

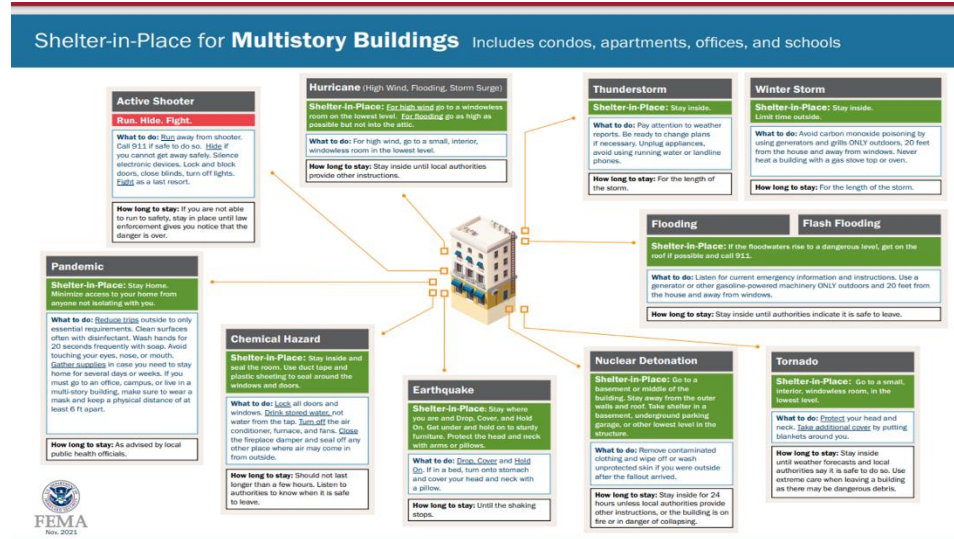
**POLAND EMT & HEALTH SECTOR MEETING**

Meeting Minutes – 09 December 2022

<b>Meeting subject</b>	EMT & Health Sector Coordination	
<b>Time &amp; Location</b>	9:00 am CEST, online. Zoom link – <a href="#">click here</a> . Passcode: who2022!	
<b>Participants</b>	<ol style="list-style-type: none"> <li>1. Aleksandra Solik (FEDERA)</li> <li>2. Anna Kavouras (WHO POL CO)</li> <li>3. Anna Przednowek (UNITATEM)</li> <li>4. Marta (Interpreter)</li> <li>5. Dr. Maria Cristina Profili (IOM Brussels)</li> <li>6. John M. Saindon (WHO REG / Krakow Ext.)</li> <li>7. Emrah Kucukozkan (IMC)</li> <li>8. Faris Mahmutovic (WHO POL CO)</li> <li>9. Geert Gijs (WHO EMTCC)</li> <li>10. Joanna Ldomirsk (MSF)</li> <li>11. Kasia Skopiec (Humanosh)</li> <li>12. Liza Kalenychenko (AVALON)</li> <li>13. Lucia (Project Hope)</li> <li>14. Marta Kłysz (PAH)</li> <li>15. Mashhour Halawani (WHO POL CO)</li> </ol>	<ol style="list-style-type: none"> <li>16. Medevac HUB Jasionka</li> <li>17. Michał Chełstowski (Humanosh)</li> <li>18. Mikkel Hansen (WHO / WHE REG)</li> <li>19. Marek Teodorczyk (PUW Rzeszow)</li> <li>20. Mutrib Bahrudinov (UNICEF)</li> <li>21. Nataliia Korniienko (IFRC)</li> <li>22. Nina Hobbhahn (Med'EqualiTeam)</li> <li>23. Olga Volik (PUI)</li> <li>24. Paula Gierak (REACH)</li> <li>25. Przemek Florczyk (EUCPTeam)</li> <li>26. Silvia Gatscher (WHO POL CO)</li> <li>27. Sofiaa Papadopoulou (Action Contre la Faim)</li> <li>28. Tienna Phan (WHO Medevac Focal Point)</li> <li>29. Wojciech Gasiorowski (WHO POL CO)</li> </ol>
<b>Chaired by</b>	Silvia Gatscher, Anna Kavouras (WHO POL CO)	
<b>Minutes prepared by</b>	Anna Kavouras (WHO POL CO)	
<b>Agenda</b>	<ol style="list-style-type: none"> <li>1. New partner introduction</li> <li>2. EMTCC: Medevac Hub Update</li> <li>3. All Hazards Preparedness &amp; Response Overview (John Saindon, Health Operations Manager HQ/WRE/ERA/GHW)</li> <li>4. Health sector updates (Silvia Gatscher &amp; Anna Kavouras, WHO POL CO)</li> <li>5. Partner updates and questions</li> <li>6. AOB</li> </ol>	
<b>AGENDA POINTS</b>		
<b>Agenda Point 1</b>	<p><b>New Partner Introduction</b>            John M Saindon (WHO REG / Krakow Extension)            Faris Mahmutovic (WHO POL CO)</p>	
<b>Agenda Point 2</b>	<p><b>EMTCC Medevac Hub Update</b>  <b>Tienna Phan, WHO:</b></p> <ul style="list-style-type: none"> <li>• We would like to thank all partners for your presence and your services in Poland.</li> </ul>	

	<ul style="list-style-type: none"> <li>• To ensure pro-active coordination of health partners activities in Poland: if you are expecting to depart or if there is a turnover in your teams over the coming weeks / during the holiday period, please let us know. Particularly if there is an anticipated decrease in service availability, we would like to do some contingency planning.</li> <li>• We are also looking into centralizing and updating the EMT mapping of Health Services during this time of year in case of an increased influx of refugees. Mashhour Halawani covers information management for Emergency Medical Teams in Poland and will be reaching out to partners. Contact: <a href="mailto:halawanim@who.int">halawanim@who.int</a> / <a href="mailto:phanti@who.int">phanti@who.int</a></li> <li>• Medevac operations and transfer numbers have been consistent over the past week.</li> <li>• Health issues of transferred patients included blast injuries, abdominal injuries and cancer patients.</li> <li>• The Hub team also continues to support and work on a formalization of the process for the patients who have received treatment abroad and now wish to return to Ukraine. For information on referral pathways and medevac operations, contact: <a href="mailto:halawanim@who.int">halawanim@who.int</a> / <a href="mailto:phanti@who.int">phanti@who.int</a>;</li> </ul> <p><b>Comments from UNICEF:</b> UNICEF provided one ambulance which will support evacuation activities.</p> <p>For information on referral pathways, medevac operations, patient evacuation requirements and possibilities contact: <a href="mailto:halawanim@who.int">halawanim@who.int</a> / <a href="mailto:phanti@who.int">phanti@who.int</a> / <a href="mailto:sklusek@pcpm.org.pl">sklusek@pcpm.org.pl</a> / <a href="mailto:eu-medevac@eucpt.eu">eu-medevac@eucpt.eu</a></p>
<p><b>Agenda Point 3</b></p>	<p><b>John Saindon, Health Operations Manager (HQ/WRE/ERA/GHW): All Hazards Preparedness &amp; Response Overview</b></p> <p><i><u>Disclaimer:</u> Only a selection of relevant topics was discussed during the meeting. We recommend partners to review the presentation which is attached to the meeting minutes and has also been uploaded the <a href="#">UNHCR Data Portal</a> and <a href="#">EMT &amp; Health Coordination Google drive</a>. The presentation includes a comprehensive map of available and accessible online resources on hazard preparedness.</i></p> <p><b>All Hazards Preparedness and Response</b></p> <ul style="list-style-type: none"> <li>• All Hazards Preparedness and Response is a comprehensive emergency preparedness framework that considers the full scope of emergencies or disasters when planning for response capacities and mitigation efforts. This means you and your team are prepared for “all hazards” you might face.</li> </ul>

- Reasons to use the “All Hazard” approach:
  - Acute hazard events can strike anytime, and multiple hazards can occur during one event.
  - It is almost impossible to plan for every individual hazard, one example is the Beirut explosion: an accident which no one was prepared for, and which triggered communication loss, misinformation, panic, confusion, chemical leaks, etc.
- Most hazards require shelter in place, there are however different protocols for different environments:
  - Please get familiar with the safety steps for Multistory Buildings:



- Please get familiar with the safety steps for 1- or 2-Storey buildings:

### Shelter-in-Place for 1- or 2-Story Building May have an attic and/or basement

**Active Shooter**  
**Run, Hide, Fight.**  
**What to do:** Get away from shooter. Call 911 if safe to do so. If you cannot get away safely, stay in place, lock doors, close blinds, turn off lights. Fight as a last resort.  
**How long to stay:** If you are not able to run to safety, stay in place until law enforcement gives you notice that the danger is over.

