

Radiological Protection
2022

Building a Framework for Post-Nuclear Accident Recovery Preparedness

National-Level Guidance



NEA Workshop on Preparedness for Post-Nuclear Accident Recovery

*Work on the operational extension of the WHO
MHPSS framework – Expert Group on Non-
radiological Public Health Aspects of Radiation
Emergency Planning and Response (EGNR)*

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Background

- Impacts of radiological and nuclear emergencies on mental health and psychosocial support (MHPSS) need to be better considered in protection strategies for preparedness, response to, and recovery from radiological or nuclear emergencies;
- Decision-makers are not sufficiently equipped to move from a radiation protection-centered approach (i.e., focus only on reducing radiation exposure) to a more comprehensive approach to the protection of health and well-being in the broadest sense;
- The WHO recently published a Framework for MHPSS in Radiological and Nuclear Emergencies to provide high-level policy guidance in this area.



Expert Group on Non-radiological Public Health Aspects of Radiation Emergency Planning and Response (EGNR)

Objectives:

- Review the WHO MHPSS framework prior to its publication in 2020 ✓
- Develop an operational extension of the WHO framework, providing practical solutions, approaches and tools to integrate MHPSS into protective action plans;
- Propose practical key actions at various governance levels during different phases of a nuclear or radiological emergency.



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Picture from the EGNR kick-off meeting,
Nov. 2019

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Structure of the report

Background

- Background information on protection strategy and related concepts used in R/N emergency preparedness, response, and recovery
- Includes chapters on basics of R/N emergencies; radiation induced cancer risk; radiological protection; R/N emergency management; MHPSS; integration of MHPSS in RP EPR; cross-cutting topics with the WHO framework.

Practical Guidance

- Summary table of 29 actions recommended to be taken in an R/N emergency to ensure that MHPS impacts are planned for and managed in such emergency;
- Completed by 13 detailed action sheets where no sufficiently specific ‘conventional’ guidance exists. Action sheets can be amended to reflect country specificities.

Other Chapters

- Chapter on “challenges and further research needs”, mentioning e.g. integration of MHPSS into RP decisions; optimisation in emergency decision-making processes; other non-radiological health aspects, ...
- Conclusion; Annex (e.g. on social determinants of mental health)

The Summary Table of Actions (extract)

Phase	Action Title	Priority of action	Lead stakeholders, Lead actor	Which of the 5 C's?	Human and Material Resources	Risks to be considered	Monitoring of achievement (outputs)	Indicators
Preparedness	1. Form a MHPSS working group to lead preparedness and response activities	High priority	National policy lead by including policy levels responsible for civil protection	Coordination	Staff time	Change in personnel Lack of resources	Terms of reference, minutes of meetings	MHPSS working group is formed. Number of MHPSS preparedness and response activities
	2. Undertake a MHPSS needs assessment identifying impacts of NR events on host communities*	High priority	Multisector MHPSS working group. Engage representatives from communities and groups at risk	Community resilience and engagement, Coordination	Staff time	Staff capacity and skills Sections of the community who are hard to engage with	Needs assessment report	List of MHPSS services and resources on a local / regional level. Report on potential impacts of NR events
	3. Engage community actors including politicians in preparedness, response and recovery	High priority	Dedicated liaison between authorities and community leaders & networks, (e.g. youth clubs, women's networks etc.).	Coordination and Community resilience	Multisectoral staff	Community engagement is considered too time consuming	Community engagement strategy/plan in place. Record of meetings with community actors	Number and type of community groups engaged in the process during each phase
	4. Ensure MHPSS is integrated within national disaster preparedness and risk management plans	Medium priority	National policy lead by including actors responsible for MHPSS / emergency response plans	Coordination	Multisectoral staff time	Perception of the needs among experts from different sectors	NR emergencies included in the plan Chapters in disaster preparedness and management plans dealing with MHPSS issues specific to NR emergencies	Number of actions (meetings, revisions) to integrate MHPSS
	5. Develop an MHPSS coordination plan as part of overall incident planning*	High priority	MHPSS working group, community engagement	Coordination	Multisectoral staff time	This work not prioritised. Conflicting interests. Standards and emergency response models between sectors may differ	MHPSS Coordination plan document Inspection of plans to ensure roles and responsibilities are defined	Details on roles and responsibilities related to MHPSS assigned to members of emergency preparedness and response team Reported level of public trust in authorities
	6. Test the MHPSS coordination plan through exercises and revise accordingly	Medium priority (may be added to action 4 above)	MHPSS working group, involving radiation protection agencies	Coordination, capacity building	Multisectoral staff	No appropriate scenarios developed. Limited guidance on integrating MHPSS in simulation exercise. Evaluation – as is often the case – not deemed relevant	Findings from tests/exercises Revised plan	Number of tabletop scenarios to test MHPSS coordination plan. Number and variety of affiliation of participants at tabletop exercise

