someone recruited to attend an exercise and play the role of the victim in the scenario
WP	Work Package



Executive summary

D3.2 presents an Aide Memoire which captures much of the learning and experience gained by the exercise planners who carried out WP6 – Joint exercises, evaluation and validation of the tools of project PROACTIVE. It also includes (as an addendum) recommendations from WP3 - Engagement of the civil society including vulnerable citizens. The intention of the Aide Memoire is to serve as a complementary tool and guide for any one person or organisation as they plan and execute an emergency exercise with the involvement of diverse, civil participants. It should be used alongside existing planning processes. The intended readership is exercise planners from outside of the emergency services, although it may be useful for them as well. Two levels of user are envisioned, those who are new to planning and the considerations of vulnerable people and those who are more experienced and perhaps need less detailed guidance. All readers, however, may benefit from reading all of the guidance, at least once. The intended use is shown in Figure 1.

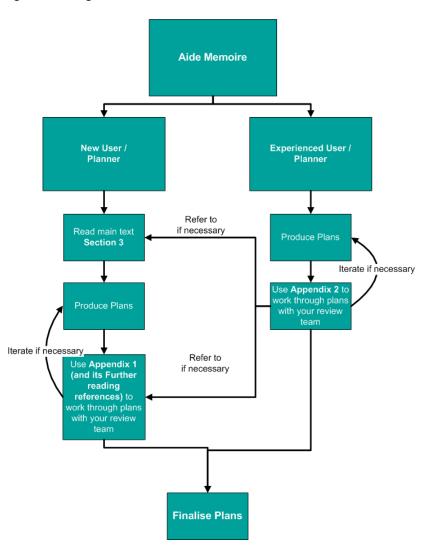


Figure 1: Use of this Aide Memoire



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1. INTRODUCTION

Project PROACTIVE aims to enhance societal CBRNe preparedness by increasing Practitioner effectiveness in managing large, diverse groups of people in a CBRNe environment. It has done this by testing and evaluating common approaches between European Practitioners such as Law Enforcement Agencies (LEAs) and first responders against the requirements of civil society, including vulnerable groups of citizens. In particular it includes three CBRNe related emergency exercises¹ to assist with achieving this aim. Details of two of these exercises are presented in References 1 and 2.

It was a particular focus of PROACTIVE to include a diverse range of citizens in its exercises, including those who may requires specific arrangements beyond current or routine training and who may have additional needs². Whilst this was effectively done in the first two exercises and is an ongoing process for the third exercise³, it became apparent that the exercises needed to address a broader range of citizens' needs.

This document picks up on the experience and lessons learned by PROACTIVE during its emergency exercises to present a high level Aide Memoire that can be used by exercise planners (alongside their existing planning tools) to ensure that the needs of European citizens and especially those that may be vulnerable, are:

- **Considered** in the first place i.e., exercise planners are fully aware that these needs exist and are important.
- **Included** in exercise planning i.e. that planning is done in such a way that they are involved in the planning.
- **Addressed** by the scope of the exercise i.e. that it includes elements that are intended to address the needs of European citizens in general and vulnerable groups in particular.
- Not compromised by the exercise itself i.e. that the exercise itself does not place them at undue risk by attending it.

By applying the Aide Memoire, planners will find a tool that:

• **Provides** new impulses for the planning;

¹ Also referred to in PROACTIVE as "field exercises," "training exercises," "disaster exercises," "live exercise," etc.

² E.g. citizens with needs that differ to the average population such as persons with disabilities, the ill (e.g. with chronic or acute health conditions), elderly, the bariatric, members of an ethnic minority, children, pregnant women, the bariatric, persons with disabilities, chronic medical disorders or addiction, older persons with functional limitations and health restrictions, institutionalized individuals as well as their carers and companions. Vulnerable citizens also include persons with limited proficiency of the respective national languages or with restrictions regarding use of transportation. See Also Section 3 of this dpocument. ³ This will be reported in Deliverable D6.5 of project PROACTIVE in due course.



- **Encourages** them through the process of including real members of the public and vulnerable citizens in emergency exercises;
- **Provides** them with specific and actionable guidance and tips on how to implement this process.

Two levels of users are envisaged for the Aide Memoire, experienced planners with existing knowledge of vulnerability issues and less experienced planners who are perhaps newer to the issues. The proposed method of use of the Aide Memoire, for these two groups, is set out in Section 2.1.

It is suggested that by using the Aide Memoire during exercise planning, organisers will be better placed to include persons with additional needs in their emergency exercise. Although recruitment of volunteers for the exercise is covered within the Aide Memoire, its success – in so far ensuring that it does not accidentally exclude any groups of citizens – is so critical for exercise planning that it is discussed further in Section 3, which also discusses vulnerability.

The Aide Memoire is intended as a guidance document for planners alongside established planning processes, but it is not intended to be definitive. It is best used in an inclusive way (i.e. in a process that includes contributions from vulnerable groups). This was done by project PROACTIVE for its exercises and an update of the way this is being done is presented in Appendix 3. Of course, successful completion of an activity, like an emergency exercise, is best achieved when it is also supported by strategies in the public domain that encourage and prepare citizens and organisations for their inclusion. Therefore, in addition to the guidance for planners, there are also recommendations for Civil Society Organisations (CSOs).

Although the PROACTIVE project is focused on CBRNe incidents, the authors believe that the lessons learned there and included in this document are applicable to all emergency exercises.



2. STRUCTURE AND USE OF THE AIDE MEMOIRE

There are existing frameworks that have been developed for identifying the needs of vulnerable citizens but perhaps the most widely used is the CMIST Framework (Reference 3) which is an approach used by emergency managers and public health practitioners to provide a flexible, crosscutting approach that ensures that a broad set of common access and functional needs are considered. CMIST is an acronym that stands for **C**ommunication, **M**aintaining Health, **F**unctional Independence, **S**upport and **T**ransport.

Because the focus of this Aide Memoire is on exercise planning aspects only, it is structured using adapted and extended headings from the original CMIST framework.

For this Aide Memoire the definitions of CMIST are

- *C Communication (and understanding)*
- M Medical and Health Needs
- I Independence and Inclusion
- S Safety, Support, Safeguarding and Self Determination
- T Transport, Movement and Mobility

Another issue addressed by PROACTIVE during its exercise planning was 'Ethics'. This does not appear separately in the CMIST framework, although it could be argued that it is a cross-cutting issue and much of its requirements are inherently covered by addressing CMIST anyway. Nevertheless, additional guidance on Ethical considerations is included at the end of the Aide Memoire.

The Aide Memoire is presented in Appendix 1 and Appendix 2. These are aimed at new users/planners and experienced planners respectively (See Figure 2: Use of the Aide Memoire). Appendix 1 has seven parts, one for each of the five elements of CMIST, a further part for Ethics and a part which contains useful reference documents that users may desire to refer to for further edification and examples. Each CMIST part is further divided into two sub-parts. The first sub-part is a set of questions to be used during the event planning, as a way of checking that the exercise is all-inclusive and that it does not exclude or discriminate against anyone. The second part is a very brief summary that can be used as a personal prompt by the exercise controllers on the day of the exercise. Appendix 2 is a high level checklist summary of Appendix 1. It could, for example, be laminated into a quick flip-set.