**Hurricane (High Wind, Flooding, Storm Surge)**  
**Shelter-in-Place:** For high wind, go to a windowless room on the lowest level. For flooding go as high as possible but not into the attic.  
**What to do:** For high wind, go to a small, interior, windowless room in the lowest level.  
**How long to stay:** Stay inside until local authorities provide other instructions.

**Thunderstorm**  
**Shelter-in-Place:** Stay inside.  
**What to do:** Pay attention to weather reports. Be ready to change plans if necessary. Unplug appliances, avoid using running water or landline phones.  
**How long to stay:** For the length of the storm.

**Winter Storm**  
**Shelter-in-Place:** Stay inside. Limit time outside.  
**What to do:** Avoid carbon monoxide poisoning by using generators and grills ONLY outdoors, 20 feet from the house and away from windows. Never heat a building with a gas stove top or oven.  
**How long to stay:** For the length of the storm.

**Flooding**  
**Shelter-in-Place:** If the floodwaters rise to a dangerous level, get on the roof if possible and call 911.  
**What to do:** Listen for current emergency information and instructions. Use a generator or other gasoline-powered machinery ONLY outdoors and 20 feet from the house and away from windows.  
**How long to stay:** Stay inside until authorities indicate it is safe to leave.

**Flash Flooding**  
**Shelter-in-Place:** If the floodwaters rise to a dangerous level, get on the roof if possible and call 911.  
**What to do:** Listen for current emergency information and instructions. Use a generator or other gasoline-powered machinery ONLY outdoors and 20 feet from the house and away from windows.  
**How long to stay:** Stay inside until authorities indicate it is safe to leave.

**Pandemic**  
**Shelter-in-Place:** Stay Home. Minimize access to your home from anyone not living with you.  
**What to do:** Follow signs outside to only essential requirements. Clean surfaces often with disinfectant. Wash hands for 20 seconds frequently with soap. Avoid touching your eyes, nose, or mouth. Get a good seal in cases you need to stay home for several days or weeks.  
**How long to stay:** As advised by local public health officials.

**Chemical Hazard**  
**Shelter-in-Place:** Stay inside and seal the room. Use duct tape and plastic sheeting to seal around the windows and doors.  
**What to do:** Lock all doors and windows. Close blinds, shut off water from the tap. Turn off the air conditioner, furnace, and fans. Close the fireplace damper and seal off any other place where air may come in from outside.  
**How long to stay:** Should not last longer than a few hours. Listen to authorities to know when it is safe to leave.

**Earthquake**  
**Shelter-in-Place:** Stay where you are and Drop, Cover and Hold On. Get under and hold on to sturdy furniture. Protect the head and neck with arms or elbows.  
**What to do:** Drop, Cover and Hold On. If in a bed, turn onto stomach and cover your head and neck with a pillow.  
**How long to stay:** Until the shaking stops.

**Nuclear Detonation**  
**Shelter-in-Place:** Go to a basement or middle of the building. Stay away from the outer walls and roof.  
**What to do:** Remove contaminated clothing and wipe off or wash unprotected skin if you were outside after the fallout arrived.  
**How long to stay:** Stay inside for 24 hours unless local authorities provide other instructions, or the building is on fire or in danger of collapsing.

**Tornado**  
**Shelter-in-Place:** Go to a small, interior, windowless room in the lowest level.  
**What to do:** Protect your head and neck. Take additional steps by putting blankets around you.  
**How long to stay:** Stay inside until weather forecasts and local authorities say it is safe to do so. Use extreme care when leaving a building as there may be dangerous debris.



- In the event of a chemical hazard try to block air flow into the building (windows, ventilation, etc.):

### Shelter-in-Place for Chemical Hazard

*If told not to evacuate or it is too late to evacuate*

When disaster strikes, it may be safer to stay in your home, place of employment, or other location. Learn where to go, what to do, and how long you should shelter-in-place for the hazards in your area.

Chemical agents are poisonous vapors, aerosols, liquids and solids that have toxic effects on people, animals or plants.

**Take Additional Safety Measures**

Go inside as quickly as possible. Bring any pets indoors.

Use duct tape and plastic to seal around doors and windows in the room where you take shelter.

Listen for current emergency information and instructions from authorities.

Do not drink water from the tap. Stored water will be safer.

Lock all doors and windows for a better seal.

Turn off the air conditioner or furnace, all fans, close the fireplace damper and any other place that air can come in from outside.

For all locations, stay inside and minimize air flow by turning off all fans, air conditioners, fans, and heaters.

If possible, further reduce exposure to the chemical hazard by using duct tape and plastic sheeting to:

- tape the gaps around doors and windows
- cover any vents or recessed fans
- tape over electrical outlets

Going to an interior room without windows will make it easier to seal the room.

Turn off all fans, furnace or air conditioner.

Use duct tape and plastic sheeting to seal around the windows and doors. This will reduce contaminated air coming into the room.

Going to an interior room without windows will give you fewer locations to seal.

Sheltering-in-place for a chemical hazard should not last longer than a few hours. Listen to authorities to know when it is safe to leave.

Visit <https://community.fema.gov/ProtectiveActions/s/> for more information.

- In the event of a nuclear hazard, seek for shelter within the first 10 minutes and follow the below guidelines:

## Shelter-in-Place for Nuclear Detonation

When disaster strikes, it may be safer to stay in your home, place of employment, or other location. Learn where to go, what to do, and how long you should shelter-in-place for the hazards in your area.

Nuclear explosions include an intensely bright flash, a blast wave, and radioactive fallout (the dirt mixed with radioactive material that falls to the earth after the explosion). Radioactive fallout generally begins to collect about 10 minutes after the explosion. This gives you time to find adequate shelter.

### Get In. Stay In. Tune In.

Get inside the nearest building to protect yourself from radiation. Brick or concrete are best. Bring any pets indoors.

Go to the basement or middle of the building. Stay away from the outer walls and roof because radioactive material will collect there.

Close windows and doors. If possible, turn off units that bring in air from the outside.

Stay inside for 24 hours unless local authorities provide other instructions. It is important to wait for the radiation to decay.

Listen for instructions from authorities.

### Take Additional Safety Measures

If you were outside after the fallout arrived, remove your outer layer of clothing and put it away from people and pets. Brush off any fallout and, if possible, wash exposed skin and hair.

Family members and caregivers should not leave to get their children. Schools/Day cares have plans and are caring for your children. Reunite later to avoid exposure to dangerous radiation.

Visit <https://community.fema.gov/ProtectiveActions/a/> for more information.

