**XXXX**

**Safety and Security  
Management Plan**

**v. xxxx**

## Introduction

The aim of this document is to provide XXXX staff with standardized Safety & Security procedures to:

* Prevent and minimise the effects of safety and security risks on XXXX staff and assets
* Ensure the XXXX response team is well prepared to manage crises and critical incidents

The Safety & Security Management Plan (SSMP) functions as a support document for the safety and security management in xxxxxx. The document gives safety and security guidelines for XXXX’s daily operations, and contingency plans and guidelines for managing critical incidents and crises.

**While Country Director may delegate the completion and revision of the SSMP to respective staff, the Country Director ultimately remains responsible and accountable for the SSMP content, implementation and maintenance.**

**The Senior Management Team and Area Coordinators should have a high level of knowledge and understanding of all parts of the SSMP.** The table below gives an overview over what is expected of other staff with regard to knowledge of the different sections of the SSMP. This includes any annexes referred to in those sections.

|  |  |
| --- | --- |
| **Sections of SSMP** | **Good knowledge required of** |
| Critical Information | All staff |
| Safety and Security Accountability and Consequences | All staff |
| **Part One: Overview** | All staff |
| **Part Two: SOPs** |  |
| SOP 1: Personal Safety & Security | All staff |
| SOP 2: Personal Behaviour | All staff |
| SOP 3: Travel and Movements | Staff travelling in the field, drivers, staff managing drivers |
| SOP 4: Vehicles Safety & Security | Drivers and staff managing drivers |
| SOP 5: Facilities Safety & Security | All staff |
| SOP 6: Communications | All staff |
| SOP 7: Incident Reporting and Analysis | All staff |
| **Part Three: Critical Incident Management and Contingency Planning** | Members of SMT |
| **Part Four: Annexes** | All staff |

## Critical Information

Country Office: xxxxxxx

Location: xxxxxxx

SSMP Prepared by: xxxxxxxx

Date of Last Revision: xxxxxxx

**Current country security phase:** Moderate

### Essential XXXX responsibilities and contacts

**Overall Responsible for Safety & Security:**

**Team Leader – xxxxxxx**

**Country Director – xxxxxxx**

**Area Coordinators – xxxxxxx**

**Primary contact for safety & security management**

**xxxxx**

### Police, Hospital and Insurance

**Police station closest to the CO: xxxxxx**

**Hospital closest to the CO**

xxxxxxx

***xxxxxxx***

***Insurance***

**Contact information for Medical Insurance Company for National Staff:**

(For details on policy contact HR Department)

**Contact information for Emergency Insurance Company for International Staff[[1]](#footnote-1):**

Name of Insurance Company: xxxxx

Policy number: xxxxxx

Contact number(s): xxxxxxx

(All international staff should have a copy of the policy)

*To activate coverage, contact the company and provide them with the contact information for the doctor/medical facility and the patient’s information. The decision whether or not to medevac out of the country is made by the doctor/medical staff and the insurance company medical staff, in collaboration with the CD.*

### Travel Approval Authority

All travel to xxxxxx (international travel) must be approved in writing by the Country Director (secondary) with the xxxxx in Cc.

All domestic travel must be approved by the xxxxxxx for missions deploying from capital.

For local field missions the Area Coordinator is the approving authority.

### Communications

Primary means of communication: Cellular/GSM Phones – xx is main network

Secondary means of communications: Satellite communications (Thuraya or Iridium)

Back-up communications: BGAN deployed at field locations

An updated **Emergency Contact List** is to be posted in all offices, residences and guesthouses and deployed with all vehicles. The Security Manager will support the Logs/Admin team to ensure these lists are developed, accurately maintained and deployed as required.

### Curfew

Presently there is no curfew in xxxxx and field locations. This is subject to change should the safety and security environment deteriorate due to political tensions (common in xxx) or community tensions related to the overall response.

# Part One:

# Overview

## Safety & Security Management Structure

### Country Director

The safety and security of XXXX staff in the country is the primary responsibility of the Country Director.

* Makes operational decisions based on context and safety and security risk assessment.
* Makes final decisions at the country level in most critical incident (crisis) situations, although may be over-ruled by the xxxx Headquarters. For Example: where HQ assesses that the situation to be too dangerous such that an evacuation is necessary. However, HQ cannot require the CD and his/her team to remain should the CD consider the situation too dangerous.
* Establish and maintain an effective safety and security management system based on XXXX Safety and Security Principles, policies and guidelines.
* Ensure compliance with the safety and security management system including basic training for staff, and monitoring as well as ensuring disciplinary/dismissive action if breaches occur.
* Monitor security trends and the situation in country and the region to determine the appropriate safety and security threat level at all times.
* Ensure the staff have equate equipment and supplies and/or budget provisions for safety and security related expenses to maintain safety and security standards.
* Ensure the XXXX Safety and Security Standards are complied with and reported against. Where a CO is not compliant, ensure a corrective work plan is established and acted on to ensure compliance as soon as is possible.