The questions include references to specific entries in the 'useful reference documents' that will aid users to answer questions, when additional guidance is required.



2.1. Use of the Aide Memoire

The Aide Memoire is intended to be used alongside existing planning tools as a way of assessing arrangements and providing an overview of how the needs of vulnerable citizens have been addressed. It should be used early on in the planning process (and sometimes repeatedly) as a way of providing ideas for consideration and discussion and then towards the end of the planning as a final check (Figure 2). The Aide Memoire should be used in an inclusive way – i.e. include a broad range of experiences, backgrounds, abilities and points of view.

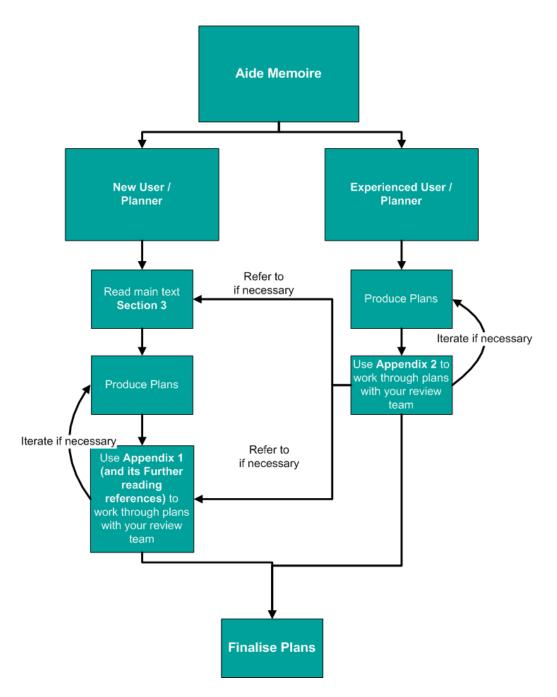


Figure 2: Use of the Aide Memoire



It should be stressed that although each of the CMIST issues is presented separately they are all interlinked and changes in your arrangements in one area are likely to have impacts in one or more of the others (Figure 3).



Figure 3: CMIST Interdependencies⁴

⁴ Adapted from https://disasterstrategies.org/blog-post/defining-functional-needs-updating-cmist-by-juneisaacson-kailes-disability-policy-consultant/



3. VULNERABILITY, RECRUITMENT AND INCLUSION

"Disasters are always inclusive. Response and recovery are not, unless we plan for it" (Reference 4)

The important thing to remember is that individuals with access and functional needs, including those with or without disabilities, can often be accommodated through thoughtful planning

Because it is morally and ethically necessary to be non-discriminatory in the recruitment of volunteers for an exercise (i.e. to not preclude any race, gender, disability, need or religion, for example), exercise planners should seek to be as inclusive as possible – not just because of the anticipated learning from including known additional needs, but also for the unexpected learning that could arise from the inclusion of other needs that were unknown during the planning process. For this reason, the recruitment of volunteers should seek to cover as broad a range of the public as possible – i.e. not to just include known and identifiable vulnerabilities but also some that may be hidden or not completely understood. Some examples are given in Section 3.1. The issue of recruitment is covered explicitly in Table 1a.

"Don't we all have to take for granted that a crowd will include persons with disabilities and altered functions in different form?"

"Mentioning one distinct group in the scenario might lead others to feel excluded especially groups who have hidden disabilities." ⁵

Not all conditions and needs, however, can be treated the same when it comes to inclusion. The physical and mental safety of participants in any exercise – including support / assistance animals - is always paramount. Diagnoses such as dementia, PTSD, autism, and other cognitive conditions are likely to have an impact on how individuals behave in a disaster event and these are important to consider when preparing and training first responders. However, including individuals with these diagnoses in emergency exercises may be ethically and perhaps legally difficult and it may be unsafe, but this will depend on individual's circumstances and the extent to which the exercise may affect them. It is absolutely necessary that, in all cases, participants understand the difference between a real-life emergency and the staged exercise and that they are capable of giving informed consent and that they do so before they participate. The decision to include or exclude certain groups or individuals is an issue that should be addressed by the Ethical reviews.

⁵ Feedback taken from PROACTIVE Deliverable D3.3 (Reference 5)



Emotional, experiential and religious needs - such as modesty and nudity - may also be worth addressing when planning an exercise, particularly if the scenario is one that calls for disrobing. Should this be of relevance, it is important to remember that perceptions around modesty differ and there is no finite line which can be drawn in terms of what is decent or appropriate in terms of disrobing. As an example, when conducting an exercise including wet decontamination, or another procedure which calls for disrobing, it is common practice to instruct participants to wear swimsuits underneath their regular clothes. That way, when they are instructed to remove their clothes due to simulated exposure to dangerous substances, they will be in their swimwear and a form of modesty will be respected. It is unthinkable, for reasons concerning ethics, modesty, and health, to name a few, to ask participants to strip down entirely during an exercise. But while drawing the line at swimwear may seem reasonable to some, it should not be seen as a standard of what is modest attire. To stage another example, a female role player could be instructed to resist the removal of her headscarf, long skirt and long-sleeved shirt (attire reflecting certain modesty norms or perhaps required to address temporary body changes such as in post pregnancy or reluctance to expose specific parts of the body such as may arise from body dysphoria or body dysmorphic disorder). Should she relent, she'd be left wearing a swimsuit, reflecting other modesty norms. Similar consideration may arise for volunteers who consider themselves to be non-binary, or gender neutral. This is an issue where conversation rather than confrontation is recommended. If there are concerns that certain groups or individuals could become vulnerable due to the nature of the scenario, invite them to the conversation and planning.

The inclusion of individuals with known vulnerabilities and groups representing such individuals in the planning process is deemed to be essential to ensuring that a truly inclusive and valid planning process takes place.

It may not be possible to include everyone in an exercise. Infants, and very young children, or persons in electrical wheelchairs for example, are difficult (but certainly not impossible) to accommodate in a safe and ethical way⁶. But to demonstrate the awareness of the exercise planners, and to signal to the first responders that in a real event they could very well come across these individuals, there are options. The presence of a pram or pushchair even if it only has a baby doll inside, signals inclusion⁷. People with severe mobility restrictions can be invited to partake to the best of their ability. Even if they don't undergo decontamination, triage, or other phases of the exercise, their presence and the fact that they cannot be included fully in the exercise can speak volumes. In addition their experiences will help toward improving their resilience in such circumstances and the ability of first responders to assist them.

To give responders a chance to practice encounters with individuals with additional functional needs, who may not wish to engage in your exercise, professional actors may be the best option. However, it is important that such actors are well informed of the condition they are to simulate. Ideally, they should undergo extensive consultation with, if possible, individuals living the real experience of that

⁶ because of the potential to cause physical injury (to those with restricted mobility), emotional disturbance (to e.g. children) or damage to specialised equipment (e.g. to wheelchairs or cochlear implants).