### Get In. Stay In. Tune In.



If you are in a **Manufactured or Mobile Home**



If you are in a **1- or 2-Story Building**



If you are in a **Multistory Building**



### How long to shelter-in-place?

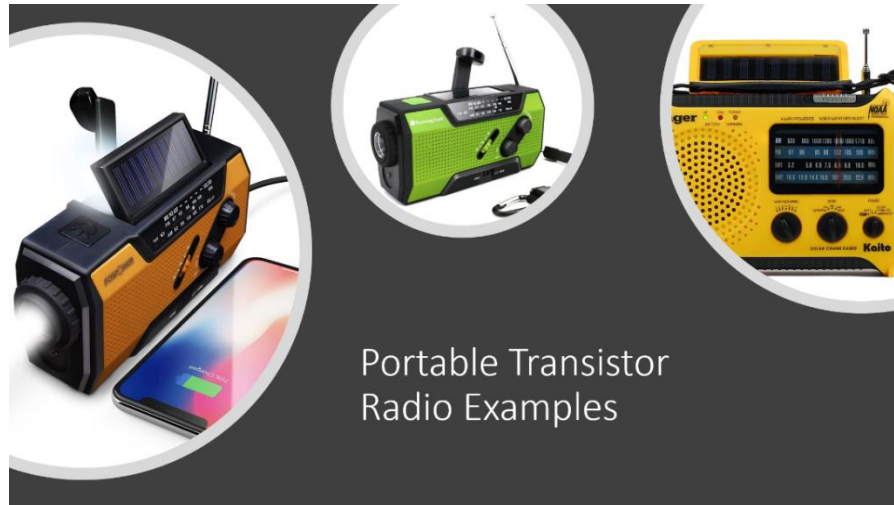


Stay inside for 24 hours unless authorities provide other instructions, or your building is threatened by fire or collapse. This will protect you from radioactive fallout.

Tune into any communication channel or media available for official information on when it is safe to exit and where you should go when it is safe to exit and where you should go.

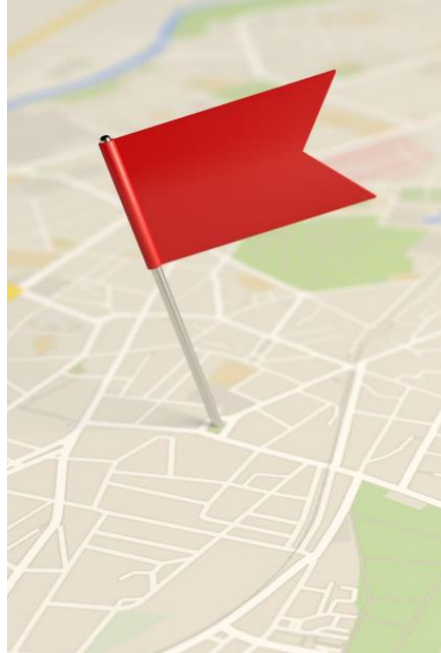


- Don't stay outside
- Don't stay in vehicles
- Find inner-most point
- Stay inside for at least 24 hours
- Evacuate according to the guidance from the official channels
- Most hazards will result in no GSM signal and limited communication opportunities. Be ready for one-way communication and use portable transistor radios to listen to emergency broadcasts.



Portable Transistor Radio Examples

- **To avoid misinformation, opt for official channels of information only: 92.4 for Warsaw.** Other stations can be found via the following link: <https://gotowi.org/> (Warning systems, evacuation, resources and information).
- Test the evacuation routes in your office or your home if you can.



## Evacuation Recommendations

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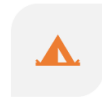
- Create maps from floor diagrams with arrows that designate the exit route assignments.
- These maps should include locations of exits, assembly points and equipment (such as fire extinguishers, first aid kits, spill kits) that may be needed in an emergency.
- Exit routes **should be clearly marked and well lit**, wide enough to accommodate the number of evacuating personnel, unobstructed and clear of debris at all times, and unlikely to expose evacuating personnel to additional hazards.
- Have paper maps of city/region, designate meeting point within city and a secondary outside city. (always follow communications from officials)

## All Hazards Exercise Scenario

- Loud explosion during normal business hours, near Warsaw West Train Depot, creating a thick plume of smoke
- Electricity has been knocked out and communication is not working due to system's capacity overwhelmed
- Tap water is still working, but safety is unknown



Simulate the following



SHELTER IN PLACE



ACCOUNTABILITY



COMMUNICATION  
FROM OFFICIAL  
AUTHORITIES



EVACUATION

- Keep a checklist for different hazard options in your office / home.

- Additional panning tools can be found in the below website library (open source):

Information Resources e-Library		
Health Cluster and Public Health Authorities	Clinicians and First Responders	General Population
<p><a href="#">Use of potassium iodine for thyroid protection during nuclear or radiological emergencies</a></p> <p><a href="#">Radioactivity in food after a nuclear emergency</a></p> <p><a href="#">Communicating risk in public health emergencies Management of radioactivity in drinking water</a></p> <p><a href="#">WHO Emergency Response Framework</a></p> <p><a href="#">WHO guidance on preparing for national response to health emergencies and disasters</a></p> <p><a href="#">National civil-military health collaboration framework for strengthening health emergency preparedness: WHO guidance document</a></p> <p><a href="#">IAEA: Joint Radiation Emergency Management Plan of International Organizations</a></p> <p><a href="#">Preparedness and Response for a Nuclear or Radiological Emergency (FAO, IAEA, ICAO, ILO, IMO, INTERPOL, OECD/NEA, PAHO, CTBTO, UNEP, OCHA, WHO, WMO, 2015)</a></p> <p><a href="#">Arrangements for preparedness for a nuclear or radiological emergency (FAO, IAEA, ILO, PAHO, OCHA, WHO, 2007)</a></p> <p><a href="#">Medical Management of Radiation Injuries (IAEA, IFRC, PAHO, 2020)</a></p> <p><a href="#">Preparedness and Response for a Nuclear or Radiological Emergency Combined with Other Incidents or Emergencies (IAEA, 2020)</a></p> <p><a href="#">Preparedness and Response for a Nuclear or Radiological Emergency Involving the Transport of Radioactive Material (IAEA, ICAO, IMO, 2022)</a></p> <p><a href="#">Arrangements for public communication in preparedness and response for a nuclear or radiological emergency (FAO, IAEA, ICAO, INTERPOL, CTBTO, UNEP/EA, 2020)</a></p>	<p><a href="#">Iodine thyroid blocking: Guidelines for use in planning and responding to radiological and nuclear emergencies</a></p> <p><a href="#">A framework for mental health and psychosocial support in radiological and nuclear emergencies</a></p> <p><a href="#">TMT Handbook: triage, monitoring and treatment of people exposed to ionising radiation following a malevolent act</a></p> <p><a href="#">Hospital emergency response checklist: an all-hazards tool for hospital administrators and emergency managers (WHO EURO, 2011)</a></p> <p><a href="#">Manual for first responders to a radiological emergency (CTIF, IAEA, PAHO, WHO, 2006)</a></p> <p><a href="#">Generic procedures for medical response during a nuclear or radiological emergency (IAEA, WHO, 2005)</a></p> <p><a href="#">Nuclear and Radiological Emergency Guidelines Preparedness, Response and Recovery (IFRC, 2015)</a></p>	<p><a href="#">ICRP Interim Advice for the Public on Protection in Case of a Nuclear Detonation</a></p> <p><a href="#">Radiation and Health Q&amp;As</a></p> <p><b>Infographics:</b></p> <p><a href="https://www.who.int/multi-media/details/radiation-emergency-iodine-thyroid-blocking">https://www.who.int/multi-media/details/radiation-emergency-iodine-thyroid-blocking</a></p> <p><a href="https://www.who.int/multi-media/details/radiation-emergency-self-decontamination">https://www.who.int/multi-media/details/radiation-emergency-self-decontamination</a></p> <p><a href="https://www.who.int/multi-media/details/radiation-emergency-advice-for-pregnant-women">https://www.who.int/multi-media/details/radiation-emergency-advice-for-pregnant-women</a></p> <p><a href="https://www.who.int/multi-media/details/radiation-emergency-external-exposure-vs-radioactive-contamination">https://www.who.int/multi-media/details/radiation-emergency-external-exposure-vs-radioactive-contamination</a></p> <p><a href="https://www.who.int/multi-media/details/radiation-emergency-prussian-blue">https://www.who.int/multi-media/details/radiation-emergency-prussian-blue</a></p> <p><a href="https://www.who.int/multi-media/details/radiation-emergency-nuclear-power-plant-emergency">https://www.who.int/multi-media/details/radiation-emergency-nuclear-power-plant-emergency</a></p>