Example – Action Sheet

Action Sheet Nr. 5 Develop an MHPSS coordination plan as part of overall incident planning

Policy level and target group: Public health organizations and emergency planners at lowest coordination level.	R/N emergency cycle: Preparedness, response, recovery
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Key principles: Coordination

Background: Proper planning includes establishing a framework for roles and responsibilities. Planners achieve unity of purpose through coordination and integration of plans across all levels. Plans must clearly communicate to operational personnel and support providers what their roles and responsibilities are and how these complement the activities of others. R/N emergencies are rare events and MHPSS organizations asked to respond may not be familiar with the basis for preparedness and response to a R/N emergency. Coordination is needed to ensure an effective response and efficient use of resources.

Key recommendation:

Roles and responsibilities and the concept of operations must be clearly defined and followed to prevent different authorities from taking contradictory or duplicative actions.

Action steps (to implement the action):

1. Identify the governmental, nongovernmental, and private providers for MHPSS services and support.
2. The roles and responsibilities of MHPSS organizations are clearly specified and understood in emergency plans (e.g., interrelationship to MHPSS support organizations reflected through use of figures, block diagrams, tables)
3. Include references to applicable legal authorities for principal MHPSS organizations; ensure documents that delegate responsibility and authority are identified.
4. Specify the key functional capabilities of each MHPSS organization required under their authority (e.g., public information, social services, medical services).
5. Develop and put into place written agreements with support organizations having an emergency response role. The agreements should describe the concept of operations, emergency response measures to be provided, mutually acceptable criteria for their implementation, and arrangements for exchange of information.
6. Develop and put into place a framework for coordination efforts across emergency phases (e.g., early phase support may be required at locations such as relocation/reception centers or public shelters; transition and long-term phase support services may be provided at facility locations that provide MHPSS).
7. Ensure each principal MHPSS response organization is capable of operating for a projected period of time appropriate to the phase of the response.

Lead stakeholders / Organizational responsibilities:

R/N emergency preparedness and response organizations
Emergency response organizations
Public health institutions and organizations providing MHPSS support




Human and material resources: (+ mention level, if applicable)

Staff level assignments for MHPSS services.
Costs for updating emergency plans and procedures and costs for developing Memorandums of Understanding, Memorandums of Cooperation, or other agreements.
Working space and resources for MHPSS support services may be needed at emergency response facilities (e.g., in reception/relocation centers or public shelters)

Monitoring of achievements (outputs): Inspection of plans to ensure roles and responsibilities are defined.
Indicators: Level of public trust
Risks to be considered: For a significant environmental radiological release extending across jurisdictional boundaries, public trust may be challenged if the level of expected exposure is the same but the recommended actions differ, or if decisions are based on perceived risks of exposure instead of accepted criteria. This could create additional challenges to MHPSS support organizations seeking to help maintain or restore public trust. This risk can be mitigated through coordination to achieve harmonization among plans.
References Related Action Sheets: Action 2, Action 3, Action 5, Action 9, Action 11, Action 18. IASC (2021), “Technical Note, Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS): Practical Tools, Approaches and Case Studies”, Inter-Agency Standing Committee. https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/technical-note-linking-disaster-risk-reduction-drr-and-mental-health-and-psychosocial-support-mhpss TENTS (2008), “The TENTS Guidelines For Psychosocial Care Following Disasters and Major Incidents”, The European Network for Traumatic Stress, Cardiff University, Cardiff. http://www.estss.org/uploads/2011/04/TENTS-Full-guidelines.pdf

