BEST PRACTICE

for Ambulance Services in Risk Situations

Outcome of workshops co-hosted by the Colombian Red Cross and the Lebanese Red Cross, with the participation of twelve National Red Cross and Red Crescent Societies

HEALTH CARE IN DANGER IT'S A MATTER OF LIFE & DEATH

Norwegian **Red Cross**

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THE SEVEN FUNDAMENTAL PRINCIPLES
OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

HUMANITY
The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours in its international and national capacities, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health, and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

IMPARTIALITY
It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

NEUTRALITY
In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

INDEPENDENCE
The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

VOLUNTARY SERVICE
It is a voluntary relief movement not prompted in any manner by desire for gain.

UNITY
There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

UNIVERSALITY
The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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INTRODUCTION

BACKGROUND

Violence against health care in armed conflicts and other emergencies is widespread and affects individuals, families and communities. In terms of the number of people directly and indirectly affected, it represents one of the biggest humanitarian problems today. Yet it remains a largely under-recognised issue.

To address problems specifically related to ambulance and pre-hospital services, a workshop was organised by the International Committee of the Red Cross (ICRC) and the Mexican Red Cross, on 20–24 May 2013. It focused on developing an understanding of the challenges that health care personnel face when providing ambulance and pre-hospital services in risk situations. In these circumstances, ambulance and pre-hospital services are put under immense strain and pressure. Resources and capacity may be exhausted, and the possible destruction of infrastructure may be an impediment to the safe delivery of health care. In such environments, being a first responder can be dangerous, both for the first responders and for the casualties in their care. Operating in these situations can be difficult at best, as indirect or direct attacks against, as well as misuse, arbitrary obstructions or looting of medical vehicles poses a serious challenge to the safe delivery of effective and impartial health care.[1]

This report seeks to complement the above-mentioned process with more practical recommendations, specifically focused on best practices for the volunteers and staff conducting ambulance and pre-hospital operations. While some of the following examples are tailored specifically to Red Cross Red Crescent (RCRC) operations, many of them are also relevant for other organisations and institutions. These best practices should be understood as a set of examples on the basis of which national societies may review their existing standard operating procedures (SOPs). In other words, it should be viewed as a menu from which certain examples can be picked out and contextualised in order to strengthen current areas of risk exposure. The following best practices must under no circumstances be blindly integrated into existing SOPs, because those that are relevant in one context might end up being counterproductive in another.

METHODOLOGY

The information that forms the basis of this report was gathered through two workshops organised by the Norwegian Red Cross. The first was hosted by the Colombian Red Cross on 17–19 September 2014, and the second was hosted by the Lebanese Red Cross on 14–16 December 2014. Staff and volunteers with extensive operational experience in the ambulance and pre-hospital sectors represented the 12 national societies that participated in the two workshops. These participating national societies selected the topics that best reflected both the challenges they faced and the areas where they have the most relevant experience. The following report is a consolidation of the input provided by the participants of both workshops.

1 ICRC and NorCross, Ambulance and Pre-hospital Services in Risk Situations, ICRC, Geneva, 2013. Available online: https://www.icrc.org/eng/resources/documents/publication/p4173.htm

BASIC ATTRIBUTES
AND CONDUCT OF PERSONNEL

CODE OF CONDUCT

A code of conduct (CoC) is the cornerstone of the national society's (NS) human resource management. It provides fundamental behavioural rules that the volunteer or staff commits to following when joining the organisation, with the aim of maintaining the quality of the service.

While the appropriate behaviour can contribute to facilitating safer access, inappropriate behaviour of just one staff or volunteer can seriously affect her security and the security of her colleagues, as well as jeopardize the reputation of the NS as a whole. The effects of one inappropriate action are not limited in space or time.

Ambulance and pre-hospital services are often the first NS members to arrive on site, where they regularly face situations where tensions are high and incidents can occur. Such tensions can be managed or exacerbated depending on the behaviour of the responders on site. A context-specific CoC is therefore an essential part of mitigating risks faced by the responders, and can contribute to safer operations. Additionally, a CoC helps to present a unified image to the public, by homogenizing key principles, thus reducing the risk of any major variations between the working modalities of those operating in different areas of the country.

The first step is for the NS to assess whether it needs a CoC specifically for ambulance or pre-hospital services. During this process, the NS should at least consider the number of staff and volunteers belonging to the ambulance service, the specificity of the service, and its exposure to risk in comparison to the NS's other activities. For some NSs, other operational departments are also, at times, the first to arrive on site. In these cases, the NS might consider either ensuring that there are several common clauses in their CoC and that of the ambulance service. Alternatively, the NS could develop a CoC that encompasses both operational departments.

Principle:
A CoC specifically focused on ambulance or pre-hospital services should include articles that are operational in character, focusing on how to behave in the field.

Examples of best practice:

- Receiving donations directly should be prohibited. If not fully prohibited, then strict rules should be in place, specifying under which circumstances donations can be accepted. One example may be allowing such donations only if signed donation receipts are included.
- The NS ambulance team should never charge additional fees to patients or families.
- Staff and volunteers must refrain from taking photographs during missions.
- Staff and volunteers must always identify themselves properly: orally, through the proper use of the uniform, by carrying NS official identification and a detailed mission order where applicable.
- Any inappropriate behaviour or situation that may jeopardize the mission or the security of the team must be reported.

Principle:
A CoC should encompass behaviour during and outside of duty.

Examples of best practice:

- It should make reference to politeness, assertiveness and communication at the site.
- It should include clear regulations regarding the use of social networks.
- It should include rules regarding the use of communication equipment, such as radio and satellite phones, both during and outside of duty.
- It should require staff and volunteers to inform their superiors if they have a relationship that could compromise the security of the teams or the integrity of the service.
- Reference should be made to respecting lines of command during missions and hierarchy outside of missions.
- A CoC should encourage responders to act assertively in accordance with the Seven Fundamental Principles of the International Red Cross and Red Crescent Movement (the Seven Fundamental Principles).

Principle:
A CoC should include elements pertaining to professional ethics, accountability and sanctions.

Examples of best practice:

- Staff and volunteers must sign the CoC or confirm that they have received, read and understood it.
- A separate document outlining a scale of sanctions in the event of a breach can be presented along with the CoC. Sanctions should preferably be those of the NS rather than the judiciary, though this may also be necessary in some cases, such as when a volunteer has committed or is accused of committing a crime.
- Criteria as to when a volunteer's engagement with the NS should be terminated must be clear. They may include improper driving, the use of psychoactive substances, fraud, theft, the use of his position for personal gain, serious breaches of established security regulations or any serious breach of the Seven Fundamental Principles.
- Reference to how volunteers may be rewarded should also be considered. These may include the possibility of passing steps in a "volunteer career system", skill-based certifications, as well as public recognition or more generally the promotion of the volunteer image.

Principle:
A CoC should be grounded in the context in which the service operates.

Examples of best practice:

- The CoC should include or reflect the existing legislative framework that is relevant to the ambulance service.
- The CoC should be culturally sensitive and therefore not simply taken from another source without careful review of each clause.
- The CoC should be reviewed regularly, taking into consideration any changes in the context in which it is applied.
- Frame the content of the CoC in the overall approach of the NS. For example, in order to reach beneficiaries, we need safe access, and for safe access, we need a good image, which is maintained in part through the volunteers' appropriate behaviour.