#### Q&A:

1. **Silvia Gatscher (WHO POL CO):** Partners frequently ask on whether/where Iodine tablets will be available in case of a nuclear emergency. Could you comment on their use and efficiency?  
**John Saindon (WHO REG/Krakow):** There are 15 types of radiation in case of a nuclear event. Iodine tablets protect only from 1 out of 15. Mostly they are effective for the young population and protect the thyroid glands. The best strategy, in case of a nuclear hazard, is to shelter within 10 minutes. If you have access to iodine tablets, use them accordingly to the directions. If you do not have them, opt for shelter right away and wait for official communication.
2. **Silvia Gatscher (WHO POL CO):** Are decontamination kits necessary and/or useful?  
**John Saindon (WHO REG/Krakow):** The most important thing is to have access to water and to be able to rinse off any contamination. Also remember that handling contaminated clothing exposes you to radiation. All the exposed objects and clothing must be disposed of in a secure way according to the guidelines from ICRP:



<https://www.icrp.org/page.asp?id=611>



ABOUT ICRP ▾ WHO WE ARE ▾ WHAT WE DO ▾ EVENTS ICRPAEDIA DONATE

### THE FIRST 24 HOURS

If you think you may have been exposed to fallout, **outer layers of contaminated clothing and footwear should be removed, and any exposed skin and hair wiped off or washed.** Any potentially contaminated pets should be brushed in a room away from where people are sheltered and washed if possible. Further information can be found [here](#) and [here](#) (video).

**Food, drink, and medicine already in stores (shops) or in your shelter are safe to consume.**

**Tune in to any available media**, such as AM/FM stations using a battery-powered radio, for updated instructions. Stay inside unless instructed otherwise.

The danger from fallout will decrease rapidly. **Remain in the most protective location (basement or centre of a large building) for the first 12 – 24 hours unless threatened by an immediate hazard** (e.g., fire, gas leak, building collapse, or serious injury) or **informed by authorities that it is safe to leave.**

**Self-evacuation is strongly discouraged** until hazardous fallout areas have been identified and safe evacuation routes established.

Further information on how to prepare, how to survive, and what to do after a nuclear detonation can be found [here](#) and in this 5-minute video with subtitles available in many languages.

3. **Silvia Gatscher** (WHO POL CO): Could you please tell us about the role of practicing in emergency preparedness?

**John Saindon** (WHO REG/Krakow): Being prepared and practicing response strategies is very important. The All-hazards approach enables us to be more prepared for most events, which increases the chances of surviving.

#### Agenda Point 4

#### General Update, Silvia Gatscher (WHO Poland)

1. **Meeting frequency:** During the health sector retreat, weekly health sector coordination meetings were deemed as a benefit and advantage by health partners and a lot of the partner organizations have since approached us for presentation opportunities so that all presentation slots are now booked until February. During the head of section meeting on 2<sup>nd</sup> December, UNHCR has however recommended reducing the number of coordination meetings to once a month. In addition, it has also been suggested that the MHPSS (and maybe also GBV) working groups ought to be included in the health sector meetings.

Therefore, the question was put to partners whether they would like to continue with weekly meetings or shift to a (slightly longer) 2-weekly meeting? Due to the proposed/planned integration of the MHPSS (and maybe also GBV) working group(s), a monthly meeting is not the best option.

#### Partners Response:

- **Nina, Med'EqualiTeam:** If we **must** reduce, then bi-weekly, not monthly.
- **Sofia, Action contre la Faim:** Bi-weekly.
- **Łucja, Project Hope:** Weekly meetings are of value. Presentations are relevant and timely. Let's stay with weekly, if we can.

**Consensus:** weekly meetings until the end of January. Then: questionnaire and change, if needed.

2. Meeting Schedule:

- 16<sup>th</sup> Dec 2022 – Scheduled as usual
- 23<sup>rd</sup> Dec 2022 – Cancelled, due to Xmas holidays (Emergency meeting can be called if required)
- 30<sup>th</sup> Dec 2022 – Cancelled, due to Xmas holidays (Emergency meeting can be called if required)
- 6<sup>th</sup> Jan 2023 – Cancelled, due to Xmas holidays (Emergency meeting can be called if required)
- 13<sup>th</sup> Jan 2023 – Scheduled as usual

**Anna Kavouras (WHO POL CO): Coordination Mechanism Update**

1. Google Drive folder for coordination mechanism has been set-up. [Click here to review.](#)
  - Purpose: Facilitate easy access and exchange of documents and relevant materials within the group.
  - Each folder will be accessible for all partners to download & review materials and documents.
  - The content of the drive (including document editing) will be managed by coordinators and the co-chair (Anna Kavouras, Silvia Gatscher and Katarzyna Skopiec)
  - Organization-specific folders can be managed by organization representatives.
  - If you have materials, leaflets, external materials for partner organizations or refugee population, you are welcome to use the drive to share it.
2. Signal group for instant messaging: [Click the link to join](#) the group.
  - The group is accessible from Signal Desktop app (Windows, Mac iOS, etc.) and from mobile devices.
  - Your phone number is not visible on the app, only your name and profile picture.
  - The group is set up to facilitate easier message exchange between partners in case of emergencies, urgent questions and announcements (especially during the break in coordination meetings)
  - We do understand that some of you might not want to participate or might experience instant messaging fatigue. Therefore, key group activities will be briefly summarized during coordination meetings.

For feedback, suggestions or questions: [kavourasa@who.int](mailto:kavourasa@who.int)

**Agenda Point 5**

**Katarzyna Skopiec** (Humanosh) [kasia.skopiec@humanosh.org](mailto:kasia.skopiec@humanosh.org):

Humanosh has just returned from Zaporizhzhia in Ukraine:

- 2 km from the front line the population **needs food: Please, reach out if you have resources.**  
**Katarzyna is coordinating the food supply to the area.**

	<ul style="list-style-type: none"> <li>• The population in the area is also suffering from limited heating and electricity, resulting in critically low temperatures at night</li> </ul> <p>More information next week.</p> <p><b>Olga Volik</b> (PUI / MHPSS CO) <a href="mailto:pol.mhpssco@premiere-urgence.org">pol.mhpssco@premiere-urgence.org</a>  <b>Speech therapists</b> with Ukrainian and Russian language skills are needed for children with stress-related speech disorders. <b>Please, reach out if you know of available therapists in the Subcarpathian area (Rzeszow).</b></p>
<b>AOB</b>	
<b>Useful links</b>	<p>UNHCR Data Portal, Poland Health Sector <a href="#">[click here]</a></p> <p>The Government Data Portal of Poland <a href="#">[click here]</a></p> <p>NFZ medical facility search engine <a href="#">[click here]</a></p> <p>Access to Health Services, poster in UA, PL, RU, EN <a href="#">[click here]</a></p> <p>NGO.PL <a href="#">[click here]</a></p>