**The responsibility for safety and security cannot be delegated.**

### Security Manager (SM)

* Manage safety and security information and incident reporting
* Monitor operational contexts and risk levels
* Advise the CD and field teams on appropriate actions / mitigation strategies
* Support field teams in organisation and management of safety and security responses per established protocols

### Field based SSFPs:

Each Field- and Sub-office will have designated SSFPs with a back-up. For this response the Field based SSFPs will be the District Coordinators with the Logs/Admin Officer designated as the secondary.

### Critical Incident Management Team

See Part Three: Critical Incident and Contingency Planning.

## Safety & Security Assessment (SSRA) and Risk Ratings

### Context and Situational Analysis - Summary

Presently the overall safety and security situation specific in xxxxx remains relatively stable despite the significant devastation in the most affected districts. There have been isolated reports of looting of relief supplies during transport and distributions, however this is not yet considered to be commonplace or seen as an increasing trend. Due to the remoteness of many areas, staff travel to the field is increasingly physically challenging and will remain so with the onset of monsoon rains in a few weeks’ time (June onwards).

### Threats Identified

1. **Road traffic accidents during travel from xxxxx to field locations (and return)**
2. **Road traffic accidents during travel in field and remote locations**
3. **Heavy weather in field locations (specific to staff remaining in the field overnight)**
4. **Community tensions during assessment missions or distributions**
5. **Routine and MEDEVAC helicopter operations**
6. **Intermittent communications networks**

# Part Two:

# Standard Operating Procedures (SOPs)

|  |  |
| --- | --- |
| Country Office: xxxxxx | Most recent update: xxxxxx |
| Location: xxxxxxxx | Person/Position Responsible for Maintaining: Security Manager |

## SOP 1: Personal Safety & Security

CO staff members responsible for hosting/arranging visitors will ensure that the Security Manager are aware of the visitors and their schedule in advance, and set a time for the visitors in-country Security briefing.

All new international staff, consultants and visitors, must receive an updated version of the CO Pre-Arrival Information document (Welcome Pack), hotel details and airport pick-up arrangements, at least one week before arriving in country. **Responsible:** HR/Admin Manager

All new staff (international and national), consultants and visitors, must receive a ‘face to face’ safety and security briefing immediately upon arrival in country and/or upon starting work with XXXX.

### Staff Documentation

XXXX staff must carry the following documents at all times:

* Personal identification (National ID card, Passport or Passport copy)
* XXXX Identification card
* In Case of Emergency (ICE) card

### Record of Emergency Data (RED Form)

All staff and visitors must have a RED Form on file for the duration of their employment/stay with XXXX. This must be updated annually or as information changes. The HR department is responsible for maintaining updated versions of the RED form. International visitors and new international staff must be provided with the RED form prior to their arrival in country, as it is a requirement that the RED form is completed and sent to XXXX prior to arrival in country.

### Embassy Registration:

All international staff including dependants are encouraged to register with the appropriate embassy or consulate as per their country of citizenship[[2]](#footnote-2).

## SOP 2: Personal Behaviour

### Policies of Personal Behaviour

#### Weapons:

**Under no circumstances will XXXX staff carry weapons or have weapons or ammunition while on assignment with XXXX.** To do so would undermine XXXX’s humanitarian imperatives and endanger the wellbeing of all humanitarian workers. XXXX has adopted a “No Weapons” policy, prohibiting weapons in XXXX offices and vehicles.

#### Child Protection

All XXXX staff members should be aware of and comply with Child Protection principles and policies to ensure that they are not exposed to reputational or other risks relating to Child Protection that might undermine their own or XXXX’s safety or security.

Staff should be aware of and comply with:

* the Policy on Prevention and Response to Sexual Exploitation and Abuse

#### Alcohol:

**Unauthorized use, possession, sale or distribution of alcohol while on XXXX property, is prohibited. To be under the influence of alcohol while on XXXX business (duty) is prohibited.**

Failure to comply with this policy will result in recommendations for disciplinary action. In the case of drivers of XXXX owned or hired vehicles violation of this policy i.e. being under the influence of alcohol (or illegal drugs/controlled substances – see below) whilst working, is a cause for instant dismissal. Additional restrictions may be imposed when working in certain areas.

#### Substance Abuse:

**The use, presence, sale, distribution, manufacture or possession of illegal drugs or controlled substances while on XXXX property (including in a XXXX vehicle), or on XXXX business, is prohibited.**

All prescription pharmaceuticals should be kept in their original containers with the patient and doctor’s names clearly identified.

*Being impaired by alcohol or drugs, legal or illegal, can pose a safety or security risk to staff e.g. by reducing their alertness, situational awareness and contributing to poor decisions.*

#### Domestic laws

XXXX staff must respect and comply with national laws and regulations.