⁷ This was successfully done in the second exercise in project PROACTIVE – see Reference 2.



condition and if not, experts in the field e.g. doctors, caregivers, representatives from support organisations. This is also an ideal opportunity to include individuals with vulnerabilities who chose not to participate in the exercise itself, but who wish to be included in the planning process.

To further ensure the authenticity of the exercises, actors/role players should not be first responders or individuals with prior experience of exercises such as the one being planned.

Notwithstanding these comments, use of actors is of secondary value to the use of genuinely vulnerable individuals and the challenges and risks associated with using genuine individuals need to be carefully weighed against this.

3.1. A broader view of vulnerability

Vulnerability is not necessarily a fixed, static or definitive term; one needs to consider what an individual is "vulnerable" to and under what circumstances – see the examples of Fred, Clarissa and Bob below.

Fred may be vulnerable to the effects of cold because he is elderly; Fred's vulnerability barely affects his everyday life as he lives in a country with warm summers and spends the winter months in another country where the weather is similarly warm. In a decontamination exercise or severe weather Fred may become cold and need additional assistance.

Clarissa who has some learning difficulties and may be vulnerable to being financially abused. Like Fred she is likewise not normally vulnerable because she has a full-time carer. In a real-life emergency situation Clarissa's carer could be injured or separated from her. Similarly she could become separated during an exercise.

On the other hand, **Bob** is a healthy, heterosexual man who does not consider himself to be vulnerable to anything much but he has recently lost some family members to traumatic illness and might find an emergency incident (real or simulated) to be very difficult emotionally.

Thus, while identifying groups of individuals as being potentially vulnerable (in your exercise) by using checklists of illnesses, known vulnerable groups or impairments might be a useful starting point in the planning process, it is necessary early in the planning process to take a broad view of existing, hidden and potentially arising vulnerabilities to plan an inclusive and effective exercise. It may also be appropriate to have planners and assessors specifically to address these needs.

It is proposed that using the Aide Memoire will help users achieve a suitable balance of people with known additional functional needs, unidentified vulnerabilities and simulated functional needs (via informed actors).



4. CONCLUSION

Utilising experience gained through arranging exercises for project PROACTIVE, a high level Aide Memoire has been produced to assist planners of similar future exercises, so that they can assure themselves that the needs of vulnerable groups have been addressed. The CMIST framework has been shown to present a useful framework for arranging the Aide Memoire.

Inviting the public at large to training exercises makes:

- everyone, both the public and practitioners, better prepared for events;
- emergency response more citizen focused;
- exercises less about testing specialised skills of first responders, but more about improving the support to the community;
- positive contributions to first responder and community **resilience**.

5. REFERENCES

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6. APPENDIX 1: THE AIDE MEMOIRE

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C – COMMUNICATION

Key planning question: do you understand what methods of communication will be needed, does your team know how to use them?

Prompts	Question to be answered	Issues to review / actions to take
Understand	Are your responders and exercise managers trained in using diverse communication techniques?	 Provide communication training for exercise attendees Check responder skills on diverse communication techniques
	How will you ensure that volunteers have understood what you have told them?	☐ Brief responders to obtain confirmation from volunteers that they understood instructions
		\Box Ask volunteers to reformulate instructions
Identify	Have you identified those who might be more difficult for you to communicate with in your community?	□ Have you used methods that will include people with limited proficiency in the local language(s) and/or limited communication abilities?
		Persons speaking non-European languages
	Have you considered that some members	
	of your community might have some vulnerabilities but might not consider themselves to be vulnerable, e.g. the sorts	 Hearing impairment – maybe just some frequency ranges
	of progressive changes that often come with age.	□ Impaired sight – cataracts, etc
	with age.	□ Neurological conditions affecting language processing (e.g. stroke, dyslexia)
		□ Movement – arthritis, rheumatism
Include	Have you used multiple channels and methods for recruiting?	Consider
		Persons speaking non-native European languages
		\Box Use of translators and translating tools
		□ Use of sign interpreters

Table 1a. Planning questions and checklist for COMMUNICATION before the exercise





Prompts	Question to be answered	Issues to review / actions to take
		Consider using
Include (Cont'd)		Written material
(cont d)		Verbal messages
		□ Multiple Media
		Pictograms
		\Box One to one discussions
		Community groups
		\Box Videos with captions / signers
	Have you allowed sufficient time to recruit a broad range of volunteers?	It might be harder to get volunteers from vulnerable groups. Allow sufficient time for:
		\Box the initial recruitment period
		$\hfill\square$ reminders / extension of the recruitment period
		\Box a broad range of capabilities (both within your staff and among the volunteers)
		\Box assistance with form filling
		□ obtaining GDPR permissions
	Have you considered multiple (social) media channels for recruitment?	Have you used
		□ Local newspapers
		□ Local radio
		□ TV stations
		☐ Social media platforms (e.g. Twitter, Facebook, TikTok)
Cooperate	Have you contacted a broad range of the European community?	Consider contacting:
		□ Local community networks
		□ Community partners
		□ Religious groups
	Have you established co-operations with Civil Society Organisations?	Local / regional CSOs
		□ National CSOs





Prompts	Question to be answered	Issues to review / actions to take
Communicate clearly and	Do you have clear instructions for volunteers for during the exercise?	Are signs and communication materials appropriate for the:
clarify	Do you have simple written guidance	□ Age of participants
	and/or signs available during the exercise? Have you tested them?	Cultures represented
		□ Group size
		□ Short / Tall / Seated people
		☐ Have you tested them on a representative groups?
	How will you make sure that volunteers understand what is going on and what is expected of them?	Allowed time on the exercise day to confirm that your volunteers understand what is expected of them?
		□ Process of recording their acceptance.
	Can first responders communicate	Consider:
	effectively with vulnerable volunteers while wearing PPE?	Communication impediments due to PPE
		Responder ability to use multiple communication methods whilst in their PPE.
		☐ What communication aids might be used by the volunteers themselves
		□ Communication in a noisy environment
		□ Communication with people who have restricted eyesight or hearing
		☐ Involvement of accompanying carers in the communication process as well as being included as a volunteers.
		Positioning of signs (e.g. can they be seen by a wheelchair user?)
	Will you be able to effectively deliver guidance, briefings and instructions during the exercise? Will they be received and understood?	Consider:
		□ Spoken language
		□ Written messages
		□ Signs or gestures / translators
		Use a variety of ways:
		□ Face
		□ Sign
		□ Images
		□ Text





Prompts	Question to be answered	Issues to review / actions to take
Communicate clearly and	communication aids throughout the	Consider
clarify (cont'd)		□ Having volunteer's communication aids nearby so that they can use them in a real emergency
Reward	Is the reward to the volunteers clear – will they individually or their organisations	Consider:
	benefit from it?	□ Monetary compensation
		□ Follow-up joint media campaigns
		□ Other type of incentives
		\Box Compensation for any financial loss
CSO Issues	CSOs should consider e-mails, online newsletters and their own websites and social media channels for contacting members of civil society and for providing them with CBRNe-related material. CSOs should provide facility that FRs can use to contact citizens for participation in exercises. CSOs and FR should sign Memorandums of Understanding or Cooperation Agreements with respect to the involvement of vulnerable people in CBRNe prevention actions, joint education programmes, training exercises, etc.	