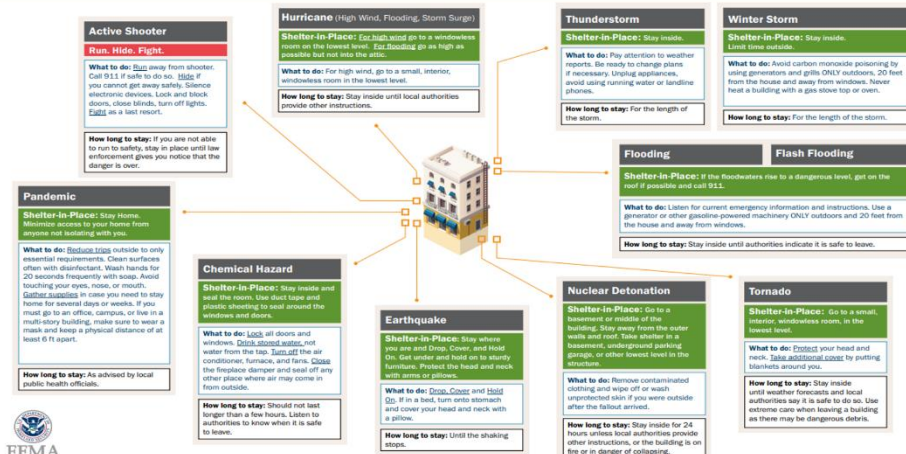
## Spotkanie Zespołów Ratownictwa Medycznego oraz Partnerów w Sektorze Zdrowia

Notatki ze spotkania – 9 grudnia, 2022

<b>Temat spotkania</b>	Spotkanie Zespołów Ratownictwa Medycznego oraz Partnerów w Sektorze Zdrowia	
<b>Czas i lokalizacja</b>	9:00 CEST, online. Zoom – <a href="#">naciśnij tu</a> . Hasło: who2022!	
<b>Uczestnicy</b>	<ol style="list-style-type: none"> <li>1. Aleksandra Solik (FEDERA)</li> <li>2. Anna Kavouras (WHO POL CO)</li> <li>3. Anna Przednowek (UNITATEM)</li> <li>4. Marta (Interpreter)</li> <li>5. Dr. Maria Cristina Profili (IOM Brussels)</li> <li>6. John M. Saindon (WHO REG / Krakow Ext.)</li> <li>7. Emrah Kucukozkan (IMC)</li> <li>8. Faris Mahmutovic (WHO POL CO)</li> <li>9. Geert Gijs (WHO EMTCC)</li> <li>10. Joanna Ldomirsk (MSF)</li> <li>11. Kasia Skopiec (Humanosh)</li> <li>12. Liza Kalenychenko (AVALON)</li> <li>13. Lucia (Project Hope)</li> <li>14. Marta Kłysz (PAH)</li> <li>15. Mashhour Halawani (WHO POL CO)</li> </ol>	<ol style="list-style-type: none"> <li>16. Medevac HUB Jasionka</li> <li>17. Michał Chełstowski (Humanosh)</li> <li>18. Mikkel Hansen (WHO / WHE REG)</li> <li>19. Marek Teodorczyk (PUW Rzeszow)</li> <li>20. Mutrib Bahruddinov (UNICEF)</li> <li>21. Nataliia Korniienko (IFRC)</li> <li>22. Nina Hobbhahn (Med'EqualiTeam)</li> <li>23. Olga Volik (PUI)</li> <li>24. Paula Gierak (REACH)</li> <li>25. Przemek Florczyk (EUCPTeam)</li> <li>26. Silvia Gatscher (WHO POL CO)</li> <li>27. Sofiaa Papadopoulou (Action Contre la Faim)</li> <li>28. Tienna Phan (WHO Medevac Focal Point)</li> <li>29. Wojciech Gasiorowski (WHO POL CO)</li> </ol>
<b>Spotkanie prowadzi</b>	Silvia Gatscher and Anna Kavouras (WHO Polska)	
<b>Notatki ze spotkania</b>	Anna Kavouras, WHO Polska	
<b>Plan spotkania</b>	<ol style="list-style-type: none"> <li>1. Przedstawienie nowych partnerów</li> <li>2. EMTCC: aktualności w zakresie ewakuacji medycznej</li> <li>3. Zasady postępowania na przypadek nagłych zagrożeń. Nurt 'All Hazards'. (John Saindon, Health Operations Manager HQ/WRE/ERA/GHW)</li> <li>4. Aktualności w sektorze Zdrowia (Silvia Gatscher i Anna Kavouras, WHO Polska)</li> <li>5. Aktualności organizacji partnerskich</li> <li>6. Inne sprawy</li> </ol>	
<b>Punkt planu</b>	<b>DISCUSSION</b>	
<b>Prezentowanie nowych partnerów</b>	John M Saindon (WHO REG / Krakow Extension) Faris Mahmutovic (WHO POL CO)	
<b>Punkt 2</b>	<b>EMTCC: aktualności w zakresie ewakuacji medycznej (EN / PL)</b> <ul style="list-style-type: none"> <li>• Dziękujemy wszystkim partnerom za obecność i wsparcie w Polsce.</li> </ul>	