Principle:
Practical measures should be put in place to ensure that the CoC is read, known and understood by all staff and volunteers.

Examples of best practice:

- Consider having a training course on the content and implementation of the CoC for all new staff and volunteers. It may include a test, the passing of which can be a pre-requisite for successfully completing the probation period. Such training courses may also be relevant as refreshers for those that have already volunteered or worked for the NS over a longer period, especially if changes are made to the CoC.
- Organise refresher courses.
- Keep the CoC as short and simple as possible. If it is difficult to prioritise, consider what can be moved to other organisational documents. A pre-requisite of literacy or absence of criminal record could for instance be included in recruitment procedures rather than the CoC.
- Make the CoC visible in the NS offices, stations and website.
- Reference to the CoC should be integrated into the NS rules and regulations, training and procedures.
- Compliance with the code of conduct should be a part of appraisals.

Other sources of inspiration:

1. The Seven Fundamental Principles.
2. The CoC of the International Federation of Red Cross Red Crescent Societies (IFRC).
3. The CoC of the ICRC.
4. The CoC of other National Red Cross and Red Crescent Societies.
5. Evaluations and lessons learned from past experiences.

The NS's staff and volunteers. By adopting a participatory approach when developing or updating the CoC, management will help ensure ownership and implementation on the part of the responders.

Obstacles to implementation:
There are many obstacles to the successful implementation of the CoC, and it is advisable that the NS consider potential obstacles and mitigate their risk of arising. Although it is not within the scope of this document to outline all possible obstacles, these may include lack of the necessary time and resources required to have all volunteers trained in the CoC, management neither leading by example nor actively seeking to enforce the CoC, and tensions with local communities who do not understand the Seven Fundamental Principles and therefore disagree with their implementation through the responders' attempt to adhere strictly to the CoC.

PROFESSIONAL LANGUAGE AND DIALOGUE

The access and security of the ambulance teams can be affected by their dialogue with those they encounter during missions. Interlocutors may include members of the security forces, armed groups, the local community and relatives of the victims; and even the way that the team members communicate to each other can have consequences. Responders must be made aware of how their language can escalate a situation unnecessarily and what measures can be taken to mitigate such risks.

Principle:
Technical language common to the responding teams can contribute to more efficient and safer missions.

Examples of best practice:

- In order to facilitate the efficiency of the response, the responding team should use common and consistent language internally. Uneven use of, for instance, acronyms and codes can result in misunderstandings, delays and even heightened risk.
- Restrict the use of technical language exclusively to team members. Use simple language for others, such as the family of the patient, when for example explaining the next steps in the handling of the patient.

Principle:
Responders must be aware of their immediate surroundings and use the appropriate language at all times.

Examples of best practice:

- Upon arriving at the scene, mitigate the potential for disappointment by managing expectations in terms of what service can be provided and what is not realistic.
- Refrain from inappropriate or disrespectful language and behaviour at any time. Relatives may be nearby when a responder is communicating on the phone, on the radio or to a fellow responder. Unprofessional comments about the state or prognosis of the patient may frighten or anger the patient's relatives.
- Ensure respect for the cultural and religious customs of the patient. Be aware of the culture in the area that could be relevant for your actions and if unsure, ask the family about the traditions applicable to the situation at hand. For example, in the case of a death, the responders should know the appropriate ways of handling the body before, during and after transport in the ambulance.
- Set your language and tone of voice according to the situation. In a chaotic environment with many people, it may be more effective to speak loudly and assertively, while one should show empathy and use a more quiet tone if the situation is calm and only a few family members are present.
- When responding in communities where another language is used, ensure that someone in the team can speak and understand the same language. Effective communication with family members may be vital to avoid misunderstandings that can lead to aggressive behaviour against the responders.

UNIFORMS

The use of uniforms is a way to ensure unity. Responders with a specific uniform must reflect the skills and service that this uniform represents so that the community knows what to expect from them. When the ambulance service has a strong reputation within the local community, the identifiable uniform also contributes to facilitating the access of easily recognisable volunteers. In situations of risk, it may also afford a degree of protection to the volunteer wearing the uniform. At times, unfortunately, volunteers wearing uniforms clearly identified with the Red Cross, Red Crescent or Red Crystal emblem are targeted.

Principle:
The uniform must be uniquely used to reflect the specific capacity of the NS ambulance service and be easily differentiated from the uniforms of other organisations.

Examples of best practice:

- Differentiating the NS ambulance service uniforms from others is especially important in times of conflict where other organisations may not benefit from the same mandate and reputation. In order to avoid the copying of uniforms by other actors, consider patenting or potentially making amendments to the NS's uniforms.
- The NS's administrative staff or volunteers in departments without the technical skills required to respond to a situation, should not wear a uniform identified with a particular technical or operational service.

- Avoid the use of emblems on day-to-day clothing, as it can confuse the community. This includes the use of for instance shirts with logos of RCRC projects
- Disseminate laws on the use of the indicative and protective emblems.
- Restrict the use of personal equipment or clothing that can contribute to confuse the common identity portrayed through the uniform of the volunteers. Such items would include sunglasses, personal headwear or personal rucksacks.

Principle:
All components of the uniform must contribute to safer and more efficient missions. As such, they must be carefully considered before being approved for operational use.

Examples of best practice:

- Avoid using accessories that may cause confusion or be interpreted as a threat. A small first aid kit may be added on the side of the belt as a fanny-pack with the intention of reducing the time it takes for the volunteer to treat the patient on site. However, when the volunteer accesses the content of the fanny-pack, it will also require him/her to make a movement similar to that of pulling a small weapon out from a gun holster.
- Consider establishing a visual identification system on the uniform in order to identify the level of technical expertise or command of the operational staff/volunteers.
- Evaluate pros and cons with regard to the extent to which the uniform identifies the volunteer. Including the volunteer's name on the uniform may foster trust, but it may also expose the volunteer to additional risk during the mission or at a later stage.
- Consider requiring volunteers to carry their NS identification card as an integral part of their uniform. In some contexts, volunteers may be required to carry their NS identification outside of duty as well, so that they can identify themselves when relieving other volunteers who do not know them personally.

Principle:
The NS must enforce rules with regard to the management of uniforms outside of operational activity.

Examples of best practice:

- Wearing the uniform outside of work/volunteering should be prohibited. This can negatively affect the image of the NS and diminish respect for what the uniform is supposed to represent. Appropriate sanctions should therefore be in place to help enforce this rule.
- Individuals who stop volunteering must hand in their uniforms.
- If a uniform is lost or stolen, it should be immediately reported to management.
- Regulate the disposal of uniforms, whether through destroying the logos and emblems, through controlled burning of the uniform, or by discolouring the uniform before disposal.

THE CONCEPT OF **ACCEPTABLE RISK**

The concept of acceptable risk refers to the level of risk – including financial, reputational, or even the risk of loss of life – that is considered tolerable in view of a cost-benefit analysis. An ambulance service operating in dangerous contexts should be aware of the existing risks and how to mitigate them, as well as the level of risk that the institution is willing to take to fulfil its mission. For instance, how much risk should the teams take when a life is at stake? Does this threshold increase when several lives need saving? What about a situation where one of the NS's own volunteers is at risk; does this go above and beyond, or should the responding team stick to the same risk level?