Exercise Day

Remember STROKE –. Successful communication needs all steps / elements of the communication loop to work, a break or failure anywhere can cause a breakdown in communication.

Table 1b. Prompts for COMMUNICATION issues on exercise day.

Action	Tips
Speak clearly and simply	Use simple, clear messages, provide examples
	Be precise about what is expected, where, when, how and why
	Be respectful
Take your time	Be PATIENT, allow TIME, provide FEEDBACK
Remember that they are People	 Go at the pace of the person you're communicating with, check that you have both understood, be creative, repeat where necessary
Observe their body language	 Hearing and seeing isn't the same as understanding
Know them and their preferences	 Follow the lead of the person you're communicating with; different people may respond better to different forms of communication (e.g., written, visual, use of examples, role play etc)
Encourage	 People may have difficulty responding even if they want to respond
	 People may have difficulty complying with your directions, even if they desire to do so⁸

⁸ It is important to make sure that individuals have the capability and opportunity to be able to act – consider what barriers (psychological or physical) that there might be to engaging in the behaviour and work to remove these. See Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science*, *6*(1), 1-12.



с **М** I S T (Е)

M – MEDICAL / HEALTH NEEDS

Key planning question: do you understand the health needs of your volunteers, have you provided for them, have you discussed them?

Table 2. Planning questions and checklist for MEDICA	L / HEALTH NEEDS before the exercise
--	--------------------------------------

Action	Question to be answered	Issues to be considered
Assess, Confirm and	Are the volunteers fit for the exercise? Have you told them what to expect so that	Consider:
consent	they can decide themselves?	Dust
		□ Smoke
		Fog
		\Box Use of simulants
		Air temperature
		□ Time /date / duration
		□ Required movement / waiting
		\Box Weather (sun, wind, rain, snow)
	Are volunteers able to give informed	Consider:
	consent?	\Box Individual's capacity to give consent
		Ensuring that there are sufficient briefing details and time for their consideration
		□ Providing information sheets
	Have they given informed consent?	Providing consent forms
		☐ Checking that consent forms for all volunteers have been collected
Provide,	Are you supporting all individuals who	Consider:
enable and facilitate	want to participate to be able to participate?	□ Water
	Have you provided for every-day needs	Food / cutlery
	and enhanced every-day needs? Is the support suitable for your volunteers? (e.g., those with visual impairment, mobility difficulties, those who use	Rest
		□ Sanitation
	support aids or those who have difficulty gripping).	Power for support equipment
		Recharging of batteries



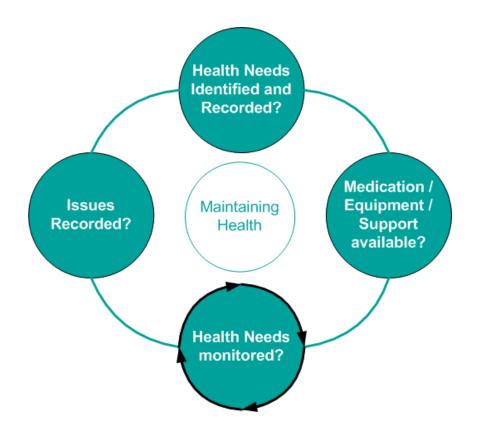
с **М** I S T (Е)

Action	Question to be answered	Issues to be considered
Feed	Have you provided for dietary needs?	Consider:
		□ Allergies
	Have you created a list/labels according to EC No. 1333 / 2008 on food additives?	□ Vegetarianism
		□ Veganism
		□ Low salt/sugar
		Easy to chew / swallow
Safeguard,		Essential:
support and protect	Are you providing appropriate safeguarding to protect the health and safety of all volunteers who participate in	☐ Have a code word / mechanism / sign for real life emergencies
	your exercise.	Consider:
	Do you have a system and stakeholder in place that records and documents real-	Appointing an individual for identifying, monitoring and recording health issues
	life incidents?	Notifying volunteers who this person is and their contact details.
	Do you have a process for identifying potential medical needs arising during the	Having a medical ambulance on site for real emergencies
	exercise?	\Box How quickly you can provide first aid
	Do you know if any of your volunteers require ongoing medical support during	Asking all volunteers to bring extra supplies of medicine with them
	the exercise? What if the exercise is delayed, or goes on for longer than anticipated?	Informing volunteers of a way out of the exercise if ever they need a medical requirement attended to.
Provide	Have you identified health needs that are	Consider:
medical support	age / gender / culture / ability specific?	
	Will volunteers be able to obtain and self- administer any prescription drugs that they need during the exercise?	□ Pain killers
		□ Anti-depressants
		Anti-epilepsy drugs
	Have you a professional medical expert in	Asthma inhaler
	place trained for the case your volunteers are not able to self-administer the	EPI-PEN
	process?	Consider:
		Including safety information in the Information Sheet
		□ Provision of psychological support
CSO Issues	CSOs should encourage their local and nat	
		ing CBRNe incidents and to consider In this context, CSOs should contribute to the and other experts (including specialized first



с **М** I S T (Е)

Table 2a: Prompt for MEDICAL / HEALH issues on Exercise Day





I – INDEPENDENCE AND INCLUSION NEEDS

Key planning question: Do you know what your volunteers need to ensure their own independence from you and others during the exercise? Can you ensure the continued functional independence of your volunteers who manage everyday life (even if it is with assistive devices) during the exercise? Have you ensured that you haven't accidentally excluded some groups?

Table 3.	Planning	questions	and	checklist	for	INDEPENDENCE	AND	INCLUSION	before	the
exercise										

Action	Question to be answered	Issues to be considered
Identify	Have you identified all relevant groups within your community that should be	Consider
		□ Consulting with local CSOs to identify vulnerable groups and individuals.
	may be affected by a real incident.	Including members of your community who might not consider themselves to be
	Have you taken additional care to consider groups within your community who may be particularly vulnerable? It is	vulnerable (e.g. those with progressive changes and vulnerabilities that often come with age):
	important to include representatives from vulnerable groups in your exercise to	 Hearing impairment (maybe just some frequency ranges)
	maximise learning	- Impaired sight (e.g. cataracts)
		- Movement limitations (e.g. arthritis and rheumatism)
		☐ Including CSOs representatives in your planning processes.
	Have you considered a broad range of	Have you considered sensory issues beyond the normal five, e.g.
	sensory issues? 9	Proprioception = the ability to tell where your body parts are
		\Box Nociception = the ability to feel pain,
		\Box Equilibrioception = the ability to balance
Consult	Have you consulted with your target	Consider:
	group of volunteers about the exercise plans, locations etc.? Have you gained acceptance from your volunteers about	☐ Reaching out to local CSOs and inviting them to the planning process
	the exercise scope and logistics in order to maximise its inclusiveness?	☐ Asking for feedback from volunteers on the exercise scope (e.g., their opinions about the Information Sheet)