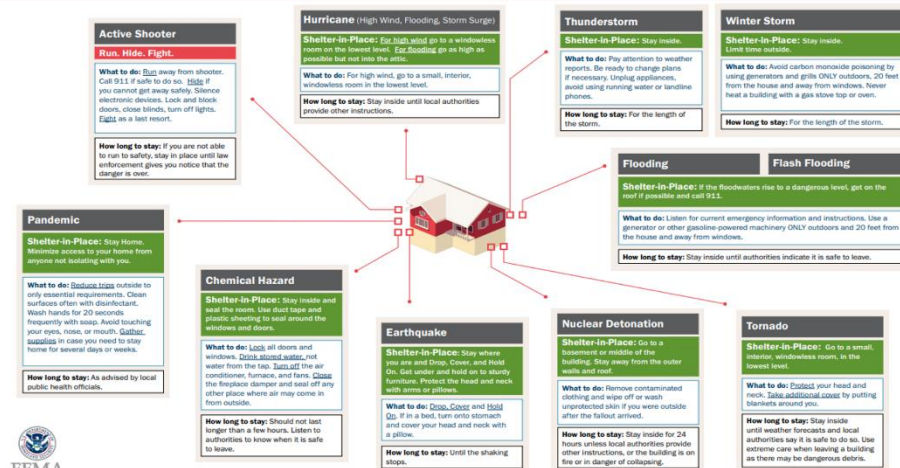
	<ul style="list-style-type: none"> <li>• Jeśli w partnerskich organizacjach oczekuje się rotacja członków zespołów lub przerwa w dostarczaniu usług, prosimy o tym poinformować. Te informacje są nam potrzebne aby zapewnić proaktywną koordynację działań partnerów w sektorze zdrowia w Polsce oraz zaplanować działania awaryjne.</li> <li>• Pracujemy również nad centralizacją i aktualizacją mapowania EMT usług zdrowotnych w tej porze roku w przypadku zwiększonego napływu uchodźców. Mashhour Halawani zajmuje się zarządzaniem informacją dla Zespołów Ratownictwa Medycznego w Polsce i będzie kontaktować się z partnerami.</li> <li>• Operacje Medevac i liczby transferów były spójne w ciągu ostatniego tygodnia.</li> <li>• Problemy zdrowotne pacjentów obejmowały obrażenia od wybuchów, urazy brzucha, choroby onkologiczne.</li> <li>• Zespół Hubu nadal wspiera i pracuje nad sformalizowaniem procesu dla pacjentów, którzy byli leczeni za granicą i chcą teraz wrócić na Ukrainę.</li> </ul> <p>Aby uzyskać informacje na temat ścieżek skierowania i operacji medevac, skontaktuj się z: <a href="mailto:halawanim@who.int">halawanim@who.int</a> / <a href="mailto:phanti@who.int">phanti@who.int</a>;</p> <p>Aby uzyskać szczegółowe informacje na temat wymagań i możliwości ewakuacji pacjentów, skontaktuj się z Tienną Phan <a href="mailto:phanti@who.int">phanti@who.int</a>, Sławkiem Kluskim <a href="mailto:sklusek@pcpm.org.pl">sklusek@pcpm.org.pl</a> albo EU CPT <a href="mailto:eu-medevac@eucpt.eu">eu-medevac@eucpt.eu</a></p>
<p><b>Punkt 3</b></p>	<p><b>Zasady postępowania na wypadek nagłych zagrożeń. Nurt ‘All Hazards’. (John Saindon, Health Operations Manager HQ/WRE/ERA/GHW)</b></p> <p><i>Zastrzeżenie: Podczas spotkania omówiono tylko wybrane istotne tematy. Zalecamy partnerom zapoznanie się z prezentacją, która jest dołączona do protokołu spotkania i została również umieszczona na <a href="#">portalu danych UNHCR</a> oraz dysku <a href="#">Google EMT &amp; Health Coordination</a>. Prezentacja zawiera obszerną mapę dostępnych zasobów internetowych dotyczących gotowości i zasad postępowania w przypadkach nagłych zagrożeń.</i></p> <p>Podejście ‘All Hazards’ (pl. - wszystkie zagrożenia)</p> <ul style="list-style-type: none"> <li>• Nurt ‘All Hazards’ to kompleksowe podejście, które uwzględniają przygotowanie do pełnego zakresu sytuacji awaryjnych lub katastrof.</li> <li>• Powody, dla których warto zastosować podejście „wszystkie zagrożenia”:</li> <ul style="list-style-type: none"> <li>▫ Niefortunne zdarzenia mogą się wydarzyć w dowolnym momencie, a podczas jednego zdarzenia może wystąpić wiele zagrożeń (jednocześnie brak możliwości komunikacji, awaria prądu, wycieki chemikaliów, etc.).</li> <li>▫ Niemal niemożliwe jest zaplanowanie każdego indywidualnego zagrożenia, jednym z przykładów jest wybuch w Bejrucie: wypadek, na który nikt nie był przygotowany i który spowodował utratę komunikacji, dezinformację, panikę, zamieszanie, wycieki chemikaliów itp.</li> </ul> <li>• Ponieważ wymaga to schronienia na miejscu, jednak sprawdza różne protokoły dla różnych środowisk</li> <ul style="list-style-type: none"> <li>▫ Zapoznaj się z zasadami bezpieczeństwa budynków wielopiętrowych:</li> </ul> </ul>

## Shelter-in-Place for Multistory Buildings Includes condos, apartments, offices, and schools



- Prosimy o zapoznanie się z zasadami bezpieczeństwa dotyczącymi budynków 1- lub 2-piętrowych

## Shelter-in-Place for 1- or 2-Story Building May have an attic and/or basement



- W przypadku zagrożenia chemicznego postarać się zablokować dopływ powietrza do budynku (okna, wentylacja itp.)

## Shelter-in-Place for Chemical Hazard

If told **not** to evacuate or it is too late to evacuate

When disaster strikes, it may be safer to stay in your home, place of employment, or other location. Learn where to go, what to do, and how long you should shelter-in-place for the hazards in your area.

Chemical agents are poisonous vapors, aerosols, liquids and solids that have toxic effects on people, animals or plants.

### Take Additional Safety Measures

Go **inside** as quickly as possible. Bring any pets indoors.

Lock all doors and windows for a better seal.

Turn off the air conditioner or furnace, all fans, close the fireplace damper and any other place that air can come in from outside.

Use duct tape and plastic to seal around doors and windows in the room where you take shelter.

Listen for current emergency information and instructions from authorities.

Do not drink water from the tap. Stored water will be safer.

Visit <https://community.fema.gov/ProtectiveActions/> for more information.

If you are in a **Manufactured or Mobile Home**



If you are in a **1- or 2-Story Building**  
May have an attic and/or basement.



If you are in a **Multistory Building**  
Includes schools, apartments, and offices.



For all locations, **stay inside and minimize air flow** by turning off all furnaces, air conditioners, fans, and heaters.

If possible, further reduce exposure to the chemical hazard by using duct tape and plastic sheeting to:

- tape the gaps around doors and windows
- cover any vents or recessed fans
- tape over electrical outlets

Going to an interior room without windows will make it easier to seal the room.

Turn off all fans, furnace or air conditioner.



Use duct tape and plastic sheeting to seal around the windows and doors. This will reduce contaminated air coming into the room.



Going to an interior room without windows will give you fewer locations to seal.



How long to shelter-in-place?



Sheltering-in-place for a chemical hazard should not last longer than a few hours. Listen to authorities to know when it is safe to leave.



- W przypadku zagrożenia jądrowego szukaj schronienia w ciągu pierwszych 10 minut i postępuj zgodnie z poniższymi wytycznymi:

## Shelter-in-Place for Nuclear Detonation

When disaster strikes, it may be safer to stay in your home, place of employment, or other location. Learn where to go, what to do, and how long you should shelter-in-place for the hazards in your area.

Nuclear explosions include an intensely bright flash, a blast wave, and radioactive fallout (the dirt mixed with radioactive material that falls to the earth after the explosion). Radioactive fallout generally begins to collect about 10 minutes after the explosion. This gives you time to find adequate shelter.

### Get In. Stay In. Tune In.

Get **inside** the nearest building to protect yourself from radiation. Brick or concrete are best. Bring any pets indoors.

Go to the basement or middle of the building. Stay away from the outer walls and roof because radioactive material will collect there.

Close windows and doors. If possible, turn off units that bring in air from the outside.

Stay **inside** for 24 hours unless local authorities provide other instructions. It is important to wait for the radiation to decay.

Listen for instructions from authorities.

### Take Additional Safety Measures

If you were outside after the fallout arrived, **remove your outer layer** of clothing and put it away from people and pets. **Brush off** any fallout and, if possible, **wash** exposed skin and hair.

Family members and caregivers should **not leave** to get their children. Schools/Day cares have plans and are caring for your children. Reunite later to avoid exposure to dangerous radiation.

Visit <https://community.fema.gov/ProtectiveActions/> for more information.

### Get In. Stay In. Tune In.



If you are in a **Manufactured or Mobile Home**



If you cannot make it to a brick or concrete structure, shelter in the middle of the structure.



Stay away from the outer walls, windows and roof.

If you are in a **1- or 2-Story Building**  
May have an attic and/or basement.



If you don't have a basement, take shelter on the first or middle floor.



Stay away from the outer walls, windows and roof.

If you are in a **Multistory Building**  
Includes schools, apartments, and offices.



Go to the basement, parking levels or other lowest level in the structure.



Stay away from the outer walls, windows and roof.

How long to shelter-in-place?



