Protecting Children in CBRNe Incidents: Guidelines for Civil Society

Eticas Research and Consulting
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Summary

EU Member States lack an approach to enhance **societal preparedness and response policies to CBRNe** (Chemical, Biological, Radiological, Nuclear, and explosive) events that integrate the **needs of children**. Based on preliminary results from the EU H2020 funded PROACTIVE project (Preparedness against CBRNe threats through cOmmon Approaches between security praCTItioners and the VulnerablE civil society), these **Guidelines for Civil Society Organisations (CSOs) working with children** recommend developing solid and long-term collaboration between First Responders (FR) and CSOs and facilitating the advance of coherent, evidenced-based emergency procedures that address the management of children in three stages: before, during and after the event. With this aim in mind, the document provides critical recommendations for CSOs working with minors[1] to promote their safety in these situations.

Problem

Many major cities worldwide have faced **critical CBRNe-related incidents** over the past few decades[2]. Furthermore, with terrorism threat levels high across the EU, using chemical agents by terrorist organisations has shown to be a significant risk also in European soil (EUROPOL, 2019)[3]. In this scenario, children[4] are a vulnerable group that could be at higher risk in CBRNe events, as was determined in cases such as the chemical weapons attack in Douma, held by the Syrian Regime in 2018, which left at last 90 people dead, 30 of them children[5].

Systematic information about children's needs, behaviour and forms of interaction in some of these situations is lacking. All involved stakeholders, including FR -such as public health officials, emergency management personnel, or even clinicians-, public authorities and CSOs may need to better comprehend children's unique characteristics and requirements in such situations

Children are different from adults physically, developmentally, and socially and it can be challenging to abide by the existing regulations, offer caregivers the information they need to grant informed consent, and attempt to optimise medical countermeasures coverage in a paediatric population during a major incident.

[1] The main scope of CSOs within this domain is to keep kids safe, healthy, and educated concerning disaster scenarios. For example, Save the Children Emergency response programs focusing on assisting children in crises (https://www.savethechildren.org/us/what-we-do/emergency-response)

[2] Examples include the explosion of a large amount of ammonium nitrate stored at the Port of Beirut (2020) which killed 220 people, instantly injured over 6,500 more, and severely damaged the densely populated residential and business districts nearby (Al-Hajj et al., 2021) or the ongoing Covid-19 pandemic (2019 - 2023). One well-known case in Europe is a Tunisian couple's attempt to attack with ricin in Cologne, Germany, using an improvised explosive device.

[3] It should be noted that no major CBRNe attack involving children has occurred in the EU and attacks in the West have dramatically decreased since their peak in 2018, falling by 68% in 2021 (OCHA, 2022).

[4] For the European Union, as laid down in the UN Convention on the Rights of the Child (UNCRC), a child is any human being below the age of 18, but regulations have different declinations in every country. Ethics requirements for demonstrations carried out under the PROACTIVE project followed the regulations of the specific countries in which the demonstrations took place.

[5] See: https://www.reuters.com/world/middle-east/syria-gas-attack-victim-awaiting-justice-say-impunity-fuels-war-crimes-2022-04-10/

A pathway for a protecting children

To properly account for children, professionals in the disciplines of public health, disaster preparedness, and clinical treatment must have a thorough understanding of their vulnerabilities. These **Guidelines for CSOs** are linked to the PROACTIVE Policy Brief (action point 1/section 3) and offer a **systematic account of the type of contribution CSOs can make in three phases of children protection**, CBRNe preparedness, response, and recovery management.

PROACTIVE Dortmund exercise, 2022.

All CBRNe authorities must identify their relevant stakeholders to make them part of policy design and implementation. These Guidelines are expected to be disseminated among CSOs that are relevant to CBRNe situations so that decision-makers can encourage them to engage in CBRNe preparedness, training and communication activities. These Guidelines represent the other side of the stakeholder management approach in this process since they offer tools to prepare CSOs for the CBRNe contexts.

Issues and recommendations

One role CSOs could play in CBRNe scenarios would be to foster and improve communication between FRs and the public. Based on PROACTIVE preliminary results and the literature, this section identifies vital aspects to consider when dealing with children. Recommendations are organised according to the three critical stages of intervention, **preparedness, response, and recovery**.

For each point we indicate the related PROACTIVE deliverables and recommendations.