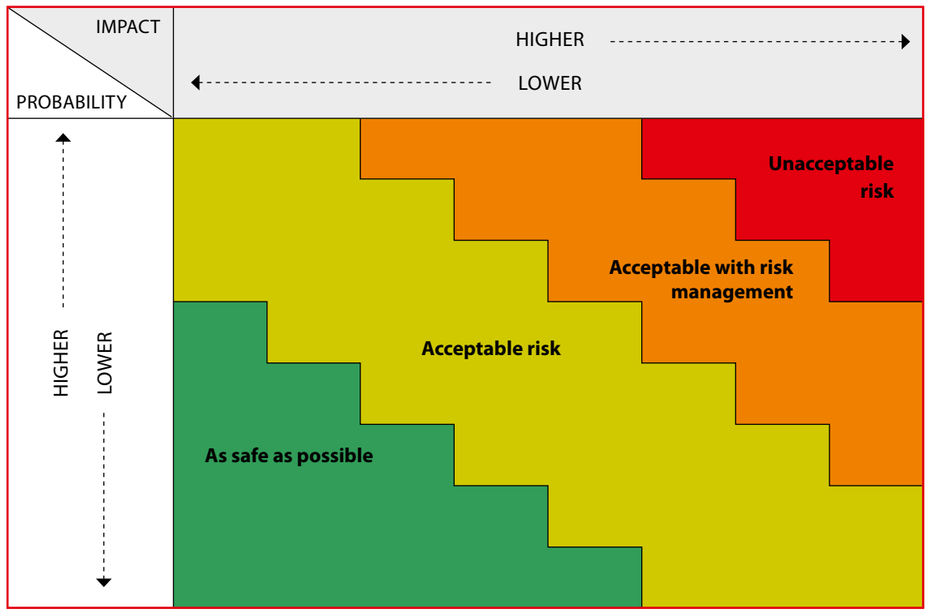
It is important that the NS has thought through such questions before situations arise. There should be clear guidelines for how different risk levels are defined and what the acceptable level of risk is according to relevant scenarios. This can facilitate more efficient decision-making for managers in tense situations. Clear thresholds can also serve as a way of preventing danger habituation, because even when there has been some awareness that a situation is deteriorating, additional measures are not always taken until after an incident has occurred.

Principle:
The ambulance or pre-hospital service will operate more securely if it does so according to informed and predefined thresholds of acceptable risk.

Examples of best practice:

- Develop institutional thresholds of acceptable risk based on regularly reviewed security assessments, including clear and informed risk mitigation measures, especially for risks that are more probable and have a high impact (see Table 1). These thresholds should be communicated to and understood by all responders and in particular the team leaders, at all times.
- Changing the threshold of acceptable risk must be done according to predetermined criteria in order to avoid reliance on subjective decision-making, which can be prone to danger habituation. An example of such criteria may be the number of critically wounded. The number of dead however, would usually not legitimise responders taking more risks than usual.
- The concept of acceptable risk should be institutionalised at all levels before problems arise. Managers should understand the policy of the NS and where their proactive and reactive responsibilities lie.
- If two sources provide contradictory information when assessing the level of risk of a given mission, the dispatch should rely on the information that matches, and cross-check the rest with a third source before intervening (triangulation method). This can for example be done by contacting volunteers from the area where the incident took place.

Table 1: *Risk mapping and threshold of acceptable risk:*



The above matrix is a simple tool to map risks along an X-axis of probability and a Y-axis of impact. Based on the current context and the risk mitigation measures that are in place, how "probable" is it that a certain security incident takes place and if it does, how seriously will it directly impact the ambulance/pre-hospital teams. Indirect impact must also be considered, such as the effect an incident may have on the national society's reputation and future access for instance.

An ambulance service operating in a conflict context will at times need to respond in risky situations in order to fulfil its mandate. It must therefore respond beyond the green area above, unless it lacks the competence to. In order to ensure that it can reach more victims, it must devise and implement mitigation measures to reduce either the probability of an incident directly affecting the team, or the degree to which it can impact them. In other words, the national society should consider focusing on how to effectively manage risk (being as safe as necessary) rather than solely on minimizing it (being as safe as possible). The limits of such measures should be understood so that the line between acceptable and unacceptable risk is as clear as possible.

Whichever threshold of acceptable risk the national society operates with, it is essential that the responding staff and volunteers are insured accordingly.

SECURITY ASSESSMENTS

Security assessments are essential for the NS to gauge whether or not it is sending its responders into a situation that is above its threshold of acceptable risk. Usually, the NS will have a wide internal and external network from which to collect information that can contribute to a safer access for its teams. It is critical however, that procedures are in place to ensure that this information reaches operational decision makers. Furthermore, the security assessment will not just rely on information collected in situ, but also background information that is more systematically gathered. It is a process that takes place before, during and after the mission.

Principle:
For effective and contextual security assessments, the NS must have updated information readily available at all times.

Examples of best practice:

- The NS must conduct regular risk mappings for all areas and provide updated information to management and the operations room.
- The operations room must have updated information on the human resources available in country. This should include the contact information of focal points for each area that can support in cases where additional information is needed before or during a mission.
- Operational management can benefit from persons of confidence, not necessarily from within the NS, who can provide or cross-check information.

Principle:
Relevant data to ensure an informed primary assessment must be systematically collected before dispatch and during the mission.

Examples of best practice:

- Primary security assessments (primary assessment) should start upon receiving the call and should be led by the operations room. For a sample check list regarding what information should be systematically collected and reviewed during the primary assessment, see Table 2.
- The NS must have an updated inventory of resources such as personal protective equipment, IT and communications equipment, including which equipment has faults. The primary assessment will determine what the first team should bring with them.
- The primary assessment carried out before a mission should inform the procedures of the response itself. For instance, the area to which an ambulance is requested is a place where they have previously been called with the intent of attacking or stealing it. In this case, the operations room might call volunteers from that neighbourhood to verify the information provided before giving the green light for the ambulance to enter the area. Carefully weigh up pros and cons before calling the police to check.

Table 2: *Sample primary assessment check list*

Name of caller: .....

Time of call: .....

Phone number: .....

Caller qualifies the situation as safe/unsafe: .....

Ambulance registration plate number: .....

Confessional/ethnic/other make-up of the community: .....

Actors in the area: .....

Name of team members: .....

Name and phone number of the team leader: .....

Documented authorisation if required: .....

Previous incidents in the area (Yes/No): .....

Route and entry point/exit points: .....

Principle:
The security assessment must continue after the ambulance has been dispatched.

Examples of best practice:

- Secondary assessments should be led by the operations room and start immediately after the ambulance has been dispatched (sample check list included in Table 3).
- If critical information is still lacking as the ambulance is dispatched, it should move to a safe area close to the site until it is deemed safe enough to proceed. If there is a demonstration on the way for instance, the operations room will need to call the organisers and ask them if the ambulances can pass.
- During missions involving risk, cross check critical information with at least two additional trusted sources (partners, NGOs in the area, NS volunteers, religious groups, security forces, local authorities, armed groups, local tribes or others). The NS must never rely on information gathered from people that they talk to for the first time to determine whether the scene is safely accessible.
- The team leader on site must stay in contact with the operations room. He/she must have the capacity to continuously assess the team's surroundings for indicators of risk exposure, by not solely focusing on the victim, but also being aware of surrounding sounds and smells, listening to warnings from bystanders, tracking whether people are leaving the site or alternatively, whether a big crowd is gathering. A "gut feeling" should not be ignored.