## SOP 3: Travel and Movements

### Travel Request and Approval

**Domestic Travel for XXXX staff:**

Travel from xxxxx to Field locations (and return):

1. All travel requests must be submitted to the Logistics-Operations department with all required travel details
2. Field missions will only be conducted following approval by the Logistics-Operations department and notification of the receiving field office
3. The designated traveling staff (if a team) or the traveling staff member will provide an sms check-in per the mission plan or upon reaching the destination
4. For missions returning to xxxxxx the designated traveling staff (if a team) or the traveling staff member will provide an sms to the Logistics-Operations department in xxxx notifying them of the following:
   1. Vehicle number
   2. Passenger names
   3. Estimated time of arrival

Travel at Field locations:

1. All travel from Field Offices to field programming sites must utilize the in-out movement boards located in Field Offices. The District Coordinator is the final approving authority for all field level movements. The following is the minimum information that must be contained on movement boards:
   1. Vehicle number
   2. Passenger names
   3. Destination
   4. Activity
   5. Estimated time or return

### Travel timings

All travel must be conducted during daylight hours only unless otherwise approved by the Country Director.

### Movement Control

Movement control for missions originating from xxxxx will be maintained by the Logistics-Operations department.

Movement control for missions at field locations will be maintained by the Logs/Admin Officer posted to the respective Field Office.

### Overnight Stays

Overnight stays in xxxx will be at hotels only approved by XXXX Country Offcie.

Overnight stays in Field locations will be at hotels or guesthouses only approved by the XXXX Field Office. Some overnight stays in field locations may require staff to be in tents and sleeping bags – check accommodation plans prior to deploying to the field.

### Flight Operations

XXXX staff may on occasion utilize helicopters/charter flights for transport to and from remote locations. As of XXXX utilizes xxxx for all bookings and MEDEVAC needs. All requests will be made only via the Logistics-Operations team.

**Contact information for xxxx is as follows:**

**Email:** xxxx

**Phone: xxxxx / xxxxxx**

Helicopter Operations in any environment can be hazardous. Refer to Annex xx of this Security Plan which provides a basic set of guidelines for safe operations near operating helicopters.

In order to book and confirm any helicopter/charter flights, to include MEDEVACs XXXX must provide accurate GPS coordinates to the Air team. Additionally, depending on the nature and timing of the flight request XXXX staff may be requested to scout and mark a suitable landing zone (LZ).

**Landing Zone (LZ) Criteria**

100' Wide X 100'

Level with a firm surface

Clear of sand, gravel and other debris

No power lines, trees, poles, buildings, or other overhead obstructions near or in the area

No vehicles or people within the zone

Avoid sloped areas

**Marking the Landing Zone (LZ)**

Two vehicles with headlights crossed at the center of the LZ

Smoke canisters during daylight operations

Battery operated strobe lights

Cylume Chem-lite Sticks

**Markings such as barrier tape, flag tape, etc. should not be used**

**LZ Coordinator Responsibilities**

Command and secure the LZ

Establish radio contact with aircraft

Assist pilot in locating the LZ

Keep all bystanders away from the LZ

Keep everyone away from the tail rotor

### Public Transportation

Public transport in xxxxxxx (local taxi’s) is approved, however when available XXXX vehicles should be utilized.

Public transport in Field offices is not permitted unless otherwise directed by the District Coordinator(s).

### Movements in Field locations

In current programming areas staff will frequently be moving over unstable terrain and potentially villages with large amounts of debris and rubble. The following are minimum requirements for staff moving in these locations:

* Close toed shoes, preferably sturdy work or hiking boots
* Long pants
* First aid kit (at least one with traveling team)
* Functioning cell phone and SAT phone

For teams deploying on overnight assessment missions or deploying to the field for greater than 1 night, the following list is the minimum amount of equipment/kit required:

* Sleeping bags and pads for all deploying staff
* Shelter and/or tents for all deploying staff
* 24 hours food and water for all deploying staff
* Matches or fire-starter kit
* Secondary communications (satellite)
* First aid kit
* Lighting (i.e. torches or headlamps)
* Dry-gear for all deploying staff
* Proper footwear for all staff for field movement (trekking)

## SOP 4: Vehicles Safety & Security

### Drivers and Driving Authorization

XXXX vehicles are for official use only unless otherwise authorized by the Country Director.

**Those authorized to drive XXXX vehicles are:**

* XXXX drivers and contracted drivers (rental drivers)
* XXXX staff allocated an official XXXX vehicle

National Driving License or permit, issued by the authorities of this country, is a requirement.

**Safety & Security Rules:**

* Mobile phones will not be used when driving a vehicle.
* The number of passengers cannot exceed what the vehicle is registered for and for the number of seatbelts fitted unless in emergency situations. Seatbelts are to be used by each passenger.