A Children's management in CBRNe incidents preparedness

Issue	How to tackle by CSOs	Action point for CSOs
#1 Children are often invisible in CBRNe policies and protocols: The need to include children's conditions in civil protection planning has been identified (Save the Children Italy, 2020).	CSOs should aim to develop a culture of prevention and response and dissemination of knowledge concerning emergencies that promotes an active role for children and adolescents. This will be highly beneficial as they will hopefully also transfer the information to their family.	**#1** CSOs should engage in public-private partnerships and dialogues that increase the consideration paid by FRs to children in CBRNe preparedness, training, and communication activities. To achieve this, CSOs could engage in the lobby for inclusiveness and children's welfare in first responders' SOPs. CSOs should also advocate for developing common awareness and educational programs aimed at children to be implemented at the local and national levels and support the training efforts of FRs in field exercises (Save the Children Italy, 2020; D1.3).
#2 Pre-incident information and CBRNe education can have the **potential to induce anxiety and catastrophizing thoughts,** especially for children (D1.3).	CSOs should partner with authorities and develop CBRNe awareness materials and curricula based on modern teaching methods (interactive, engaging etc.) to build children's resilience and skills for real life.	**#2** CSOs should foster campaigns to push public authorities to finance the production and dissemination of modern and engaging educational materials about CBRNe scenarios and safety protocols adapted to children's needs (D3.4).
#3 Communication materials for children **should be prepared in advance** (D3.4).	CSOs should implement specific and diversified communication strategies for reaching children.	**#3** CSOs should consider e-mails, online newsletters, and their websites and social media channels for contacting members of civil society and providing them with CBRNe-related material to be shared with children. In general, Instagram, Facebook, YouTube, and WhatsApp seem to be particularly suitable for them (D3.4).
#4 Close cooperation agreements should be established between CSOs and FRs' organisations (D6.4).	CSOs should approach and lobby first responders, central and local authorities, and community representatives and establish cooperation platforms with them.	**#4** CSOs and FR should sign Memorandums of Understanding or Cooperation Agreements with respect to children's involvement in CBRNe prevention actions, joint education programmes, training exercises, etc. (D6.4).

B Children's management in CBRNe incidents response

Issue	How to tackle by CSOs	Action point for CSOs
#5 Protection issues in evacuation centres and camps: children exhibit that can exacerbate their risk of adverse health effects during CBRNe disasters. These behaviours may all contribute to an **increased risk of physical exposure** to agents, toxins, and other hazards (Bartenfeld et al., 2014).	CSOs should cooperate with FRs to promote practices and procedures which FRs can develop and implement to effectively protect children in emergencies (Save the Children Italy, 2020).	**#5** CSOs should lead their target audience into training and collaboration with FRs so that they can assume these pedagogical and awareness activities. This can facilitate the exchange of practices and procedures to protect children effectively in emergencies. Moreover, as part of this collaboration with authorities and FRs, CSOs should promote that children have a delimited area, dedicated services (WC, mother, and baby areas), and a strategic position in the reception areas of event sites (Save the Children Italy, 2020).
#6 Limited communication: depending on age and development, children may not have the communication skills, motor skills, or judgement to effectively move toward safety in a dangerous situation (Bartenfeld et al., 2014).	CSOs should collaborate with FRs to encourage them to assume communication that is effective and immediate.	**#6** CSOs should lobby FR to designate one or multiple people to deal with children that are victims or potential victims in a CBRNe incident. They should also promote that FR avoids using acronyms, familiarise themselves with the technical language children understand and keep the language simple and clear, prepare a glossary of critical terms for children, and make use of audible material, pictorial language, and colours (Mor & Waisman, 2002). CSOs should also promote that the information is emphasised through body language. This may take the form of age or disability-adapted language and messages (for example, if the child has some hearing impairment)[6]. Accordingly, CSOs must lobby FR so that all information within the hot zone is presented in a large format and positioned in easily visible locations, preferably in the waiting area before the decontamination tent. The positioned height should also be taken into account (D3.4).