⁹ see www.hellahealth.com/blog/wellness/humans-five-senses/



CMST(E)

Action	Question to be answered	Issues to be considered
Support	Have you addressed cultural and	Consider:
	religious issues like modesty or the need for prayer rooms?	Asking volunteers if they will be happy to wear bathing costumes if there will be decontamination during the exercise
		\square Providing prayer rooms and quiet areas
		Providing segregated and secure (lockable) changing areas
	Have you considered the needs of volunteers AND their carers, supporters, and guardians as well?	Asking carers to inform you about what they would need to efficiently provide care (e.g. specialist changing facilities or toilets)
	Do the volunteers require support from external devices, items or animals during the exercise? Will these items be available to the volunteers throughout the exercise?	 Identify equipment needed by volunteers to maintain their own independence, e.g Wheelchairs Walking sticks Crutches Walking frames Medical equipment Provide for storage, repair, recharging and welfare of these items Consider additional support requirements if the exercise removes access to these items. Reconnect volunteers with these items as soon as is practicable. Identify support arrangements for service / assistance animals¹⁰ Warmth Food, feeding bowls
		 Rest areas Transport Litter tray / pan
		- Spare leads
		- Veterinary contact details

¹⁰ A "service animal" is an animal that is specifically trained to performs tasks for its owner, e.g. a dog that assists someone with a visual difficulties across a street. An "assistance animal" is an animal that works, provides assistance or emotional support that alleviates one of more of a person's. An "assistance animal" does not require any specific training, it might just otherwise be a pet.



CMST(E)

Action	Question to be answered	Issues to be considered
Include	Have you taken appropriate steps to ensure that you are including all individuals that want to be included in your exercise? This includes making all reasonable adjustments for individuals from vulnerable groups	Consider: Using a venue which is wheelchair accessible Picking the exercise date in consideration of calendars to avoid religious holidays, school days, etc.
	Have you inadvertently discriminated against some groups by your choice of venue (is it suitably accessible) / date (does it clash with religious holidays or school terms)?	
	If access to your site requires security vetting or some form of pre-assessment does this preclude access by some groups – for example, immigrants or asylum seekers whose status is still being considered by an Authority.	Choosing a site that is accessible to all, regardless of nationality, race, religion, colour, immigration status etc.
	Is your reception area suitable for all volunteers?	In reception areas consider: Low desks, clear signage, easy access, ramps etc Good lighting An area suitable for hearing and eyesight impairment Space for wheelchairs / motorised assistance vehicles
	Does the equipment that you propose to use put anyone at an even greater disadvantage than normal (because of existing vulnerabilities or physiognomic differences for example). Is all equipment or processes that you want volunteers to use, usable by them? If not, how will this be addressed?	 Ensue that equipment to be used by volunteers is suitable for their height (large and small) weight strength reach number of limbs



CMST(E)

Action	Question to be answered	Issues to be considered
Include (Cont'd)	Are your processes, procedures and equipment suitable for people whose physiognomy may extend beyond those of the bulk of the population?	Consider: Size and space for use Low physical effort Tolerance for error
Insure	Can you provide a safe area to store unused personal property? Have you defined the responsibility for the handling of personal property during the exercise (self-responsibility, external storage, etc.)? Have you addressed insurance aspects when involving personal property? Does your exercise insurance cover the inclusion of vulnerable people and their specialised equipment?	Consider: Providing a safe / lockable place to store personal property not needed by volunteers during the exercise – including assistance aids and equipment. Getting insurance which covers assistive technologies (e.g., hearing aids)
For CSOs	increase the consideration paid by FRs to v training, and communication activities. To a inclusiveness and welfare in first responder	chieve this, CSOs could lobby for s' SOPs. CSOs should also advocate for tional programs aimed at vulnerable groups to vels. CSOs should seek to support training norities to develop policies and training





Table 3a: Prompts for INDEPENDENCE AND INCLUSION issues on Exercise Day

One size, does not fit all

Tell people what you need to achieve

Let them tell you how to help them

Follow <u>their guidance</u> – they know what works for them <u>better than you</u> do

Work with them and ask them to help you





S – SAFETY, SUPPORT, SECURITY AND SELF DETERMINATION NEEDS

Key planning question: Have you considered emotional safety and risks to your volunteers? Do you know what support the volunteers need during everyday life?

Table 4. Planning questions and checklist for SAFETY, SUPPORT AND SELF DETERMINATIONNEEDS before the exercise

Action	Question to be answered	Issues to be considered
		Consider:
Assess	Have your risk assessments (safety and ethics) addressed the needs of your specific volunteers?	\Box Consulting with representative groups on the sorts of issues needed to be addressed
		\Box Is the equipment you are using safe for all of the volunteers (skin allergies, etc.)?
		☐ Identifying and communicating rules of safety including exit routes and safe words for real-life incidents
		Has your assessment
		☐ Specifically addressed the needs and vulnerabilities of your specific group of volunteers
		☐ Addressed security of individual's property
		□ Addressed safeguarding issues
		Specifically addressed your actual exercise and the environment in which it is being held
		☐ Been reviewed by volunteer representatives / CSOs / Ethical specialists
		Consider:
Mitigate	Will your exercise separate vulnerable people from their carers? If so, why? Can this be avoided and can you provide the required level of support needed if not?	Keeping carers and vulnerable people together at all times
		☐ If it cannot be avoided, ensure that volunteers consent to this before-hand.
		\Box Providing staff from the exercise to act as temporary carers





	 Provide psychological support Ensure rest areas are well defined and known to volunteers
Do you have psychosocial / medical / emotional support available in the event that volunteers become anxious or psychologically stressed by the exercise? Do you have rest and recovery areas suitable for all age groups?	
	Consider:
understand issues regarding safeguarding ¹¹ of children and vulnerable	 Safeguarding training for your team Having appropriate CSOs present to advise and guide
safeguarding staff present?	\Box Preparing a safeguarding policy for all to sign^{12}
	\Box Having a dedicated safeguarding officer
Have you appointed someone to specifically monitor safety issues throughout the whole exercise? Are they free from other duties so that they can	Consider: Appointing someone with authority and freedom to effectively monitor and oversee safety of the volunteers
effectively fulfil this role?	□ Ensuring that key individuals in your team are clearly identifiable by all (tabards, name badges etc)
Deer were briefing for all f	Consider:
Does your briefing for volunteers addresses what to expect, relevant risks on site and rules of behaviour?	☐ A code of conduct and safety briefing for all
	emotional support available in the event that volunteers become anxious or psychologically stressed by the exercise? Do you have rest and recovery areas suitable for all age groups? Do all involved with your exercise understand issues regarding safeguarding ¹¹ of children and vulnerable adults? Will you have dedicated safeguarding staff present? Have you appointed someone to specifically monitor safety issues throughout the whole exercise? Are they free from other duties so that they can effectively fulfil this role? Does your briefing for volunteers addresses what to expect, relevant risks