### Vehicle kits

All vehicles will have the standard kit listed below due to the potential of being stranded in field locations due to road and/or weather conditions:

* Spare Tire
* Vehicle Tool Kit
* First aid kit – kit only deployed by Security Manager
* 24 hours of water and food for at least 4 people
* Sleeping and shelter gear for passengers (items still being procured)
* Lighting (i.e. headlamps) and spare batteries

### Passengers and Cargo

**Policy for non-XXXX personnel in XXXX owned or hired vehicles:**

XXXX vehicles are primarily for the transportation of individuals who are employed by XXXX and are on work duty. Non-XXXX personnel are not permitted to travel in XXXX vehicles except:

* Participants (such as counterparts or target beneficiaries) who are engaged in XXXX activities may be transported in XXXX vehicles at the time of those activities being conducted
* In case of serious medical emergency such as pregnant woman needing to reach a clinic or hospital, or a seriously sick person needing emergency transport.
* Unusual circumstances such as safety and security reasons.
* Other circumstances approved by the Team Leader.

XXXX policy does not allow any uniformed military, police or other armed person in a XXXX vehicle. No weapons or ammunition, under any circumstances, should be carried in XXXX vehicles.

If armed personnel confront you with a demand for transport, explain XXXX’s policy regarding the transport of armed personnel. If the person or group persist and pose a threat to XXXX staff or asset, then transport them. Report the incident as soon as possible to the CD.

## SOP 5: Facilities Safety and Security

### Weapons and Armed Guards

At present XXXX does not utilize armed guards at any facilities (office, warehouse, staff house).

### Office Access Control

All XXXX offices will maintain at a minimum a watchman and/or receptionist during the day and if warranted one watchman at night. All XXXX offices will maintain a door and/or gate which is lockable for after hour periods with keys remaining with the District Coordinator/Head of Office.

Basic access control protocols are as follows:

* Access door(s) to XXXX facilities will remain closed and visitors granted entry only on positive confirmation of their appointment with XXXX staff
* Visitors to XXXX facilities will remain with their host (XXXX staff) or be escorted by the watchman and/or receptionist while on XXXX premises

### First Aid Kits, Fire Extinguishers and Building Evacuation

All XXXX facilities will maintain a minimum of 1 First aid kit which is to be inventoried on a monthly basis.

All XXXX facilities will maintain at least 1 fire extinguisher per floor and the periodicity is to be checked routinely by the office Security focal point.

All XXXX facilities will clearly mark the primary and if applicable secondary evacuation routes as well as identify locations for staff to assembly in the event of a fire or earthquake.

## SOP 6: Communications System

### Primary and Secondary form of Communications, and Back-Up

|  |  |
| --- | --- |
| **Our PRIMARY form of communication is:** | Cellular/GSM |
| **Our Secondary form of communication is:** | Thuraya/Iridium |
| **Our Back-Up communications is:** | BGAN |
| Responsible for maintaining communications systems: | XXXX |

### Contact-Communication lists

Each XXXX facility will maintain an up to date communications list which lists phone numbers to include all SAT phone numbers. This will be maintained by the office Admin and disseminated to all staff.

Communications trees will be developed and maintained for each XXXX facility per Annex 4 of this SSMP.

### SAT Phones/BGAN

Satellite Phones (Thuraya/Iridium) will be utilized as the secondary form of communication for all Field Offices.

All teams deploying to remote (primarily northern) locations must deploy with a SAT phone for use as communications as well as GPS locator.

### Loss of Communication

**Procedures when the CO loses communication with personnel:**

There are two main reasons that loss of communications with a staff member should be taken seriously and followed up immediately:

1. The staff member might have been involved in a safety or security incident and needs support.
2. Loss of communications means that we cannot be certain about the whereabouts of the staff member.

Procedures:

1. Report the loss of communications to the Country Director and Security Manager.
2. Contact colleagues from the same department or office and ask if anybody has been in contact with the person(s) with whom the CO has lost communications.
3. Ascertain when was the last contact and the whereabouts of the staff member(s) when they last were in contact.
4. Confirm the travel route of staff member who is out of communication.
5. If communication has not been established in 1 hour, the loss of communications will be treated as a ‘Missing Person Incident’ and the Country Director will activate its Critical Incident Management Team (CMT).

## 

## SOP 7: Incident Reporting and Analysis

### Definition of a Safety & Security Incident

A safety and security incident is an event that:

* Causes harm to XXXX staff (injury, serious illness, or death)
* Causes loss of, or damage to, XXXX property/assets
* Presents a potential safety or security risk to XXXX staff and/or property or may incur a subsequent liability to XXXX

A safety and security incident can also be:

* A threatening action against XXXX staff or property (written, verbal or physical gesture that signifies the intent of causing harm)
* A ‘near incident’ – an event that almost caused harm to XXXX staff; or almost caused loss of, or damage to, XXXX property e.g. attempted thefts/burglaries, attempted car-jackings etc

### Incident Reporting Steps

1. Notify the Security Manager directly, immediately after the incident has occurred and confirm the condition of all XXXX staff who are present in that location. The immediate incident report must include at a minimum the following:
2. Name of XXXX staff reporting incident
3. Time and location of the incident
4. Description of the incident
5. Who is involved? Details of the victim(s) of the incident, if any.
6. What action has been taken so far?
7. What is needed?
8. Next communication (when, how and to whom)
9. Written Incident Report submitted to the Security Manager per Annex 3 of this SSMP.
10. The Country Director will decide on follow up and action.