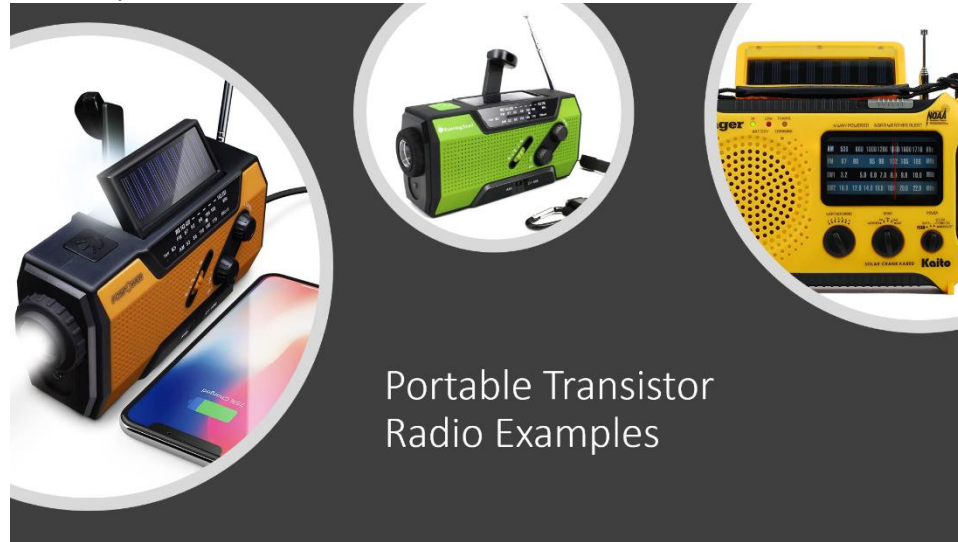
Stay inside for 24 hours unless authorities provide other instructions, or your building is threatened by fire or collapse. This will protect you from radioactive fallout.

Tune into any communication channel or media available for official information on when it is safe to exit and where you should go, when it is safe to exit and where you should go.



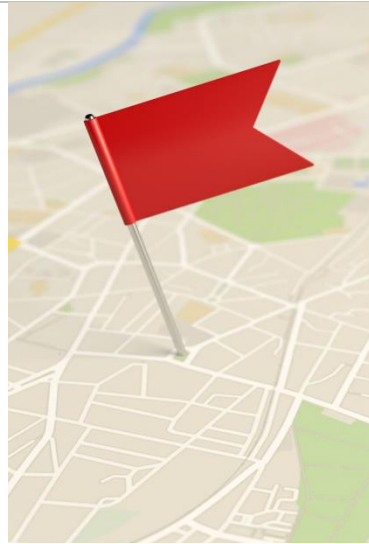
- Nie zostawaj na zewnątrz
- Nie zostawaj w pojazdach
- Znajdź najbardziej wewnętrzny punkt budynku
- Pozostań w środku przez co najmniej 24 godziny

- Ewakuować się zgodnie z wytycznymi z oficjalnych kanałów informacji
- Większość zagrożeń spowoduje brak sygnału GSM i ograniczone możliwości komunikacji. Przygotuj się na jednokierunkową komunikację i używaj przenośnych radiotelefonów tranzystorowych do słuchania audycji alarmowych:



- Aby uniknąć dezinformacji, wybieraj tylko oficjalne kanały informacyjne: 92,4 dla Warszawy. Inne stacje można znaleźć pod linkiem: <https://gotowi.org/> (Systemy ostrzegania, ewakuacja, zasoby i informacje).
- Przetestuj drogi ewakuacyjne w swoim biurze lub domu, jeśli możesz.



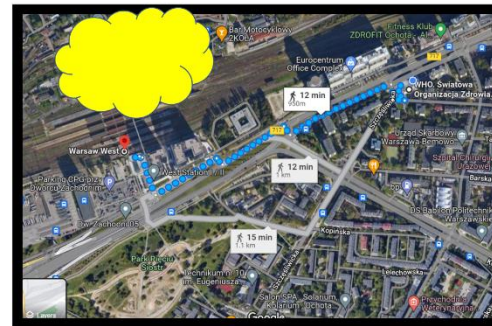


## Evacuation Recommendations

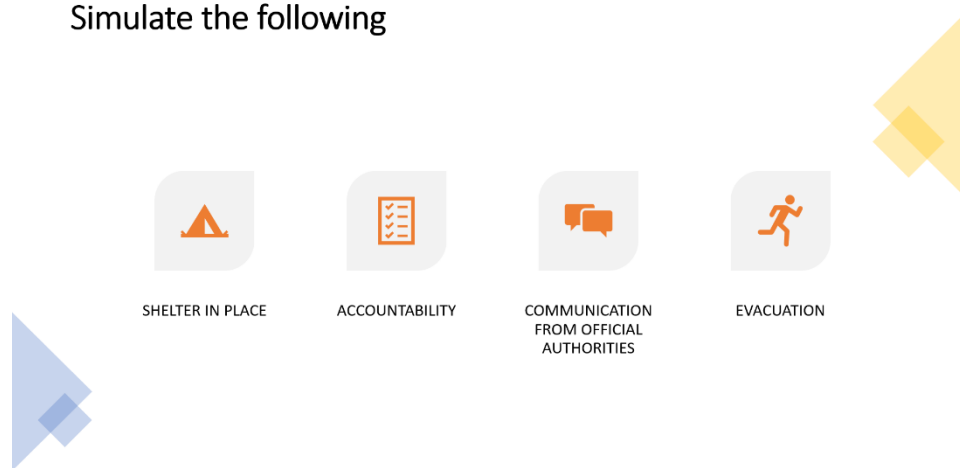
- Create maps from floor diagrams with arrows that designate the exit route assignments.
- These maps should include locations of exits, assembly points and equipment (such as fire extinguishers, first aid kits, spill kits) that may be needed in an emergency.
- Exit routes **should be clearly marked and well lit**, wide enough to accommodate the number of evacuating personnel, unobstructed and clear of debris at all times, and unlikely to expose evacuating personnel to additional hazards.
- Have paper maps of city/region, designate meeting point within city and a secondary outside city. (always follow communications from officials)

## All Hazards Exercise Scenario

- Loud explosion during normal business hours, near Warsaw West Train Depot, creating a thick plume of smoke
- Electricity has been knocked out and communication is not working due to system's capacity overwhelmed
- Tap water is still working, but safety is unknown



## Simulate the following



- Zachowaj listę kontrolną dla różnych opcji zagrożeń w swoim biurze / domu.
- Dodatkowe narzędzia do panowania można znaleźć w poniższej bibliotece stron internetowych (open source)

### Q&A

1. **Silvia Gatscher (Biuro krajowe WHO w Polsce):** Organizacje partnerskie często pytają o to, czy/gdzie tabletki jodowe będą dostępne w przypadku zagrożenia nuklearnego. Czy mógłby Pan skomentować ich wykorzystanie i skuteczność?

**John Saindon (WHO REG/Kraków):** Istnieje 15 rodzajów promieniowania w przypadku zdarzenia jądrowego. Tabletki jodowe chronią tylko przed 1 z 15. Najczęściej są one skuteczne w przypadku młodej populacji i chronią tarczycę. Najlepszą strategią w przypadku zagrożenia jądrowego jest znalezienie schronienia w ciągu 10 minut. Jeśli masz dostęp do tabletek jodowych, stosuj je zgodnie z instrukcją. Jeśli ich nie masz, od razu zdecyduj się na schronienie i czekaj na oficjalny komunikat.

2. **Silvia Gatscher (Biuro krajowe WHO w Polsce):** Czy zestawy dekontaminacyjne są niezbędne i/lub przydatne?

**John Saindon (WHO REG/Kraków):** Najważniejszą rzeczą jest dostęp do wody i możliwość spłukania wszelkich zanieczyszczeń. Należy również pamiętać, że obchodzenie się ze skażoną odzieżą naraża na promieniowanie. Wszystkie naświetlone przedmioty i ubrania muszą zostać zutylizowane w bezpieczny sposób, zgodnie z wytycznymi **ICRP**: <https://www.icrp.org/page.asp?id=611>

### THE FIRST 24 HOURS

If you think you may have been exposed to fallout, **outer layers of contaminated clothing and footwear should be removed, and any exposed skin and hair wiped off or washed.** Any potentially contaminated pets should be brushed in a room away from where people are sheltered and washed if possible. Further information can be found [here](#) and [here](#) (video).