Table 3: *Sample secondary assessment check list*

Time of dispatch: .....

Arrival time (to safe area closest to the site): .....

Arrival time (on site): .....

Patient information:

Name: .....

Weight: ..... Age: .....

Gender: .....

Type of wound or sickness: .....

Is the patient escorted/accompanied: .....

Time of return to base: .....

Remarks: .....

.....

Signature: .....

Principle:
The security assessment does not end with the mission.

Examples of best practice:

- After a critical or dangerous mission has been completed, the NS should contact the parties that they coordinated with to inform them that the mission is over.
- Damage and other equipment malfunction must be recorded immediately after the mission to prevent future missions from being ill-equipped.
- After the mission, an assessment of the event, actions and consequences should be carried out and lessons learned should be integrated.

TRAINING

As for all other aspects of best practice for ambulance services, the training will need to be tailored to the context in which the skills are to be used. It is crucial that the volunteers of the NS are made fully aware of the risks in the context in which they operate, and how these risks can best be managed within that particular context, with its specific perpetrators of violence and situational dynamics.

The below seeks to exemplify the number of aspects that can be considered when developing or updating the training system for pre-hospital and ambulance staff or volunteers. Due to the scope of this report, this section does not include best practice for technical skills such as first aid, driving emergency vehicles or radio use.

TRAINING FORM

Principle:
While training of staff and volunteers must include a degree of theory, it must also reflect the operational character of the ambulance or pre-hospital service to which they belong.

Examples of best practice:

- The NS should consider making agreements with universities. This can contribute to ensuring that the NS remains updated on relevant topics.
- To ensure that the volunteers gain a better understanding of the realities they may confront, the training should, to the extent resources allow, include drills addressing extreme situations. To simulate realistic situations, the NS can use stress alarms, sirens, sound grenades, smoke bombs, as well as "actors" to create chaos by pushing the volunteers, behaving erratically and trying to steal things from the team.
- One key objective for the first simulation performed by the volunteers is to show them how they react to and tackle fear. Volunteers should not be judged solely on their performance during the first drill, as they may improve based on the lessons they have taken from it.
- The use of real cases in training sessions can prepare new volunteers for the kind of scenarios that may arise in the context where they are operating. Case studies and simulations should be revised periodically to ensure that they remain as relevant as possible. Changing the scenarios of simulations also mitigates the risk of new volunteers finding out from others what they can expect. It is important that the volunteer learns to expect the unexpected and how to handle situations with high levels of stress.
- Consider initiating a coaching system with a "mentor" to oversee, monitor and guide the new volunteers during the probation period. It should be noted however, that the presence of the mentor can also be a distraction for volunteers if they feel evaluated at every step. Alternatively, using a system of "peers/partners" within the teams can also ensure that everyone supports and is supported by another.
- The more experienced volunteers should be taught how to give feedback to the newer volunteers, not only on their technical performance but also on their "soft skills" such as situational awareness, use of professional language or negotiation skills.
- Another effective way to ensure that volunteers receive coaching and feedback is to set up a system with briefings before, and debriefings after, each mission. The latter should include a conversation with the volunteers about what they experienced and which actions they took. It can be done individually or as

a team. The briefing is often much shorter but should include what the team can expect and should be prepared like a quick plan of action.

- Dilemma training should be included in the capacity building of the volunteers to challenge them to reflect on some potential difficult situations that they may face during missions, before these arise (see Table 4 for examples).

Table 4: *Examples of dilemma exercises*

A member of the community is injured by an attacker who is equally injured. Whom do you help first?
The patient is either a member of the armed forces or an ex-combatant whom they have captured. The army says they have to escort this person with armed guards, either in the ambulance or in vehicles accompanying the ambulance. How should the team leader react?
The ambulance team ends up in a situation where it is unavoidable to accept cash from an armed group. This money cannot be registered as a donation because when recording it, the name of the person or organisation behind the donation has to be recorded. How should such a donation be managed?
An incident has occurred and information is slowly coming in. There is not enough information to fully assess the security and how much resources are needed. Does the service dispatch their teams so as to not waste more time? Does it wait until more information comes in to ensure a safer mission, or that resources are not wasted in a mission that perhaps does not require them?
A patient is unconscious or unable to give consent. Unless he is taken by the ambulance personnel to a hospital immediately, he will not survive. For some reason however, the family of the patient do not give consent. What can the volunteers do?

TRAINING SYSTEM AND STRUCTURE

Principle:
The structure of the training system must be devised in a way that ensures that all volunteers have the knowledge required for their operational tasks and that this capacity is sustainable.

Examples of best practice:

- The training process should be continuous throughout the career path of the volunteer.
- Training should be adapted to the level of authority and role of the staff member or volunteer. A team leader should for instance know under which conditions he or she should seek support from other institutions like the police, as well as what information can and cannot be shared with the authorities on site.
- The methods used for certifying volunteers should reflect the thematic. While a written test can confirm that a volunteer is well-versed on the subject of "rights and responsibilities", competence in first aid or situational awareness would be better demonstrated through the number of hours of active volunteering or by a recommendation from the instructor or superior.
- Training should be standardised so that all volunteers have received the same information and are certified on the same content.
- The training and refresher training for volunteers in elements of safer access should be integrated into the general training.

TRAINING CONTENT

Principle:
Ambulance personnel should be trained on their rights and responsibilities.

Examples of best practice:

- Staff and volunteers must be trained on the code of conduct.
- Staff and volunteers must be trained on how to use forms for waiving responsibility in cases when the patient or his/her relatives refuse treatment or transport: for example, if they do not want the victim to be transported across an area controlled by other armed groups.
- The NS should review its norms, guidelines and standards on a regular basis to see if they reflect the realities on the ground. Operational staff and volunteers must be made aware of and understand any such changes through internal dissemination and/or training, as well as follow-up.
- Responders must be fully aware of the line of command, and how to follow it.
- Staff and volunteers must recognise and abide by the national legislation that is relevant for the service they provide. They must abide by the law, but cannot be expected to know all elements of national legislation well.

Principle:
Ambulance personnel should be trained on procedures related to rapid security assessments.

Examples of best practice:

- The teams should have the capacity to assess how to carry out missions in the safest way in any given situation. For example: Bearing in mind that the community can attack an ambulance that does not respond in time, should the team always wait for the site to be security-cleared by the police?
- Training should include distinctions between security measures to be taken during the day and to be taken at night. Practical exercises should therefore also take place at different times to reflect the different realities of day and night.
- The radio room should also be put in position to complement the team's security assessment according to set procedures. They may for instance have a check list per scenario and guide the team leader during extraordinary situations.
- The NS can provide its volunteers with a booklet that they carry on their person. The radio room then informs them to turn to a given page that outlines the security procedures relevant for the situation in which they are responding. The information included should be short and clear enough for the responding team to incorporate everything during the few minutes they have in the ambulance before arriving on site.