# Part Three:

# Critical Incident and Contingency Planning

## Critical Incident Management

### Critical Incident Management Team

The following list sets out the Critical Incident Management Team (CMT) for any critical incident encountered within xxxxx. This will be updated as required per rotations of staff.

|  |  |  |
| --- | --- | --- |
| **CMT Position** | **Name/ Position** | **CMT Functions** |
| CMT Leader | xxxxx | Lead & manage CMT, key decision maker. Liaise w/ HO / RMU. Media spokesperson. |
| XXXX Nepal Liaison | xxxxx | Liaison for Country Office and any additional support |
| Deputy CMT Leader | xxxxx | Supports the CMT leader. Leads the CMT meetings in CMT Leader’s absence. |
| Operations Manager | Direct support to crisis location. |
| Safety & Security | xxxxxx | Safety & Security Advisor. |
| HR | xxxxx | Communications with family of affected national staff. |
| Field- Sub-Office Rep. | xxxxxxx | Link to Field CMT |

#### CMT Operations Room

* Located in XXXX Country Office – meeting room to be determined.
* Country Office Admin Manager is responsible to ensure that the room on short notice can be converted into a CMT Operations Room. This includes:
  + Ensuring adequate power outlets
  + Phone lines are installed and working
  + Test of communications equipment from the room
  + Stationary Kit including logbook prepared
  + Whiteboard/Flip Charts
  + Maps prepared

**Keep good and clear records:**

* The CMT log should be started as soon as the CMT meets. The log should record all decisions made and actions taken, and any other relevant information.
* It is important to keep records and correspondences with regard to the crisis.
* Keep and file all documents related to the crisis. There may be a need for documentation in connection with follow up and analyses of the crisis, and/or in connection with insurance or legal claims resulting from the crisis.

### External XXXX support

*“Each critical incident is different and will thus be managed differently. However, the following coordination mechanism will ensure that roles and responsibilities are quickly and effectively allocated in order to ensure the incident is managed as well as possible.*

1. *COs will immediately advise HQ if a critical incident occurs involving an staff member.*
2. *When a critical incident occurs and the HQ shall immediate convene a meeting with all relevant stakeholders to determine specific roles and responsibilities. The HQ CMT remains the final decision making authority.*

* Regardless of the level of external support required in the event of a critical incident, the CO should inform HQ immediately and keep them informed throughout.

### Other Preparedness

To ensure efficient communications during a critical incident (crisis) it is important the following documents in the CO are kept up to date at all times:

* SSMP
* Staff lists with contact details
* RED (Record of Emergency Data) for all staff and visitors
* Communication Tree

## Contingency Planning

### General

Effective security planning aims to anticipate and avoid risks. Contingency plans are part of the overall safety and security planning process and outline pre-established protocols and procedures in response to a critical incident or an emergency. Contingency plans must be rehearsed.

Contingency planning will be undertaken when there is a high risk that a critical incident or an emergency will occur. When a new contingency plan is developed it will be added to the ones already included below.

### Contingency planning process:

* Situational analysis and risk assessment
* Identification of high risk scenario(s)
* Determine response options to the identified scenario(s) and select the best option
* Identify action points / activities for the option chosen, and resources required
* Assign responsibilities
* Examine control/ coordination considerations
* Identify possible trigger points
* Draft the contingency plan

## Medical Emergency Response and Medical Evacuation Plan (MEDEVAC)

### Critical Information

|  |  |
| --- | --- |
| **Primary threats to staff in our area of operations:** | * Road traffic accidents in remote locations * Personal accidents (walking/trekking) in remote locations * Exposure during overnight periods due to heavy/inclement weather in remote locations * Personal/individual illness and/or medical condition in remote location |
| **Nearest hospital to the CO:** | * xxxxxx * xxxxxxxx |
| **Emergency Medical Insurance company for National Staff:** | **Confirm via CO HR** |
| **Emergency Medical Insurance company for International Staff:** | Name of Insurance Company: xxxxxx  Policy number: xxxxxxx  Contact number(s): x |
| **For staff and visitors not contracted by XXXX, and consultants, please refer to their Record of Emergency Data (RED) for emergency medical insurance contact details.** | |
| **Other information regarding medical evacuation or relocation:** | The decision whether or not to Medevac is made by the doctor/medical staff and the insurance company medical staff, in collaboration with XXXX. |