B Children's management in CBRNe incidents response

Issue	How to tackle by CSOs	Action point for CSOs
#7 Children may react with rigidity or escape tendencies in the event of an evacuation and may not follow perfectly the instructions of FRs (D3.4).	CSOs should help teachers in preparing children for the basic elements of an evacuation process, for example through regularly trained fire alarms at school and informal educational methods focused on awareness and independence in critical situations.	**#7** CSOs should boost formal and informal educational programs aimed at providing a safe environment in which children can play, socialise, learn and express themselves in times of disaster (Save the Children Italy. 2020). Moreover, developing basic skills such as correctly evacuating, giving first aid, etc., should be part of protocols promoted by CSOs, so they are implemented by both FRs and local authorities.
#8 Children are dependent on caregivers, whether parents or others. Their dependence on caregivers to make **informed healthcare decisions** on their behalf creates challenges. Providing the necessary information to receive informed consent from caregivers and maximizing Medical Counter Measures (MCM) coverage in a paediatric population during a large-scale event is difficult (Bartenfeld et al., 2014).	CSOs should cooperate with FRs to undertake measures that mitigate separation anxiety and its negative effects.	**#8** CSOs collaborate with FRs and authorities to develop policies and training programs to improve stakeholders' knowledge and ensure that children should be accompanied by a caregiver or supported by one designated caregiver when carrying out the undressing and decontaminating process if possible. In this context, CSOs should promote the availability of transitional objects (e.g., blankets, stuffed animals, etc.) for individual children. The "buddy system", consisting of children-pair operating together as a single unit, is also indicated in regard to unaccompanied children. This may make it easier for the caregiver to give informed assent (D3.4).
#9 Undressing and decontamination process: tensions have been identified concerning standard measures and their capacity to ensure children's privacy (D3.4).	CSOs should collaborate with FRs to encourage them to guarantee children's privacy at all times and minimise the shame as well as cultural/religious restrictions factors during the undressing and decontamination processes.	**#9** CSOs' contribution to training and CBRNe awareness should promote the availability of shielded areas where the undressed can wait. Those areas should be divided into male and female if possible. Another measure to be embedded into CSOs' awareness activities in their collaboration with public authorities is the need to guarantee physical privacy. For instance, shower boxes should be separated by gender, and emergency personnel who control the process being also of the same gender. Additional considerations for children after a chemical attack include their requirement for sized and adequate clothing after decontamination (D3.4).

Children's management in CBRNe incidents recovery

Issue	How to tackle by CSOs	Action point for CSOs
#10 Mental health and psychosocial support for children in CBRNe incidents recovery are **lacking** (Save the Children Italy, 2020).	CSOs should work towards ensuring mental health and psychosocial support for children in the immediate aftermath of CBRNe events. CSOs should also enhance their expertise to ensure that, when allowed by law, they can provide mental health and psychosocial support in a post-incident situation.	**#10** CSOs should activate policies oriented towards fostering public authorities and FRs to use an evidence-informed approach to assist children in reducing initial distress and facilitating short- and long-term adaptive functioning. This approach should not necessarily involve a discussion of the traumatic event but identify specific needs. In this framework, related workshops, meetings, or activities should also be designed and partnerships and activities with the professional associations of psychologists and psychiatrists, who have the necessary experience with trauma, can be used.
#11 Screening children for infection after they are exposed to biological pathogens is another challenge: young children may have **unusual presentations of diseases.** Young children may also have **difficulty describing symptoms**, particularly symptoms such as difficulty breathing, chest discomfort, muscle pain, nausea, and headache (Bartenfeld et al., 2014).	CSOs should cooperate with FRs and clinicians to spread basic knowledge about the importance of balancing an understanding of children's unusual presentations of diseases with a need to consider biological threat agents in the diagnosis.	**#11** CSOs should push the authorities to develop solid long-term strategies to support child victims of CBRNe incidents and their consequences. In this context, CSOs should contribute to the spread of information provided by clinicians and other experts (including specialized first responders) on infection control and post-event disease transmission among the general public (Bartenfeld et al., 2014).

Closing remarks

These Guidelines integrated into PROACTIVE Policy Brief aim to provide CSOs, FRs, and CBNRe authorities tools for enhancing their coordinated action and governance in protecting children before, during, and after disaster events. The best practices to be considered in their contribution to children's safety are summarized as follows:

I. – Before CBRNe events, CSOs working with children should focus on developing partnerships, communication/educational campaigns, and Memorandums of understanding with FR and CBRNe-related authorities. Efforts must focus on promoting a culture of prevention of emergencies that supports an active role for children.

II. – Pre-event efforts made by CSOs should ensure smooth collaboration with authorities and FR during the disaster phase. This includes pedagogical, non-discrimination, and trauma mitigation measures (for example, through regularly trained fire alarms at school). Moreover, CSOs could cooperate with FRs to promote practices and procedures that FRs can implement to protect children in emergencies effectively, encourage them to assume effective and immediate communication, undertake measures that mitigate separation anxiety, and guarantee children's privacy at all times.

III. – Finally, CSOs should engage in activities aimed at lobbying authorities to promote an evidence-informed approach to assist children's mental health as well as raise awareness about post-event treatment for children.

Limitations

The recommendations included herein may be updated without prior notice if the PROACTIVE consortium and other entities develop new standards and guidance.

As PROACTIVE is an ongoing project, more empirical work involving children is still expected to be produced.

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