¹¹ "Safeguarding" refers to measures designed to protect the health, wellbeing and human rights of individuals. These measures allow children, young people and adults at risk to live free from abuse, harm and neglect – see https://www.anncrafttrust.org/

¹² See https://www.seeability.org/sites/default/files/2022-07/Safeguarding%20Policy_0.pdf





Action	Question to be answered	Issues to be considered	
Brief and de- brief (Cont'd)	Are your volunteers providing informed consent? If they are not able to provide informed consent themselves, then is there an individual with them who can do so on their behalf (e.g., a carer)? Are your post exercise de-brief methods suitable and accessible for all – will you successfully gather the views and feedback from ALL volunteers.	 Ensuring that de-briefing rooms are free from distractions and are suitable for all of your volunteers. Checking that volunteers have provided informed consent themselves or via their carer Ensuring that de-briefing collects feedback, observations and tips for future exercises involving vulnerable people Providing psychological support and assessment 	
CSO Issues	CSOs should, to the extent possible and practical, work with FR organisations to communicate basic instructions on safe handling of commonly used aids. CSOs should also seek to collaborate with FRs and authorities to gain greater access to training programs and increase inclusiveness in to improve stakeholders' knowledge and awareness of vulnerability related safety issues.		





 Table 4a: Prompts for SAFETY, SUPPORT, SECURITY AND SELF DETERMINATION issues on Exercise Day

> **Safety** - ensure volunteer's continued <u>safety</u> <u>throughout</u> the exercise

Safeguard – ensure that vulnerable volunteers ae safeguarded throughout the exercise

Autonomy - <u>encourage volunteers</u> to do what is required of them rather than trying to compel them.

Competence - give <u>guidance and direction</u> so that volunteers can understand and feel in charge of and safe in their own actions and responses.

Humanity- show <u>compassion and understanding</u> and connect with volunteers as humans.





T – TRANSPORTATION / MOVEMENT / ACCESSIBILITY

Key planning question: Do you know what your volunteers need to get to your exercise? Have you discussed these issues? (With whom). Can you ensure that all the volunteers that you want to attend, are able to get to you?

Table 5. Planning questions and checklist for TRANSPORTATION / MOVEMENT / ACCESSIBILITYbefore the exercise.

Action	Question to be answered	Issues to be considered
Facilitate access:	Have you provided clear instructions and directions to / from your site? Is the location of your site obvious? Is the venue easily accessible by public transport? In case of extra transport, have you communicated pick-up points with the	Consider: Signs Maps Navigation Instructions Providing transportation (accessible buses, taxis, cars with drivers) Providing transportation if your venue is difficult to access or is distant from public
	transportation company, the responsible staff and the volunteers? Has that communication been received and understood? Are volunteers free to use their own	 transport. Appointing a team member to accompany a bus/train/car to keep the itinerary on track and report to the organiser on progress to the event. Identifying pick-up points, transport companies etc and notify the volunteers. Creating a traffic management plan
	transport? Is there suitable parking nearby?	Providing suitable parking (accessible, spacious, reserved)
Plan	Does your planned schedule for the exercise permit people sufficient preparation time and time to get to the site? (Some volunteers may need extra time to prepare). Will suitable transport be available both before and after the exercise? Is there sufficient flexibility on transport	Consider: Providing overnight accommodation for those who need it to ensure their attendance Confirming with transport companies the availability of transport before and after your expected timeline





Action	Question to be answered	Issues to be considered
	arrangements in case of exercise delays or unforeseen traffic delays?	
Check accessibility	Have you addressed accessibility (to the exercise site) for all of your proposed volunteers? Is your exercise near a transport hub? Is there suitable access to your site for all? Do you have suitable facilities for the storing and handling of transportation equipment?	Consider: Consider: Low steps Wheelchair compatibility Accessibility from the street Suitable timetables Are support and assistance animals catered for? Which public transportation stops are nearby? Are paths clear? Are ramps available if needed? Are toilets accessible, are lifts available, etc.) Motorised buggies Cars and adapted vehicles
Plan safety on- site	Is the ground safe? Are additional movement safety measures necessary? Can people move around your site without support? Is the site compatible with your volunteers' support equipment? Have you tested/ tried moving around the site?	Consider: Level ground Free of glass and debris Identification and marking of tripping hazards Consider: Asking volunteers to wear sturdy shoes Providing sturdy shoes to volunteers Providing slippers for post decontamination Consider Wheelchair accessibility Marked safe pathways Icy and slippery surfaces





Action	Question to be answered	Issues to be considered
	Do you have chaperones and guides available to escort your volunteers around the site? Are they easily identifiable?	Consider Assigning chaperones/guides Using tabards to easily identify chaperones/guides
CSO Issues	CSOs should lead those they represent and their target audiences in training and collaboration activities that prepare them for emergency events that may compromise their ability to transport themselves. CSOs should also work with FR organisations and authorities to promote special aids, access sites, and other features to facilitate transportation, access and independence.	





Table 5a: Prompts for TRANSPORT issues on Exercise Day

Transport on time?

(Delays, accidents, crashes etc.)

Routes clearly signed?

Routes obstruction and traffic free?

Lifts and aids in working order?

Surfaces suitable? Good grip?





E – ETHICAL AND LEGAL ISSUES

Many of the relevant ethical issues associated with the exercise and the volunteers / attendees are addressed in the foregoing CMIST entries. Have you considered **additional** Ethical Issues and requirements from you?

Table 6. Planning questions and checklist for ETHICAL ISSUES before the exercise.
--

Action Question to be answered		Issues to be considered	
Monitor and feedback	Have you appointed an Ethics Officer and independent over-seer to ensure that all relevant ethical issues are addressed – before, during and after the exercise? Have you established a feedback and consultation process to ensure that any Ethical issues are identified, recorded and addressed? Have you ensured that participants are	Consider: Appointing an Ethics Officer Appointing an external ethics advisory board (2-3 people) Having an Ethics Register Having an Ethics Risk Assessment	
	properly informed during recruitment? Have you obtained parental consent in the case of children?		
Protect Data	Have you obtained proper authorisations?	Consider:	
	Is the use of video recording properly controlled?	Authorisations concerning video recording	
	Have you established appropriate procedures for the handling, retention, access to and disposal of personal data and videos?	 Informed consent from participants Data storage 	