**Food, drink, and medicine already in stores (shops) or in your shelter are safe to consume.**

**Tune in to any available media,** such as AM/FM stations using a battery-powered radio, for updated instructions. Stay inside unless instructed otherwise.

The danger from fallout will decrease rapidly. **Remain in the most protective location (basement or centre of a large building) for the first 12 – 24 hours unless threatened by an immediate hazard** (e.g., fire, gas leak, building collapse, or serious injury) **or informed by authorities that it is safe to leave.**

**Self-evacuation is strongly discouraged** until hazardous fallout areas have been identified and safe evacuation routes established.

Further information on how to prepare, how to survive, and what to do after a nuclear detonation can be found [here](#) and in this 5-minute video with subtitles available in many languages.

**3. Silvia Gatscher (Biuro krajowe WHO w Polsce):** Czy mógłby Pan powiedzieć o roli ćwiczeń w podniesieniu poziomu gotowości na wypadek sytuacji kryzysowej?

John Saindon (WHO REG/Kraków): Bycie przygotowanym i praktykowanie strategii reagowania jest bardzo ważne. Podejście All-hazards pozwala nam być bardziej przygotowanym na większość zdarzeń, co zwiększa szanse na przeżycie.

#### Punkt 4

#### **Silvia Gatscher, Biuro krajowe WHO w Polsce: Aktualizacje, w tym RRP 2023**

1. Częstotliwość spotkań: Podczas wyjazdu i sesji roboczej partnerów w sektorze zdrowia cotygodniowe spotkania koordynacyjne w sektorze zdrowia zostały uznane za korzyść i zaletę, a wiele organizacji partnerskich od tego czasu zwróciło się do nas z prośbą o możliwość prezentacji, tak że wszystkie miejsca na prezentacje są obecnie zarezerwowane do lutego. Podczas spotkania kierowników sekcji w dniu 2 grudnia, UNHCR zalecił jednak zmniejszenie liczby spotkań koordynacyjnych do jednego w miesiącu. Ponadto zasugerowano, że grupy robocze MHPSS (i być może także GBV) powinny być włączone w spotkania dotyczące sektora zdrowia.

W związku z tym zadano partnerom pytanie, czy chcieliby kontynuować cotygodniowe spotkania, czy też przejść na (nieco dłuższe) spotkania co dwa tygodnie? Ze względu na proponowaną/planowaną integrację grup roboczych MHPSS (i być może także GBV), spotkanie raz w miesiącu może nie być najlepszym rozwiązaniem.

- **Nina, Med'EqualiTeam:** Jeśli **musimy** zredukować, to dwutygodniowo, a nie miesięcznie.
- **Sofia, Action contre la Faim:** Co dwa tygodnie.
- **Łucja, Project Hope:** Cotygodniowe spotkania mają swoją wartość. Prezentacje są istotne i na czasie. Zostaniemy przy tygodniowych, jeśli możemy.

**Konsensus:** cotygodniowe spotkania do końca stycznia. Potem: ankieta i ewentualne zmiany.

2. Harmonogram spotkań:

- 16 Dec 2022 - spotkanie się odbędzie
- 23 grudnia 2022 - odwołane z powodu świąt Bożego Narodzenia (w razie potrzeby można zwołać spotkanie awaryjne)

- 30 grudnia 2022 r. - odwołane z powodu świąt Bożego Narodzenia (w razie potrzeby można zwołać posiedzenie nadzwyczajne)
- 6 stycznia 2023 r. - odwołany z powodu świąt Bożego Narodzenia (w razie potrzeby można zwołać posiedzenie nadzwyczajne)
- 13 stycznia 2023 r. – spotkanie się odbędzie

**Anna Kavouras (Biuro krajowe WHO w Polsce): aktualności mechanizmu koordynacji**

1. Folder Google Drive dla mechanizmu koordynacji został skonfigurowany. [Kliknij tutaj, aby sprawdzić.](#)

- Cel: Ułatwienie dostępu i wymiany dokumentów i istotnych materiałów w ramach grupy.
- Każdy folder będzie dostępny dla wszystkich partnerów do pobierania i przeglądania materiałów i dokumentów.
- Zawartość dysku (w tym edycja dokumentów) będzie zarządzana przez koordynatorów i współprzewodniczącego (Anna Kavouras, Silvia Gatscher i Katarzyna Skopiec).
- Pojedyncze foldery dla organizacji mogą być zarządzane przez przedstawicieli organizacji.
- Jeśli mają Państwo materiały, ulotki, materiały zewnętrzne dla organizacji partnerskich lub dla uchodźców, zapraszamy do korzystania z dysku, aby się nimi podzielić.

2. Powstała grupa dla komunikacji organizacji partnerskich na platformie Signal: [Kliknij link, aby dołączyć do grupy.](#)

- Grupa jest dostępna z aplikacji Signal Desktop (Windows, Mac iOS itp.) oraz z urządzeń mobilnych.
- W aplikacji nie jest widoczny Twój numer telefonu, a jedynie nazwa i zdjęcie profilowe.
- Grupa została stworzona, aby ułatwić wymianę wiadomości między partnerami w przypadku nagłych zdarzeń, pilnych pytań i ogłoszeń (zwłaszcza w czasie przerwy w spotkaniach koordynacyjnych).
- Rozumiemy, że niektórzy z Was mogą nie chcieć uczestniczyć w projekcie lub mogą odczuwać zmęczenie komunikatorami. Dlatego kluczowe działania grupy będą krótko podsumowywane podczas spotkań koordynacyjnych.

Opinie, sugestie lub pytania: [kavourasa@who.int](mailto:kavourasa@who.int)

**Punkt 5**

**Katarzyna Skopiec (Humanosh) [kasia.skopiec@humanosh.org](mailto:kasia.skopiec@humanosh.org):**

Humanosh właśnie wrócił z Zaporozża na Ukrainie:

- 2 km od linii frontu ludność **potrzebuje żywności: prosimy o wsparcie, jeśli jest możliwość. Katarzyna koordynuje dostawy żywności na ten teren.**
- Ludność w tym rejonie cierpi również z powodu ograniczonego ogrzewania i energii elektrycznej, co powoduje krytycznie niskie temperatury w mieszkaniach i domach w nocy.

Więcej informacji w przyszłym tygodniu.

	<p><b>Olga Volik (PUI / MHPSS CO) <a href="mailto:pol.mhpssco@premiere-urgence.org">pol.mhpssco@premiere-urgence.org</a></b> Potrzebni są <b>logopedzi</b> ze znajomością języka ukraińskiego i rosyjskiego dla dzieci z zaburzeniami mowy spowodowanymi stresem. <b>Prosimy o kontakt, jeśli znacie dostępnych terapeutów na Podkarpaciu (Rzeszów).</b></p>
<b>Inne sprawy</b>	
<b>Pomocne strony</b>	<p>Portal danych UNHCR, Sektor Zdrowia [<a href="#">naciśnij tu</a>] Otwarte Dane (Polska) [<a href="#">naciśnij tu</a>] Wyszukiwanie usług medycznych specjalistycznych, NFZ [<a href="#">naciśnij tu</a>] Dostęp do usług medycznych (UA, PL, RU, EN) [<a href="#">naciśnij tu</a>] NGO.PL [<a href="#">naciśnij tu</a>]</p>