### Procedures to follow for Medical Emergency and Evacuation

|  |  |  |
| --- | --- | --- |
|  | **ACTION** | **Responsibility** |
| 1 | Confirm status of the victim. | First respondent\* |
| 2 | Stabilise the patient(s) and give First Aid. | First respondent\* |
| 3 | Call ambulance or move injured staff member to nearest medical facility. Give your name, exact location and type of injuries. | First respondent |
| 4 | Notify the Field SSFP, Security Manager or Country Director and provide initial report and current location. | First respondent |
| 5 | Notify hospital (if not done by first respondent). | SSM or SSFP |
| 6 | If in remote location prepare for MEDEVAC | SSM or SSFP |
| 7 | Continue to give first aid. Closely monitor the patient. | First respondent |
| 8 | If deemed necessary, call CMT meeting. Allocate tasks. | Country Director |
| 9 | Inform family. | HR Manager / Country Director |
| 10 | Consult with doctor regarding further treatment. | HR Manager/Country Director |
| 11 | Consult with doctor regarding need for Medevac | Country Director |
| 12 | If international Medevac is required immediately, contact the Insurance Company and coordinate further procedures and action. | Country Director |
| 13 | Complete Incident Report. | SM or CD |

\* First Respondent: The XXXX staff member that arrives first on the scene.

### Critical Information to Provide in support of a Medical Evacuation

**This information will help to facilitate an appropriate and quick response and/or medical advice.** This checklist must be kept in each vehicle, and reception area of all XXXX facilities and guesthouses.

**a. General**

1. Your location and contact, telephone number
2. Number of patient(s).
3. Name, age and sex of patient(s).
4. Insurance membership number

**b. Medical**

1. General nature of the problem, e.g. car accident, a fever, a collapse, an assault, etc.
2. The time the incident occurred or duration of the illness.
3. Is the patient conscious or unconscious?
4. Is the patient breathing?
5. Does the patient have a pulse?
6. Is the patient confused (do they know their name and where they are)?
7. Is the patient in pain (where is the pain)?
8. Is the patient bleeding (where are they bleeding and how much)?
9. Is the patient able to walk (with support or without)?

**c. Location Of The Patient** (*e.g. hospital, health centre or lodge, home, at site of accident)*

1. If the patient is in a hospital/health centre request the medical person in charge to talk directly to the evacuation company or get a medical report for them (diagnosis, general condition, vital signs, treatment).
2. If the patient is still on site of the accident, what First Aid treatment has been given (if any) and by whom?

**d. Airstrip/ Helipad**

1. Which is the nearest airstrip/ helipad? (if possible, provide coordinates)
2. Condition of the airstrip/ helipad (tarmac, dirt, grass)? Lighting facilities?
3. What is the security situation around the airstrip/ helipad?
4. Weather report (rain, heavy cloud, clear sky)?
5. Is transport to the airstrip available, yes or no?
6. How many people will accompany the patient on the flight?

## Missing Person

**XXXX staff overdue. No contact has been** made

First responder informs Line Manager and the SM

If reason for delay/ lack of contact is determined, inform the CD

SM to determine if there is a known reason for delay/ lack of contact

**YES**

**NO**

Attempt alternate means of contact. Reassess until contact made or arrival.

SM informs CD. Start log.

If national staff: inform family.

CD informs HQ

If international staff: inform family and embassy.

Complete Incident Report if required.

Contact police and NGOs in the area where missing person expected to be.

Until information otherwise receives, this will be treated as a missing person incident.

Continue support for family and staff, i.e. stress.

Convene Crisis Management Team and begin to develop response/management strategy

# Part Four:

# Annexes

## RED Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **PERSONAL Contact Information** | | | | **DATE of submission:** | |
| **Name:** | | | | **Date of Birth: Gender:** | |
| **Address:** | | | | **Phone:**  **Mobile:**  **Email:** | |
| 1. **EMPLOYER Emergency Contact Information** (to be contacted prior to or at the same time as family) | | | | | |
| **Job title and employing XXXX Member:** | | | | | |
| **Line Managers name and job title:** | | | | | **Phone:**  **Mobile:**  **Email:** |
| **Safety and Security Focal Point name:** | | | | | **Phone:**  **Mobile:**  **Email:** |
| 1. **EMPLOYEE Emergency Contact Information** # | | | | | |
| **Primary Contact:**  **Relation:**  **Preferred language:** | | **Address:**  **Place of Employment:** | | | **Phone:**  **Mobile:**  **Work:**  **Email:** |
| **Secondary Contact:**  **Relation:**  **Preferred language:** | | **Address:** | | | **Phone:**  **Email:** |
| **Additional Contacts/Family: \*** | | **Relation: \*** | | | **Contact Information: \*** |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
| **Proof of Identity Question[[3]](#footnote-3)**  **Q:**  **A:** | | | | | |
| 1. **EMPLOYEE Insurance** (cover illness, accidents, medical evacuation, and repatriation) **& Medical Information** | | | | | |
| **Health / Travel Insurance contact information:** |  | | | | **Insurance Number:** |
| **Repatriation arrangement:\*** |
| **Allergies:** |  | | | | **Blood Type:** |
| **Medical Condition: \*** |  | | | | |
| **Medication: \*** |  | | | | |
| **Dentist contact information:**  **Phone:**  **Email:** | | | **Personal Doctor Contact Information:**  **Phone:**  **Email:** | | |
| 1. **PASSPORT INFORMATION** | | | | | |
| **Nationality(ies):** |  | | | | |
| **Passport number(s):** |  | | **Issued on, valid until:** | | |
| 1. **ADDITIONAL INFORMATION – Special wishes, notes \*** | | | | | |