Principle:
Ambulance personnel should be taught about situational awareness.

Examples of best practice:

- Training in situational awareness should include capacity building in assessing the overall environment, the current context and trends, as well as how to effectively analyse and incorporate information in the field.
- The volunteer must be able to reflect on how a situation affects his or her behaviour and vice versa. In this regard, it is important that he is aware of his personal limits, the limits of the team and the limits of the service. Role playing, simulations, on the job coaching or mentor programmes are appropriate ways for building capacity in this topic. Classroom lectures should be kept to a minimum.
- Training should also include a session with experienced volunteers who can explain how it was to be in a shooting, at the site of an explosion, threatened by armed men or in other risky situations. The purpose would be to provide a reality check and highlight dilemmas, including how difficult it can be to follow previously learned rules in chaotic situations. The experienced volunteer can explain what measures she took, as well as what she did right and wrong.
- The volunteer must expect tension upon arriving at the scene and his reaction cannot be the same as that of emotional bystanders. They must be taught to distance themselves from the emotional chaos that will surround them.
- Police presence can contribute to further escalating a situation. As such, the responding team must have acquired the capacity to identify situations where calling the police is necessary and those where the situation should be handled differently.
- Training should include self-awareness, such as how to remain calm, prioritise one's own security, and think objectively in a situation.
- Staff and volunteers should be trained on preserving a crime scene and how to cooperate with the bomb squad and other actors on site.

Principle:
Ambulance personnel should be well-trained on procedures related to the passing of checkpoints and roadblocks.

Examples of best practice:

- In contexts where checkpoints or roadblocks are particularly dangerous, establish the use of GPS or other satellite location systems, and ensure all responders are familiar with their use.
- The NS should consider developing tailor-made procedures related to the turnover of staff and volunteers in the most affected areas. The aim would be to avoid ambulance personnel developing relationships with those manning the checkpoints or roadblocks in a specific area, that are close enough to threaten the neutrality and impartiality of the team member's actions.

- Responders should be trained on the use of mission orders, or other documentation required for identification and authorisation of passage.
- All staff and volunteers operating in areas with either checkpoints or roadblocks should be trained and tested on the "dos" and "don'ts" that are relevant in that context (see Table 5 below for an example).

Table 5: *Examples of "dos" and "don'ts" for the crossing of checkpoints and roadblocks*

DO:
Always carry your personal identity and something identifying you as a member of the national society
Agree on who is the person in your team who will answer questions
Know and be prepared to answer questions about where you are going and where you came from
Reduce speed, open the window and remove the vehicle safety belt in good time before arriving at the checkpoint/roadblock
Turn on the interior lights of the vehicle and turn off/down the external lights
Turn off the radio and phones (or turn off the volume). Never use your communication equipment at the checkpoint unless you have specific authority to do so from those in charge
Always keep your hands visible
Respond calmly, concisely and courteously
If possible always remain inside the vehicle. Only leave the vehicle if asked specifically to do so

DO NOT:
Stop at a visible distance before the checkpoint, or reach it at full speed
Speak in codes at the check point
Make quick movements inside the vehicle
Try to hide anything
Provide information that is not directly asked of you
Be rude
Act bothered if your interlocutor is screaming or raises his voice
Gesticulate excessively with your hands
Display impatience regarding your need to continue through the checkpoint
If possible, do not let anyone get separated from the team. If it is unavoidable, do not panic

EQUIPMENT

The equipment used by the ambulance or pre-hospital teams should contribute to making their missions more efficient, but also to making the responders safer. Equipment is also expensive and a NS may have to compromise on the quality if funds are not available. This can cause responders to put themselves or the patient in additional risk.

Beyond ensuring that the equipment meets certain minimum standards, it is also crucial that the equipment is used properly, both on an individual basis by the volunteers, and on an institutional basis by the NS as a whole. The NS must in other words, have clear procedures and regulations for when and how the decision to use Personal Protective Equipment (PPE) should be made.

Principle:
Standard equipment must be used according to strict procedures.

Examples of best practice:

- Equipment should not be used privately outside of duty, nor used for another purpose than what it is intended for.
- The use of the radio equipment should be strictly regulated. Other actors may be able to tune in to the radio frequency used by the ambulance service. Family members accompanying the victim in the ambulance may be able to hear what the operations room is saying on the radio. Professional language must be maintained at all times.
- Consider having a code system for sensitive communication to the radio room, such as when police presence is required.
- Faulty standard equipment can put the victim and ultimately the responders at risk. Ambulance teams must report any defect as soon as it is discovered.
- The ambulance driver should be responsible for the vehicle and equipment. From the driver's seat, one can see the back door of the ambulance and anyone attempting to take something.

Principle:
The types of PPE used must always be weighed up against their potential impact on the efficiency of the mission and the security of the responders.

Examples of best practice:

- The use of PPE must take into account aspects of ergonomics, functionality and visibility.
- PPE that can be confused with non-peaceful equipment should not be used.
- PPE must not cover the emblem. If it does, it should have a visible emblem as well. A helmet for instance, must meet both standards of protection and visibility.
- Eye and ear protection may also be required. Such protection should also meet both standards of protection and visibility.
- Reasons for not using PPE must be clearly explained to the operational teams so that they do not feel that their security is undervalued. The decision might have been based on careful analysis, after which management concluded that the use of PPE would put the volunteers in more risk than responding without.
- The decision of whether or not to use PPE is at times based on the lack or availability of financial resources. When resources are available however, the following should also be a part of the decision-making process:
    1. A security assessment regarding that specific situation,
    2. A conclusion on the expected level of exposure for the ambulance personnel,
    3. Weighing established pros and cons of using PPE, against that specific situation,
    4. A continuation of the above assessment during the mission,
    5. A lessons learned session undertaken after the mission. The findings are then to be incorporated into future decision-making processes regarding the use of PPE.

COMMUNICATION AND COORDINATION IN THE FIELD

Communication and coordination are essential in ensuring safer and more efficient access for the NS ambulance or pre-hospital service. One aspect that is not considered in this chapter is internal communication and coordination, such as the importance of the NS's communication department coordinating with the operational departments.

This chapter does not either consider communication and coordination with other RCRC actors as a specific topic. Having said that, it is important that all RCRC actors in a country speak the same language, and coordination forums should be created for this purpose. Otherwise, state forces or armed groups can get confused about the role, mandate and working modalities of the NS. The communication or action by one RCRC actor can affect the reputation and acceptance of the rest.

What this chapter looks at, is a set of suggested best practices for dialogue with national authorities, armed groups and other health care providers. It highlights that a number of factors need to be considered when establishing or maintaining dialogue.

Communication and coordination should be an integral part of the NS's overall strategy and cannot be conducted simply on a stand-alone or ad hoc basis.

NATIONAL AUTHORITIES

Principle:
NS ambulance services must coordinate with and communicate to the national authorities, including the armed forces.