29 Recommended Actions

Preparedness

- Form a MHPSS working group to lead preparedness and response activities
- Undertake a MHPSS needs assessment 
- Engage community actors including politicians in preparedness, response and recovery
- Ensure MHPSS is integrated in emergency preparedness and risk management plans;
- Develop an effective MHPSS coordination plan; 
- Test, exercise and review MHPSS coordination plans;
- Include information on mental health and psychosocial risks and support in information/ education materials; 








 : with action sheet

Image: Flaticon.com

29 Recommended Actions

Preparedness (con't)

- Develop a staff and volunteer support policy/protocol for managing stress during an incident; 
- Develop and deliver training/orientation on psychosocial support, radiation risks and safety; 
- Provide MHPSS in local primary health care centres; 
- Include people with pre-existing mental disorders as a vulnerable group within incident response plans;
- Incorporate MHPSS considerations into decision-making protocols; 





 : with action sheet

Image: Flaticon.com



29 Recommended Actions




Response

- Activate the MHPSS working group immediately and regularly through the incident as part of the overall incidence response;
- Develop a public communication strategy that includes MHPSS; 
- Distribute information/education materials to the community on MHPSS and self-help; 
- Refresh MHPSS education and professional training for general health care providers and ensure support and supervision mechanisms are in place;
- Refresh training to non-health frontline staff and first responders in basic psychosocial skills (e.g. psychological first aid), particularly mitigation of impacts of evacuation, sheltering etc;
- Ensure referral mechanisms between primary care and specialized MHPSS are operational; 



29 Recommended Actions

Response (con't)

- Addressing MHPSS in temporary relocation; 
- Include mental health and wellbeing monitoring in ongoing health surveillance activities of the local community; 
- Monitor and evaluate the MHPSS actions, including ethical considerations;
- Observe effects of emergency on social determinants of mental health; 
- Refresh the public communication strategy for the recovery phase, including MHPSS;
- If evacuation (relocation or resettlement) continues, provide social support systems for evacuees and their host communities;




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Image: Flaticon.com

29 Recommended Actions

Recovery

- Establish and advertise inclusive, community-based self-help support groups;
- Engage the community in decision-making and maintain (or rebuild) trust in social structures through empowering communities;
- Encourage the re-establishment of cultural and religious events and practices;
- Re-establish a functioning public health system that addresses the mental health and psychosocial needs of the community;
- Undertake mental health promotion campaigns to encourage the community to support their mental health.



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Image: Flaticon.com

Challenges and further research need

- How to effectively integrate Mental Health and Psychosocial Supports (MHPSS) into radiological protection (integration prior to, during, and after any R/N event)?
- Optimisation of decision-making related to MHPSS during all emergency phases.
- Stakeholder involvement and balancing of protective actions taken during the emergency response phase to mitigate long-term non-radiological consequences (i.e., mental health and well-being, environmental and socio-economic impacts).
- ...?

Conclusions

Building on the WHO framework, the guidance developed by the EGNR provides practical and specific recommendations for integrating MHPSS into radiological protection at different phases of an R/N emergency for different emergency planners, responders and (potentially or actually) impacted communities.

Detailed planning, including for resource and discipline integration are vital for public safety.

This requires mutual understanding between stakeholders and experts in radiological protection, mental health, disaster prevention, and other related fields.

Next steps

Distribute existing draft to WPNEM-Members for feedback ✓

Send the draft to international organisations and renowned experts for peer review

Final version to undergo NEA approval process in 2023

Please let us know if you would like to peer-review the report!



Thank you for your attention



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