Action	Question to be answered	Issues to be considered
	Are volunteers able to give informed	Consider:
Confirm	consent?	\square Individual's capacity to give consent
		☐ Ensuring that there are sufficient briefing details and time for their consideration
		Providing information sheets
	Lious they signs informed concert?	Providing consent forms
	Have they given informed consent?	□ Checking that consent forms for all volunteers have been collected
		Have volunteers confirmed that they understand their right to withdraw at any time.
Protect	Have you made auro that anyironmantal	Consider:
Environment	Have you made sure that environmental rights and issues have been respected	□ Pollution releases
	during the exercise?	□ Noise
		□ Odours
		□ Use of natural resources
Comply with	Have you argued that any implied and	Consider:
Comply with obligations	Have you ensured that any implied and actual duties (e.g. in legislation) placed on you in the exercise have been	□ Requirements for vetting of those directly involved with minors
	complied with (e.g. requirements for	□ Accessibility legislation
	vetting of those directly involved with minors)?	
	Have you made sure that you comply with any local/ organisational/ governmental requirements for involving volunteers in your exercise?	
Driesities		Consider:
Prioritize volunteer	Have you made sure, when resources are limited, that the needs of the exercise	\Box Review by independent ethics adviser.
needs	volunteers and surrounding community are considered rather than those of the	□ Review by CSOs
	exercise or your self-interest?	□ Appointing an independent member of your organisation to provide oversight.
CSO Issues	of people with vulnerabilities and functiona should be shared with and where practical	





Table 6a: Prompts for ETHICAL issues on Exercise Day

Informed Consent Obtained

Chaperones Identified

Welfare Offices Identified

Briefing activities taken place

Monitoring and feedback processes established

Ethics Officer's consent to start exercise



CMIST(E) Further reading and supporting information.

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	·
Deliverable D3.1 Formation of the Civil Society Advisory Board – See	$\checkmark\checkmark\checkmark\checkmark\checkmark\checkmark$
Also Appendix 3 of this Report.	
Deliverable D3.4 Common approaches between the vulnerable	$\checkmark\checkmark\checkmark\checkmark\checkmark\checkmark$
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Deliverable D8.2 Legal and acceptability recommendations for	\checkmark \checkmark
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7. APPENDIX 2: THE HIGH LEVEL AIDE MEMOIRE

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C Communication (and understanding)

Planning Stage

🗆 Sign language	□ Non-verbal communication	Neurological issues	🗆 Age
□ Nationality	□ Culture	☐ Multiple media	Extended recruitment times
CSO consultation	☐ Guidance and information (multiple formats and channels	□ PPE interference with communication	□ Noise
□ Signage	Communication aids		

Exercise Day

Remember STROKE – Speak (or sign or gesture) clearly and simply, Take your time, Remember that they are People, Observe their body language, Know them and their preferences, Encourage and assure them¹³.

Successful communication needs all steps / elements of the communication loop to work, a break or failure anywhere can cause a breakdown in communication.

¹³ Adapted from Stroke Association Communication Licence by Claire Todd – see https://www.stroke.org.uk/resources/communication-licence

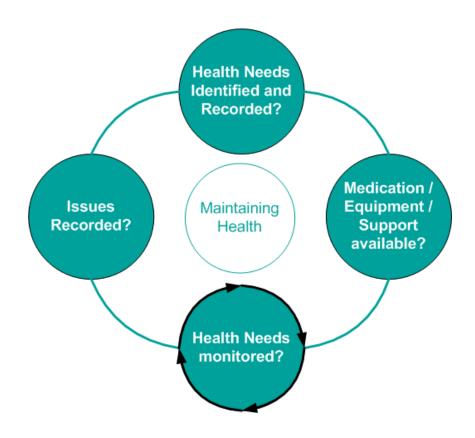


M Medical and Health Needs

Planning Stage

☐ Atmosphere	☐ Duration and time of day	□ Capacity to consent	□ Consent forms
☐ Information and guidance	Enhanced every- day needs	Allergies and sensitivities	□ Welfare
Health monitoring and recording	☐ First aid (maybe specialist)	□ Medicines	Emergency code words

Exercise Day





I Independence and Inclusion

Planning Stage

CSO consultation	☐ Age and age related impairments	☐ Degraded personal senses	□ Scope agreement
☐ Culture, religion, sexual orientation	Support equipment and animals	Accidental discrimination	Accessibility of site
☐ Suitable reception areas	Physiognomic suitability	 Security of support equipment and devices 	

Exercise Day

One size, does not fit all			
Tell people what <u>you</u> need to achieve			
Let <u>them tell you</u> how to help them			
Follow <u>their guidance</u> – they know what works for them <u>better than you</u> do			
Work <u>with them</u> and ask <u>them to help you</u>			



S Safety, Support, Safeguarding and Self Determination

Planning Stage

☐ Risk Assessments specific to Vulnerabilities	□ Equipment Safe	Property Security	Carers kept with volunteers
□ First Aid / Ambulance	Safeguarding Arrangements	□ Safeguarding Training	Code of conduct
□ Informed Consent	Briefing and de- briefing arrangements		

Exercise Day

Safety - ensure volunteer's continued <u>safety</u> <u>throughout</u> the exercise

Safeguard – ensure that vulnerable volunteers ae safeguarded throughout the exercise

Autonomy - <u>encourage volunteers</u> to do what is required of them rather than trying to compel them.

Competence - give <u>guidance and direction</u> so that volunteers can understand and feel in charge of and safe in their own actions and responses.

Humanity- show <u>compassion and understanding</u> and connect with volunteers as humans.



T Transport, Movement and Mobility

Planning Stage

☐ Site accessibility (ramps, slops, surface)	□ Signs	□ Suitable transport	Nominated transport manager / co-ordinator
□ Suitable parking	Overnight accommodation	Public transport timetables suitable.	☐ Allow extra time
□ Specialised transport	□ Chaperones	☐ Sturdy footwear	□ Post decontamination clothing

Exercise Day





E Ethical and Legal Issues

Planning Stage

Ethics Officer appointed	External advisory board	□ Ethics register	Ethics risk assessment
□ GDPR	☐ Video and photography	□ Informed consent	Children
□ Safeguarding	Pollution / Noise / Nuisance	□ Vetting	□ Oversight

Exercise Day

Informed Consent Obtained?

Chaperones Identified?

Welfare Offices Identified?

Briefing activities taken place?

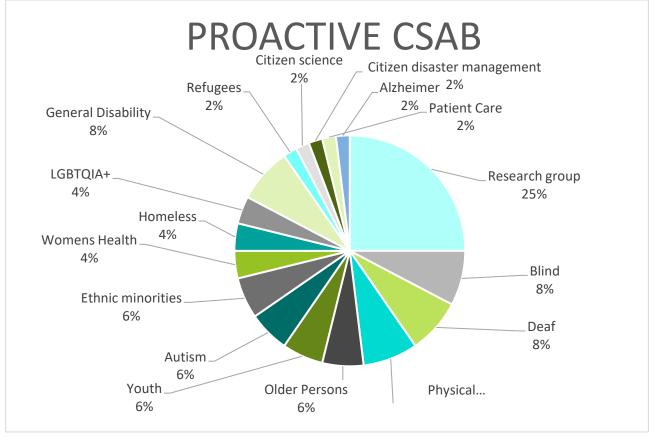
Monitoring and feedback processes established?

Ethics Officer's consent to start exercise?