Examples of best practice:

- Coordination should be established at both the political and operational levels of the relevant national institutions and NS focal points should meet with a counterpart at the same hierarchical level. Relevant ministries will often include the ministries of defence, health and interior. An example of how to frame the NS's dialogue with counterparts at the relevant levels can be found in Table 6 below.
- Defining roles and specific counterparts in each state agency and in the NS, ensures continuity and accountability as the dialogue is, in practice, owned by someone.
- Make use of working groups and consider formalizing the coordination on site with operational agreements.
- Establish a specific radio frequency for responding entities (such as the civil defence, the army, the police and the NS), in order to have an open line of communication with state actors on site.
- If logistics allow it, maintain dialogue before, during and after the mission.
- The authorities should be made aware of the Seven Fundamental Principles and the operational challenges faced by the ambulance service, such as when moving patients.
- The NS must be transparent with regard to the fact that it is having dialogue with non-state armed actors. This will both highlight its principle of neutrality and mitigate the risk of mistrust with state actors.
- The NS should seek legal advice as to when and what they need to inform the authorities about unusual cases. The NS must not become a source of information on armed groups, for the authorities.
- The NS can request ICRC to engage with the higher authorities on specific topics if necessary.

Table 6: *Potential institutional frame for NS's dialogue with the national authorities*

NATIONAL SOCIETY REPRESENTATIVE	DIALOGUE COUNTERPART	INSTITUTIONALISED FRAME FOR DIALOGUE
Governance or senior management	Minister	• Sensitisation on humanitarian issues • Relevance of the NS's work and its working modalities • The Seven Fundamental Principles (especially Impartiality, Neutrality and Independence when funding comes from the government)
Head of operational department	Police department, army, civil defence	• Build and maintain relationship • Regular contact, not just bound by need and interest • Operational focus: NS working modalities, avoiding duplication, coordinating safe response
Staff and volunteers	Governmental hospital representatives, police staff, military personnel	• Official information pertaining to the mission (objectives, authorisation, identification) • Working modalities where relevant

ARMED GROUPS

Principle:
NS ambulance services must be aware of who the AGs operating in given areas are.

Examples of best practice:

- The NS must determine who the actors are and should carry out regular mapping exercises to identify new groups that may have arisen. Staff and volunteers should be made aware of which groups operate in which areas and how to relate to them. It is also important to know how other actors of influence perceive each group, such as whether they support or oppose them.
- The approach will vary according to the AG's characteristics. For instance, whether it has religious, economic or political motives, whether the group is roaming or seeks to administer a specific territory, or whether it is local or made up mainly of foreign elements.
- When the AG is locally based, volunteers from the same area should be consulted during the mapping and the development of a dialogue strategy. Consider also seeking advice from external actors with whom the NS already has a close relationship.

Principle:
Dialogue with AGs should be established and maintained at different levels as long as this is within the NS's institutional frame for dialogue.

Examples of best practice:

- Build close relationships with community members and leaders. They may be in a position to pass on key messages to AGs who are otherwise difficult to reach. All AGs are also members of a community or have links to the communities in one way or another. Dissemination to the community can therefore guarantee better respect for the services of the NS from AGs. The community may also warn the NS when it is too dangerous to intervene.
- The dialogue with the leadership of a group must be maintained by the leadership of the NS or branch, and not by the responders.
- The dialogue can also occur at the level of the responders' direct contact with the community, but only within a low-risk and institutionalised frame. For example, allow volunteers only to speak about the Seven Fundamental Principles, NS working modalities, activities and/or other institutional key messages. Sanction the act of taking unauthorised initiatives with AGs that are not in line with the frame of dialogue set by the NS's leadership.

Principle:
The NS should initiate and maintain dialogue with AGs strategically.

Examples of best practice:

- It is especially important to have dialogue with the AG before a mission if it is in an area that under this particular AG control. Should capacity allow it, dialogue should be maintained continuously and with as many AGs as possible, rather than specifically when access is needed. This can contribute to building and maintaining a relation of mutual trust.
- The NS should always be clear and assertive on its working modalities and the Seven Fundamental Principles. By continuously explaining the principle of neutrality for instance, the NS will ensure that its counterpart is clear on the fact that the NS will not take sides, and that dialogue with the NS does not pose a threat.
- Develop activities with good visibility and added value, such as vaccinations, training, or popular activities like football games, and include members of AGs. This will result in the AG knowing the NS better.
- First aid is a good entry point for dialogue with the AGs. Where appropriate, the NS can also provide the AG with manuals on the protection of civilians, protective emblems or other humanitarian literature.

OTHER HEALTH CARE PROVIDERS

Principle:
The NS's ambulance services must have regular coordination and communication with other health care providers.

Examples of best practice:

- The NS should take part in coordination and operational forums in order to avoid duplication of activities, ensure a sound and clear distribution of roles and responsibilities, as well as to maximise the potential for complementarity in the response and the security of the missions.
- Where this does not already exist, the NS should establish a national Health Care in Danger (HCiD) committee that can monitor incidents, analyse the tendencies and categorise them. This committee can also be in charge of coordinating the response to HCiD incidents that would involve rescue actors and security forces.
- Ensure formal communication lines at the operational and technical levels of the organisations, rather than only at the level of senior leadership.
- The NS should know before problems arise how the ministry of health reports, what mandate it has, as well as its working modalities (especially those that relate to the hospitals).
- Where there is capacity, the NS and other providers would benefit from undertaking joint simulations and drills on a regular basis.
- Support other service providers in the proper use of their own ambulances to reduce the potential of misuse. The misuse of any ambulance can in turn affect the NS' own ambulance service.

Principle:
The NS must differentiate between health care providers with an organisational structure and those without.

Examples of best practice:

- Coordination with health care providers with an organisational structure should be maintained regularly by the operational leadership of the NS. Consider establishing joint operations rooms.
- Coordination with health care providers that do not have an organisational structure (such as individuals responding on a volunteer basis independent of any formal structure) will most likely only happen on the ground. If possible, information exchanges should be organised with them after the response.

OPERATING IN CONTEXTS
WITH NEW ARMED GROUPS

The subject of dialogue with armed groups is already included in the above section entitled "Communication and coordination in the field". However, new armed groups have arisen in several contexts where NSs provide ambulance and pre-hospital services. These groups are sometimes partly made up of foreign fighters who are not familiar with the NS. In other cases, the NS has not had the possibility of entering into a dialogue with the group's leadership. These actors therefore require a different approach from the institutionalised approach to armed groups that have been present over longer periods of time. The following best practices suggest additional precautions that can be implemented when dealing with these "new or unknown groups".

Principle:
The NS should establish direct or indirect contact with the new groups operating in the area to build trust.

Examples of best practice:

- Where the ambulance service might face difficulties in accessing areas for treating or evacuating sick and wounded, consider using the disaster management teams to provide non-food items and food parcels in areas under the groups' control, as an entry point for dialogue.
- Consult actors of influence in the area where the new groups are operating for advice on how to approach them.
- If possible, treat the injured of the new groups so that they experience and believe the impartiality and neutrality of the service.
- As previously mentioned, first aid can be used as an entry point to dialogue. If/when possible, distribute literature explaining the Seven Fundamental Principles and if appropriate, international humanitarian law.
- Train team leaders on how to communicate with new groups, including how to negotiate in kidnapping situations, if appropriate.