*# At least one of the contacts provided (e.g. secondary contact) should be located outside the country being visited.*

**\*** *Optional or if applicable.*

## Safety & Security Incident Report Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | |  | | --- | | **Safety and Security Incident Reporting Form** | | | | |  |  |  |
|  | Red Questions\* must be filled in. | | | | | |  |
|  | Text boxes have limited space. If you have more text, please use page 3. | | | | | |  |
|  |  |
|  |  |  |  |  |  |  |  |
|  | Choose Category\* | |  | Subcategory | |  |  |
| **Incident Category\*** | Choose from drop down menu | |  | Choose from drop down menu | | |  |
|  | **\*Choose between**: Be on the lookout; Attack; Bombardment; Landmine UXO; Bomb Attack; Theft; Abduction Hostage; Detention Arrest; Threats; Sabotage; Civil Unrest; Transport; Weather Disasters; Accident Fire; Health. | | | Please select a subcategory after choosing a parent category. | | |  |
| **Near miss?** |  | |  |  |  |  |  |
|  | Yes/No/Do Not Know | |  |  |  |  |  |
| **Basic Description\*** | Text boxes have limited space, if you have more text, use page 3. | | | | | |  |
|  |  |
|  |  |  |  |  |  |  |  |
| **Date of Incident\*** |  | |  | Example: 24-3-2014 | | |  |
|  |  |  |  |  |  |  |  |
| **Time of Incident\*** |  | |  | Example: 14:33 |  |  |  |
|  |  |  |  |  |  |  |  |
| **Estimated Time** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Location\*** |  |  |  |  |  |  |  |
| Country |  | | | | | |  |
| Region |  | | | | | |  |
| City |  | | | | | |  |
|  |  |  |  |  |  |  |  |
| **Impact** |  |  |  | Fatality | Injury | Kidnapped |  |
| Staff & other persons | Number International Staff | | |  |  |  |  |
|  | Number National Staff | | |  |  |  |  |
|  | Number Other Persons | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Details of impacted staff |  | | | | | |  |
|  |  |
|  |  |  |  |  |  |  |  |
| Property lost/damaged |  | | | | | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Estimated amount of loss / damage (USD $) |  | | |  | |  | | --- | |  | | |  |
|  |  |  |  |  |  |  |  |
| Programme impact | Choose from drop down | | \* Hibernation, Evacuation, Suspension, Relocation, Closure, Expulsion. | | | |  |
|  |  |  |  |  |  |  |  |
| **Who was Impacted?** |  |  |  |  |  |  |  |
| Incident own Organisation? \* |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Other group / organisation impacted |  | | | | | |  |
|  |  |  |  |  |  |  |  |
| Which individuals / groups contributed to the incident to happen? | For example: Criminals | | | | | |  |
|  |  |  |  |  |  |  |  |
| **Quick analysis** |  |  |  |  |  |  |  |
| Aid worker involved \* |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Significant change in local context? \* |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Serious consequences for own organisation? |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Full description |  | | | | | |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |
| Source of information |  | | | | | |  |
|  |  |  |  |  |  |  |  |
| Immediate actions taken |  | | | | | |  |
|  |  |  |  |  |  |  |  |
| Who has been informed? |  | | | | | |  |
|  |  |  |  |  |  |  |  |
| Implications for staff |  | | | | | |  |
|  |  |  |  |  |  |  |  |
| Further actions to be taken |  | | | | | |  |
|  |  |  |  |  |  |  |  |
| Project location |  | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Contact person |  | | |  |  |  |  |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |
| Additional information |  | | | | | |  |

**Please send to:**

The SM/ SSFP, (copy to Country Director and your supervisor).

**Please note**:

* The SSM/ SSFP will enter the information into the XXXX incident database
* This form is not and does not replace the Insurance Claim Form. If a claim is to be sought you must complete the Insurance Claim Form and forward to HRD or Insurance Company. This form is for internal use only to have on record any incident or injury where a claim may be sought at a later date.

**­­­­­­­­­**

**Guidance on completing the Safety and Security Incident Report Form**

A safety or security incident at XXXX is defined as any event that:

* results in injury or death of XXXX staff and/or
* damage or loss of XXXX assets or
* presents a potential safety or security risk to XXXX staff or XXXX assets or
* may incur a subsequent liability to XXXX.

All incidents should be reported regardless of whether they happen in work hours or off duty. Attempted thefts, attack/assaults etc. of a serious nature should also be reported

If you are unsure whether an Incident Report form should be completed please contact the Safety and Security Focal Point for advice.