8. APPENDIX 3: UPDATE OF DELIVERABLE D3.1

Deliverable D3.1 Formation of the Civil Society Advisory Board (Reference 6) was originally submitted 31/08/2019 and updated on 12/03/2021 following the project midterm review. Since then, the CSAB has expanded to include a total of 52 organisations. An updated chart showing the breakdown of the different CSAB subsections is found below. Since the updated version of the deliverable was submitted, two of the scheduled field exercises have taken place and a joint, inperson workshop including a Table Top Exercise have been arranged with members of both the CSAB and the PSAB. What follows is a brief summary of the involvement of the CSAB in these and other relevant events as well as the recently produced Lessons Learned, an extract of the key takeaways from D3.1.



CSAB representation February 2023

Outreach and engagement

The PROACTIVE Civil Society Advisory Board is a very heterogeneous group. Members include international organisations, local interest groups, and individual experts. Some represent a broader section of the population, such as children or anyone identifying as disabled. Others represent specific interest groups, such as users of guide dogs. This diversity makes it challenging to pitch outreach and communication efforts in a way that speaks to everyone.

During PROACTIVE PM9 in September of 2021 it was decided a newsletter would be sent to all CSAB members following each Progress Meeting. Newsletter 1 was subsequently shared with the



CSAB a few weeks later and since then a newsletter has been sent following each PM. The newsletters contain information from the latest PM of special relevance to the CSAB along with project updates and links to additional online reads. To date, six newsletters have been shared with the CSAB. Although direct feedback is always encouraged, the response rate is quite low. On average, 1-2 replies per newsletter. This is however not too unexpected since newsletters typically are a channel for one-way communication. It should be noted that all responses and feedback regarding the CSAB Newsletters received have been positive and no recipient has questioned the initiative or asked to be taken off the send list.

The newsletters were one of the ways in which the CSAB members were informed and updated on the development of the PROACTIVE Pre-Incident Information Materials which continue to be developed and improved through the project. CSAB members have been actively involved in the development of the materials and three online workshops were scheduled for their direct feedback and suggestions. These were hosted by UKHSA and held between November 2021 and January 2022.

Through the newsletters, the project website, blog posts, Twitter, and other channels CSAB members along with the general public have also been encouraged to download and test the PROACTIVE mobile app. There have also been a series of Digital Accessibility focus groups with members of the CSAB, all held in spring and early summer of 2021. The PROACTIVE app has been used during the field exercises by those CSAB members invited to participate as observers.

Finally, the CSAB will be engaged in reviewing Deliverable D3.2, the Aide Memoire for future exercises or demonstrations involving vulnerable groups. A notification was included in Newsletter 6 and a draft will be circulated to the board members for their input before submission.

The joint workshop

Following months of uncertainty regarding the timing of the first field exercise due to the many restrictions imposed during the pandemic, the project team was eager to engage the two advisory boards. As travel restrictions began to be lifted, it was decided to organise a joint workshop including a Table Top Exercise (TTX) bringing members of the two boards together. The event was scheduled for April 6-7, 2022, directly following PM11. Split into two half-day sessions, the first day included presentations, an overview of relevant project activities and an interactive introduction to the PROACTIVE Crisis Communication Platform. The second day was dedicated to the TTX where participants were placed in mixed groups and guided through a fictive CBRNe scenario and asked to react and reflect based upon their experience and expertise.

The joint workshop was attended by about ten members from each advisory board and feedback provided both during and after the event was unanimously positive. Members from both boards reflected on the value of being able to meet and discuss various topics with members from the other board. From a project management side, the event was considered a success given that it was planned outside the scope of the DOA, with spontaneity and creativity, yet careful consideration to regulations and limitations imposed by the pandemic.



The first field exercise

The first field exercise was finally conducted on May 7, 2022 in Dortmund, Germany. The exercise, the planning, and every detail that went into it, is described in great detail in deliverable D6.3. For the CSAB, the involvement centred on participating as observers. Recruitment for available CSAB members to travel to Dortmund was challenged by factors such as regional COVID-19 restrictions, the total number of allowed visitors to the exercise premises. In the end four CSAB members observed the exercise. One of which was a new member, German organisation AWO which also assisted the project in recruiting vulnerable volunteers to the exercise.

The second field exercise

The second field exercise was conducted on November 16, 2022 in Rieti, Italy and hosted by the local NBC School. This exercise is explained in detail in D6.4. CSAB members were invited to report interest in acting as observers and all five available slots were filled. Despite explicit interest in the project and the CSAB from local organisations who contributed immensely in recruiting volunteers for the exercise, no new CSAB members were recruited. A potential reason for this is the language barrier, were English is the main language of project activities and communication.

Planning the third exercise

The planning process for the third exercise is well under way. Hosted by Campus Vesta in Ranst, Belgium, it will be a significantly larger production in terms of size, scope and complexity. CSAB members will again be asked to report their interest to travel to Ranst to participate as an observer and it is currently expected that 10 CSAB members will be given this opportunity.

The CSAB as the project nears its end

Recruitment for the CSAB continues to be ongoing as the project prepares for the final exercise. Meanwhile, there is obviously les of a draw since most of the project events previously used to entice new recruits are in the past. UMU, as the project partner responsible for the CSAB is discussing with DHPOL, the project partner responsible for the PSAB, different options for wrapping up the collaboration and communication with the board members in a suitable way.



Lessons learned through establishing a Civil Society Advisory Board

Project PROACTIVE was formed to increase practitioner effectiveness in managing large and diverse groups of people in a chemical, biological, radiological, nuclear and explosive (CBRNe) environment. To that end, a Civil Society Advisory Board (CSAB) was formed to provide valuable insight, expertise, and guidance to ensure project events and outputs were indeed representative of the needs of diverse and vulnerable populations.

Gathering representatives from a broad range of disciplines, organisation size, and purpose meant there was no single catch phrase to be successfully replicated in a one-size-fits-all standard invitation. Instead, through trial and error, the following approach proved most effective.

• Formulate targeted invitations

Why? Most people receiving the invite are unfamiliar with the project, the CSAB, and the reason you think they would make a good contribution to the board. Don't leave them wondering.

How? Clearly, but in a concise and structured way, explain what you are trying to accomplish, how they can help you, and how they will benefit by getting involved.

• Address common concerns right away

Why? Common, initial questions may concern reimbursement procedures, insurance, time commitment, etc. and you want to ensure your potential board member that your message and your intentions are honest and transparent.

How? A list of FAQs or Common Concerns is an effective way of including a lot of information in a less wordy format.

• Name your contracts with care

Why? If your potential board member is hesitant towards signing, the difference between a Non-Disclosure Agreement and a Collaboration Agreement can make the difference. Less formal is typically less daunting.

How? Consult your legal and ethics experts and opt for terminology that is accurate but not unnecessarily formal. Keep it brief, when possible.

• Suggest a Meet & Greet for new members

Why? New members may have agreed to join but could still be unsure of how to best contribute.

How? Offer an informal introduction meeting where everyone can voice any uncertainties and ideally brainstorm suggestions and ways forward as your collaboration begins.