Principle:
If the NS decides to respond in areas where contact with new groups is not yet established, additional precautions must be taken before dispatching the teams and during the mission itself.

Examples of best practice:

BEFORE DISPATCHING THE TEAMS

- Identify clear entry and exit points as well as clear entry and exit times. These must be known by all responders as well as by the armed parties.
- Consider developing most likely scenarios and expected actions to be taken for each.
- The number of injured should be clear before dispatch to avoid unnecessary delays.
- Blood types and contact details of all volunteers responding must be readily available so that delays in helping them, should they be wounded during the mission, are minimised.
- In areas where several armed groups are present, or where the organisational structure of the armed group in control is unknown, consider taking the green light from a central person in the community who is in touch with all groups or all relevant elements of the group in control. Getting the green light from one "representative" of a group does not necessarily mean that other groups or elements will be informed accordingly.
- Carefully consider the issue of confession and/or ethnicity. Should the ethnic or religious background of paramedics be hidden or shared with the armed groups? If the background of the responders can be a cause for provocation, they can use nicknames to avoid being identified by their names, as belonging to a particular ethnicity or confession. Additionally, the responders should avoid displaying religious symbols such as jewellery. These measures also reinforce the perception of neutrality.
- Ensure that all responders have been well-briefed on all additional measures and modalities relevant for the mission.
- Consider whether the use of the emblem would increase or decrease risk exposure at this stage and whether another of the movement emblems should be used instead.

DURING THE MISSION

- Enter insecure areas with bigger convoys. Two ambulances may be considered an easier target than twenty ambulances.
- Consider having "safe spaces" between ambulances if there may be a risk of shooting, mines or shelling.
- Operational leaders should be at the front of the convoy.
- Consider putting up the NS flag on the ambulances when entering the area to enhance visibility and show that the teams are on alert due to the severity of the situation.
- Blue lights may also be used. At night however, this can unnecessarily attract unwanted attention from further away.
- Use of sirens may also attract unnecessary attention and should not always be used. When accessing areas where short-lasting humanitarian corridors have been established, sirens could be necessary for identification and a faster response. Using microphones to get people to bring their wounded out to the ambulance as it drives into their neighbourhood can also contribute to faster evacuations, but may also be perceived as intimidating.
- Cameras, including phone cameras, should never be used during missions, unless it is specifically a communication project.
- Turn off the headlights to send a clear signal to the actors present that the ambulances have arrived and are stationary.

Principle:
When groups that are unfamiliar with the NS emerge, it is crucial to manage any type of external communication with care.

Examples of best practice:

- Consider having one focal point to deal with the media on site. Reporters may still attempt to gather information from other responders present, in which case the latter should refer to the focal point or communicate according to internal rules, such as never providing information about those being evacuated, the number of vehicles or the number of casualties.
- There should be strict regulations relating to the use of social media, on which some of the new groups are very active. If they identify a paramedic via pictures that he has posted of himself during a mission, his name (versus his nickname) may reveal his confessional or ethnic background and expose him to unnecessary risk during future missions.

PREVENTING THE MISUSE OF NATIONAL SOCIETY AMBULANCES

Ambulances are, unfortunately, misused in a number of ways. Some may falsely claim the protection granted to medical personnel and use an ambulance to capture, injure or kill an adversary. Others may use an ambulance to transport weapons or fighters. This abuse of trust can result in a vicious cycle and undermine the motives for creating and respecting neutral entities in conflict situations.

On other occasions, ambulances are misused, but not for military reasons. They may, for instance, be misused as personal vehicles of members of the NS management, to carry goods, or as taxis. Such forms of misuse will also affect the public perception of the service, its effectiveness and the security of its responders.

Whichever type of misuse, the consequences are seldom limited in time or space. While it may just take one incident for a service to lose the trust of the community, it often takes a long time to rebuild it. Additionally, the information of an ambulance that has been misused can travel to completely different locations, affecting the security and access of other ambulance responders.

Principle:
The NS's own approach to the management of ambulances can mitigate the risk of ambulances being misused.

Examples of best practice:

- The respect of the NS's ambulances by the community, authorities and other actors starts with the respect that the NS personnel themselves bestow on their fleet. If ambulances are to be used for transport of NS personnel, it must therefore be done according to clear rules and regulations. Misuse by the NS staff and volunteers must be sanctioned.
- The NS should disseminate a phone number that anyone can call after witnessing the misuse of, or suspicious use of, an ambulance.
- There should be strict authorisation procedures and control. It should be clear who is in the ambulances at all times; dispatch to particularly risky areas should require a higher level of authorisation, and there must be regular radio contact as well as follow up if there are any discrepancies during a mission.
- Ostentatious or expensive looking ambulances may communicate the wrong image and be more exposed to theft.

Principle:
Technological solutions can help mitigate the risk of theft and misuse of ambulances.

Examples of best practice:

- Consider using electronic keys for ambulances as they are not as easily copied.
- Unauthorised use can be mitigated by using GPS mapping. For example when an ambulance is not moving when it should be, or vice versa, a message can be automatically sent to dispatch via a system and dispatch can then call the ambulance by radio to follow up.
- Where GPS is too costly, consider equipping each ambulance with an emergency smart-phone that can be tracked via satellite.

Principle:
Various methods of identification can help to protect the NS against the potential consequences of an ambulance having been misused.

Examples of best practice:

- Clearly identifying the NS ambulances with the Red Cross, Red Crescent or Red Crystal can reduce the risk of the NS ambulances suffering the consequences of inappropriate use by other ambulance services.
- When working in a context where ambulance theft occurs, the NS can use discreet methods of identifying the fleet under their control. It can, for example, use stickers of a specific colour on the front and rear windows of the ambulance, and change the colour of the stickers when an ambulance has gone missing. This can then be communicated to the security forces, thus exposing the ambulance with the old sticker as an ambulance no longer under the NS's control.

Principle:
Dissemination may be required in complementarity to the identification of the ambulances, in order for the identification to provide effective protection.

Examples of best practice:

- In exposed areas, specific communication material highlighting the mission and principles of the ambulance service should be disseminated through appropriate channels, with the aim of increasing respect and protection for the ambulances and its personnel.
- Dissemination to communities and AGs should include the Seven Fundamental Principles, working modalities of the NS and consequences for the community when ambulances are misused. Regarding the latter, it should be clear to the community that theft and misuse of an ambulance can generate reduced trust of the whole service, which in turn will challenge both efficiency and access. The ultimate consequence is that the efficiency and quality of the emergency health coverage is adversely affected.
- If the emblem has been misused in certain areas, consider entering these areas in private cars. Conduct dissemination sessions until it is considered safe enough to enter with visibility.

Principle:
Security measures must always be followed in order to manage the risk exposure of the ambulance teams. This may be all the more important after the misuse of a NS ambulance.

Examples of best practice:

- The driver should always be prepared to drive as soon as the patient and team are back in the vehicle, or if the team should need to leave the area due to an unforeseen situation.
- At least one volunteer per team should be prepared to act as an alternative driver. This includes for instance being aware of all relevant vehicle information as well as entry and exit points. The driver should also be trained on ambulance maintenance and repair.
- In an area where the ambulance service has lost the trust of the community, local NS volunteers can be used to evacuate victims to a safe area where the ambulance is waiting.