SIMSon Drop Down Menu

|  |  |  |  |
| --- | --- | --- | --- |
| **Categories** | **Attack** | **Bombardment** | **Landmine/UXO** |
| Be\_on\_the\_look\_out | Bodily Assault | Mortar | Landmine |
| Attack | Sexual Harassment | Artillery | UXO |
| Bombardment | Murder | RPG |  |
| Landmine\_UXO | Cross-fire | Aerial Bombing |  |
| Bomb\_Attack | Tribal/Clan Clash | CBRN |  |
| Theft | Sniper-fire |  |  |
| Abduction\_Hostage | Complex Attack |  |  |
| Detention\_Arrest | Shooting |  |  |
| Threats | Ambush |  |  |
| Sabotage |  |  |  |
| Civil\_Unrest | **Bomb\_Attack** | **Theft** | **Abduction/Hostage** |
| Transport | Hand Grenade | Burglary | Abduction |
| Weather\_Disasters | IED | Car-jacking | Hostage Situation |
| Accident\_Fire | BBIED | Fraud |  |
| Health | VBIED-RC | Robbery |  |
|  | VBIED-Suicide |  |  |
| **Be\_on\_the\_look\_out** |  |  |  |
| Elections | **Detention/Arrest** | **Threats** | **Sabotage** |
| Announcement | Detention | Observed surveillance | Arson |
| Demonstrations | Arrest | Harassment | Sabotage |
|  |  | Death Threat |  |
| **Programme Impact** |  | Bribery |  |
| Hibernation |  | Blackmail/Extortion |  |
| Evacuation |  |  |  |
| Suspention | **Civil\_Unrest** | **Transport** | **Weather/Disasters** |
| Relocation | Demonstration | Boat Accident | Flood |
| Closure | Rioting | Motorbike Accident | Avalanche |
| Expulsion | Looting | Vehicle Accident | Landslide |
|  |  | Aircraft Accident | Earthquake |
| **Near Miss?** |  | Road Block | Tsunami |
| Yes | **Accident/Fire** |  | Cyclone/Typhoon/Hurricane |
| No | Occupational Accident |  | Volcanic Eruption |
| Do not know | Fire |  |  |
|  |  |  |  |
|  | **Health** |  |  |
|  | Illness/Disease |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Communications Tree Template and Instructions

### Communications Tree Template



### Communications Tree Instructions

**THE COMMUNICATIONS TREE MUST BE UPDATED AND DISTRIBUTED WHEN THERE ARE CHANGES IN STAFF AND/OR MOBILE PHONE NUMBERS.** Responsible: Admin, supported by Security Manager

1. **Communication Tree (CT)**

* The CT is used to pass on important and urgent Safety & Security information
* The SM is responsible for testing the CT monthly
* The CT consists of three or four levels: 1) Head of Tree (CD) – 2) Heads of Branches – 3) Heads of Sub-Branches – 4) Final recipients (in offices with less than 30 staff three levels are sufficient)

1. **Procedures for activation of the CT:**
   1. Information should be SMS’d (texted), phoned (voice) or in other way communicated to the Head of Tree
   2. The Head of Tree should verify the information, and decide whether to activate the CT
   3. Activation: The Head of Tree sends out SMS to all Heads of Branch
   4. The Heads of Branch forward the SMS to all Heads of Sub-Branch and to the Head of Tree (this is a confirmation to the Head of Tree that the SMS has been sent out by all Heads of Branch). See also point h. below.
   5. If needed, Head of Tree must follow up any Head of Branch who does not forward the SMS
   6. The Heads of Sub-Branch send out to all staff in their branch, and to the respective Head of Branch (this is a confirmation to the Head of Branch that the SMS has been sent out by all Heads of Sub-Branch). See also point h. below.
   7. If needed the Head of Branch must follow up any Head of Sub-Branch that does not forward the SMS
   8. For those staff who do not have mobile phones, the exact wording of the original message must be forwarded by other means than text messaging, for example phone call or face to face. If not possible my SMS, confirmation that all recipients have received the message must be communicated by other means.
2. **Preparations**
   1. Head of Tree, Heads of Branch, and Heads of Sub-Branch must at all times have updated list/group of contacts in their mobile phone to whom they are responsible to send S&S SMS to.
   2. Whenever the SSM sends out an updated version of the CT, Head of Tree, Heads of Branch and Heads of Sub-Branch must update their list/group in their mobile phone accordingly
3. **Acting up**
   1. If Head of Tree is unavailable/away, the appointed Officer in Charge is the Head of Tree
   2. If any of the Heads of Branch is away the alternate is one of the Head of Sub-Branch (indicated with \* in the above template)
   3. If any of the Heads of Sub-Branch are away, the alternate is one of the Final recipients (indicated with # in the above template)

1. [↑](#footnote-ref-1)
2. Where feasible systems exist to do so [↑](#footnote-ref-2)
3. *Choose a personal question that only you will be able to answer, and that you will remember under stressful conditions.* [↑](#footnote-ref-3)