DEALING WITH **PERSONAL PSYCHOLOGICAL TRAUMA**

The most important resource of a NS is its volunteers. The volunteers will often face difficult situations that can adversely affect their psychosocial health. To name a few examples of when personal psychological trauma (PPsT) can occur, members of an ambulance team responding in areas of risk may:

- Be exposed to gun fire or explosions
- Experience something happening to someone they know
- Witness a lot of suffering and damage
- Fail to rescue someone
- Constantly feel like they are not able to do enough
- Be exposed to intense workload, tension and pressure over longer periods of time
- Have near death or perceived near death experiences
- Realise that the emblem is not as all-protective as initially imagined

As a humanitarian actor, the NS must have systems in place that also protect the wellbeing of its volunteers. These systems should help prevent and deal with PPsT. The following best practices provide examples of the sort of measures that can be implemented to address PPsT before and after it has happened. It is however important that a NS seeking to implement such measures also consult other literature that goes more in depth into the subject.[3]

Principle:
Field personnel have to be able to identify symptoms of stress and PPsT in themselves and in their peers, before PPsT can be addressed.

Examples of symptoms of stress and PPsT:

- Mood swings
- Lack of sleep
- Isolation or reluctance to speak in public
- Aggressive behaviour, including towards fellow team members
- Lack of interest regarding personal appearance. Less self-care.
- Lack of or excessive food intake
- Headaches, lack of concentration, tremors, hair loss.
- Hypertension, diabetes, ulcers at unusual ages
- Anxiety attacks

Principle:
Prevention of PPsT among staff and volunteers should start in the recruitment process.

Examples of best practice:

- Selection criteria for volunteers should include resilience, capacity to adapt, capacity to handle heavy workloads and pressure.
- Individuals seeking to work for or volunteer with the NS must be made aware of the risks involved, during their first formal encounter with the NS.

3 For more information, go to the IFRC's Psychosocial Centre's website: http://pscentre.org/

Principle:
Operational management should continuously evaluate the effectiveness of existing measures for preventing and managing PPsT, seeking ways of improvement.

Examples of best practice:

- Using experienced volunteers in trainings to talk about their experience with PPsT, how they reacted, their vulnerabilities and the consequences.
- Volunteers should be relieved regularly. Set a maximum consecutive number of hours that a volunteer is allowed to work.
- Field leadership must be aware of the symptoms so that they can identify "cases" early on.
- Operational management should assess the possibility of initiating a peer-to-peer system within teams, both during and outside of missions and in spare time.

Principle:
Managing and preventing PPsT should include measures to be taken before, during and after missions.

Examples of best practice:

BEFORE MISSIONS:

- Explain all details of the mission so that all team members know what to expect and whether they will be able to handle it.
- Consider leaving out inexperienced volunteers for certain missions. Mass casualty incidents for example, should not involve new volunteers.

DURING MISSIONS:

- The team leader should use his or her experience to deal with team members who are showing worrying signs. Team leaders should have also received at least basic training on how to identify and deal with such situations.

AFTER MISSIONS:

- Each and every mission should be immediately followed by a team debrief.
- Staff and volunteers should have access to potential follow up after stressful and traumatic experiences. They should be able to access support anonymously if they so desire.

Principle:
Activities outside of the NS's operations can contribute to reducing stress and the risk of personal trauma.

Examples of best practice:

- The NS develops set procedures for regular retreats.
- Stress and PPsT are core topics on staff and volunteer gatherings, with the aim of removing the stigma sometimes associated with such conditions. The sessions should seek to portray PPsT as a normal reaction to abnormal situations.
- The NS should provide opportunities for volunteers to take part in activities organised outside of volunteering, such as sports and music.

REPORTING AND MONITORING **SECURITY INCIDENTS**

For the NS to have insight into areas where its staff and volunteers may be exposed to risk, it needs to have a system for reporting and monitoring security incidents. With this information, the operational management will be better equipped to mitigate the risk of future incidents, but also to ensure that the image of the NS is preserved. In the future, archived information can be reverted to during periodical evaluations of working modalities, reviews of procedures, and various forms of reporting requiring aggregated data.

Principle:
Reporting should contribute to enhancing the security of the responders and protecting the image of the NS. It must not turn into an ineffective bureaucratic procedure.

Examples of best practice:

- The case form should always be completed, not just when there is a security incident. This form can protect or clarify the role of the ambulance staff during or after a security incident. Legal investigations can take place months or even years after the mission.
- The case form must be as accurate as possible. It should include what happened, how the victim died, the vehicle's number plate, the names of the staff in the ambulance including their ID numbers, the time that the call was received, the time of dispatch and return. This information is systematically collected, and not just when there has been a security incident.
- The dispatch should record a log in parallel.
- The incident form should be filled out after a security incident. The template should be readily available in the ambulance so that responders are able to collect as detailed information as possible by filling it out immediately. However, in some instances, the team will have to prioritise action on the ground.
- Incident reports should be shared with the operational hierarchy, who will then share it with the media or communication department, operations room and Secretary General.

Principle:
Incident reports contain sensitive information and procedures must be in place to ensure that the reporting itself does not jeopardize the security or moral of the responders.

Examples of best practice:

- Incident reports should remain confidential and within the RCRC Movement. If leaked to the media, they could create further incidents.
- Where relevant, reporting on incidents can be handled by special units in the NS.
- All volunteers must be trained on the "who, when, why and what" of the reporting process.

- When there has been a security incident involving an NS ambulance, submitting incident forms and case forms to the ICRC as a neutral third party, can enhance the protection of the responders and NS.
- Volunteers affected by an incident should be made aware of the actions taken after they have submitted their incident report.

Principle:
Data collected through incident reports should be used in an active monitoring system.

Examples of best practice:

- The NS should insert collected data into periodical tables to visualize trends and adapt procedures if necessary.
- In-depth analysis should be conducted on a monthly and annual basis. Analytical reports should then be provided to senior management. These analytical reports may include recommendations for mitigating solutions based on the analysis, but decisions are not made in the report.
- Data gathered by the NS may be complemented with other sources of information such as that collected by other responding organisations, traffic information, volunteers, local communities, and the army as well as the media and internet (with care).
- During risky missions, live monitoring should be carried out in the operations room, with a specific and understood division of roles and responsibilities to make sure that all sources are well covered. Where there is capacity, someone should liaise with the army, another person with the media, a third with the RCRC Movement and so on. Among other factors, this will depend how the operations room is organised

CONCLUDING REMARKS

As mentioned at the beginning of this publication, the above best practices are derived from the operational experience of twelve national societies. As a consolidation of lessons learned from twelve different contexts it must therefore be understood as a list from which other national societies can pick and choose. It is important that any best practice taken from this document be adapted to the context in which it is to be implemented.

The most important lesson learned during this process, is that there is value in sharing information, particularly when relating to common operational challenges. The participating national societies therefore call for a forum to be established where experience, best practice and tools relevant for ambulance and pre-hospital services, can be shared.

Beyond sharing information, we must also act upon what we have learned. This may include revising the risk exposure of the NS, improving standard operating procedures and conducting the necessary training to ensure the implementation of any new procedures. It is the hope of this working group that comparing existing practices to the above examples can serve as a starting point.

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